



# ENROLLMENT FORM

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Entry Date

## STUDENT INFORMATION

<hr/>	<hr/>	<hr/>	<hr/>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Grade</b>
<hr/>	/ /	<hr/>	<hr/>
<b>Preferred Name</b>	<b>Birthdate</b>	<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Is the student Hispanic/Latino?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Race (check all that apply)</b>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander		
<hr/>	<hr/>	<hr/>	<hr/>
<b>911 Physical Address</b>	<b>City, State, ZIP</b>	<b>Home Phone</b>	
<hr/>	<hr/>	<hr/>	
<b>Mailing Address (if different)</b>	<b>City, State, ZIP</b>		
<hr/>	<hr/>		
<b>Place of Birth</b>	<b>County of Residence</b>	<b>Social Security # (Optional)</b>	
<hr/>	<hr/>	<hr/>	

## LAST SCHOOL ATTENDED

Has the student previously attended a school in the Pickens County School District? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what school?		
<hr/>	<hr/>	<hr/>
<b>School Name</b>	<b>Grade</b>	
<hr/>	<hr/>	
<b>OUT OF DISTRICT TRANSFERS:</b>		
<hr/>	<hr/>	<hr/>
<b>Name of Last School Attended</b>	<b>City/State</b>	<b>Phone</b>
<hr/>	<hr/>	<hr/>

## EMERGENCY DISMISSAL INSTRUCTIONS

If I want my child picked up by anyone other than his/her parent, legal guardian, or regular bus driver, I will send a note giving the name and a phone number where I can be reached to verify my message and signature.

In the event of an emergency during school hours (such as inclement weather) where children must be dismissed before the end of the normal school day, please specify what transportation arrangements you want for your child.

Please select one of the options below for school personnel to follow in the event of early dismissal. It is the responsibility of parents/guardians to make emergency plans for their child. It is also the responsibility of the parent/guardian to inform the child of the emergency arrangements. **Please check only one (1) option for early dismissal:**

My child should ride his/her bus.       My child will be picked up at school immediately after early dismissal.

## PARTICIPATION IN PROGRAMS

Please check any special program(s) in which the student has participated:

Speech  Special Ed  IEP  504 Plan  Gifted  Free/Reduced Lunch  SST  ESOL  RTI

**HOME LANGUAGE SURVEY**

In order to provide your child with the best possible education, we need to determine how well he/she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualifications for language support is based on the results of an English language assessment.

**State Required Questions**

1. Which language does your child most frequently speak at home? \_\_\_\_\_
2. Which language do adults in your home most frequently use when speaking to your child? \_\_\_\_\_
3. Which language(s) does your child currently understand or speak? \_\_\_\_\_
4. If possible, would you prefer notice of school activities in a language **other** than English?  Yes  No
  - a. If "Yes", which language? \_\_\_\_\_

**ACTIVE MILITARY**

1. Is parent an active duty member of the uniformed services?  Yes  No
2. Is parent a member or veteran of the uniformed services who is severely injured and medically discharged?  Yes  No  
Date: \_\_\_\_\_
3. Is parent a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty?  Yes  No  
Date: \_\_\_\_\_

**STUDENTS IN SAME HOUSEHOLD ATTENDING SCHOOL**

\*List any additional students on a separate sheet of paper.

	Name	Grade	School
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**EMERGENCY CONTACT INFORMATION**

If a parent/guardian cannot be reached in the event of an emergency, the following people may be contacted. These people may check the student out of school.

	Name	Relationship	Home/Work Phone	Cell Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**MEDICAL INFORMATION**

Please provide medical information (allergies, special needs, etc.):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**CUSTODY INFORMATION**

1. Who has custody of this student? \_\_\_\_\_ **Relationship** \_\_\_\_\_

2. Is there a court order which addresses the custody of this student?  Yes  No

If yes, please attach a copy of the order. Please be advised that the Pickens County School District will follow the custody instructions as they are contained in the last court order; if there is no custody order, the Pickens County School District will follow the custody instructions on this form. ***If there is a change in the custodial arrangement during the school year, the Pickens County School District must be provided with a certified copy of the court order which makes that change.***

**PRIMARY HOUSEHOLD INFORMATION**

This is the address where student resides.

\_\_\_\_\_  
**911 Physical Address** **City, State, ZIP**

\_\_\_\_\_  
**Mailing Address (if different)** **City, State, ZIP**

**Primary Parent/Guardian 1**

This is the primary Parent/Guardian for the student.

Parent/Guardian  Legal Guardian (by court)  Step-parent  Foster Parent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
**Parent 1/Guardian Name** **Home Phone** **Work Phone** **Cell Phone**

\_\_\_\_\_  
**Employer** **Email**

**Primary Parent/Guardian 2**

This is either the second Parent/Guardian or step-parent living in the household.

Parent/Guardian  Legal Guardian (by court)  Step-parent  Foster Parent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
**Parent 2/Guardian Name** **Home Phone** **Work Phone** **Cell Phone**

\_\_\_\_\_  
**Employer** **Email**

**SECONDARY HOUSEHOLD INFORMATION**

*This section should be completed if both parents do not live in the Primary Household.*

\_\_\_\_\_  
**911 Physical Address** **City, State, ZIP**

\_\_\_\_\_  
**Mailing Address (if different)** **City, State, ZIP**

**Primary Parent/Guardian 3**

This is generally a parent who does NOT live in the Primary Household with the student.

Parent/Guardian  Legal Guardian (by court)  Step-parent  Foster Parent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
**Parent 3/Guardian Name** **Home Phone** **Work Phone** **Cell Phone**

\_\_\_\_\_  
**Employer** **Email**

**Primary Parent/Guardian 4**

This will generally be the individual living with a parent in a Secondary Household.

Parent/Guardian  Legal Guardian (by court)  Step-parent  Foster Parent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
**Parent 4/Guardian Name** **Home Phone** **Work Phone** **Cell Phone**

\_\_\_\_\_  
**Employer** **Email**

**PROVISIONAL ENROLLMENT**

*A student shall be enrolled on a provisional basis and allowed to attend for thirty (30) calendar days while awaiting evidence of age, residence, or other local requirements. If evidence is not provided within this timeframe, the student will be withdrawn.*

**SIGNATURE(S)**

The enrolling Parent/Guardian is the parent authorized to make changes to school documents and withdraw this student from school. If both parents are the “enrolling” parent, both need to sign this form. I have read the above and acknowledge all information provided on this form as being true and correct to the best of my knowledge.  
 I will inform the school of any changes in this information.

X \_\_\_\_\_ X \_\_\_\_\_  
**Print Name of Parent/Guardian** **Signature of Parent/Guardian** **Date**

X \_\_\_\_\_ X \_\_\_\_\_  
**Print Name of Parent/Guardian** **Signature of Parent/Guardian** **Date**