



COLLETON COUNTY SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Entry Date	
School Name	

By completing this form, I attest that I have custody and educational authority for this child.

Student Information (Please print answers to all questions.)

Last Name _____ First Name _____ Middle Name _____ Suffix _____ Gender Male Female

Student's Physical Address _____ Street _____ City _____ State _____ Zip Code _____ Grade Level _____

Mailing Address, if different _____ Street _____ City _____ State _____ Zip Code _____

Ethnicity and Race

Is the student Hispanic or Latino? Yes No

Race: (Select all that apply):

- American Indian or Alaska Native
- Asian African American White
- Native Hawaiian or Other Pacific Islander

Birth Information

Birthdate _____

Place of Birth (City, State or Country if not US) _____

Parent/Legal Guardian Information (parent listed on child's birth certificate or court-issued custody document)

Parent/Legal Guardian #1 Mother Father

Last Name _____ First Name _____ Middle Name _____

Home Address _____ Check Box if same as student address

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Employer _____ Work Phone _____

Email Address _____

SPECIAL PROGRAM ENROLLMENT HISTORY

Has the student repeated a grade? Yes No If yes, what grade?

Student receives special services Yes No

Student has a current IEP (Individual Education Plan) Self-Contained Resource Speech

Yes No If yes, Reading Math Written Expression

Student has a 504 Yes No

Student is currently enrolled in a Gifted and Talented Program Yes No

if Yes, State Identified Academic Artistic

Parent/Legal Guardian #2 Mother Father

Last Name _____ First Name _____ Middle Name _____

Home Address _____ Check Box if same as student address

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Employer _____ Work Phone _____

Email Address _____

Does Parent/Legal Guardian #2 have custody? Yes No If no, please explain and show appropriate court documentation to school.

Parent/Legal Guardian Information (parent listed on child's birth certificate or court-issued custody document) continued

Please indicate who the student currently resides with

- Both parents
 Mother
 Father
 Stepparent *
 Foster Parent *
 Guardian
 Other: _____

* appropriate documentation must be presented at time of enrollment if child lives with someone other than the parent/legal guardian. Please complete the information below if child lives with someone other than the legal parent/guardian.

Last name _____ First Name _____ Relationship _____

Employer _____ Home Phone _____ Cell Phone _____ Work Phone _____

Academic Information (if applicable)

Last school attended Public Private Home Charter

Name of School _____ Address of School _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Dates of Attendance _____ Current Grade _____

- None
 Family Child Care Center (Home-Based)
 Home with Family Member
 Home with Non-Family Member
 Head Start
 Center Based Care

High School Students ONLY List all other high schools the student has attended, beginning with the most recent.

Name of School _____ City, State _____ Grades _____ Dates of Attendance _____

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Home Language Survey. Please review the following questions about the student's language background.

- | | |
|--|--|
| 1. What is the first language your child learned to speak? _____ | Do the parents/guardians read and speak English? |
| 2. What is the language your child speaks more often? _____ | Mother <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. What language is spoken most often in your home? _____ | Father <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has the student ever received support in learning English? <input type="checkbox"/> Yes <input type="checkbox"/> No | Guardians <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. What is the date your child first entered a U.S. school? _____ | |

Siblings: List all other children in this family who currently attend Colleton County School District.

Last Name	First Name	Middle Name	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency contacts: List contact information below for people we would call in an emergency IF WE ARE UNABLE TO REACH THE PARENT/LEGAL GUARDIAN

Emergency Contact	Home Phone	Work Phone	Cell Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Information

Does the student live in a foster home? Yes No Are the student's parents migrant workers? Yes No
Is either parent or legal guardian on active duty in the military? Yes No
Is either parent or legal guardian on active duty in the reserves or national guard? Yes No

Medical Information

Physician _____ Phone Number _____
Does the student have any medical problems, take medications or have a special diet, etc.? _____

List any allergies the student may have. _____

Parent Acknowledgement and Signature

Colleton County Schools uses an automated phone messaging system for parent notifications to include unexpected school closings, early dismissals, or emergencies. Out of respect for our families' schedules, phone calls are made between 8:00 a.m. and 8:00 p.m. This system can also be utilized to send text alerts in the event of unexpected school closings, early dismissals, or emergencies. Text alerts can be sent at any time of day, but are only utilized in unusual or emergency situations, such as an early morning decision to delay or close school due to weather. Please indicate below which phone number you would like to utilize for parent messages. If you want to receive texts as described above, this number must be assigned to a text-enabled cell phone: _____
By signing this form, I attest that I have custody and educational authority for this child and have provided appropriate documentation.

Parent Signature _____ Date _____

For 4K, K5, and 1st Grade Enrollment Only

I am aware that the entrance requirements for 4K, 5K, and 1st grade students are as follows:
My child must be four years of age if enrolling in 4K program, or five years of age if enrolling in K5 program; or six years of age if enrolling in First Grade on or before September 1st of the applicable school year. _____

FOR SCHOOL USE ONLY

Date Enrolled:

Yes No Address Verification _____

Utility Bills(s)
 Property Tax Receipt

Electric Gas Phone Water
 Mortgage Deed Rental

Student Number _____ State ID Number _____

Yes No Birth Certificate

Registration Complete

Yes No

Yes No Immunization

Verified by _____

Date _____

Yes No Transcript Request

Yes No Transcript Received