

DO NOT PURGE

CHARLESTON COUNTY SCHOOL DISTRICT STUDENT ENROLLMENT FORM

James B. Edwards Elementary School - GRADES CD-5

Enrollment Date: _____

STUDENT INFORMATION

Grade: _____ Gender: Male Female

Last Name: _____ First Name _____ Middle Name _____

Student's Home Address _____ Home Phone _____
Street City State Zip Code

Student's Mailing Address _____
Street City State Zip Code

Area/Neighborhood _____ Daycare: No Yes Name/Telephone: _____

Is your current residence temporary? No Yes **If yes, complete the Affidavit of Residency form.**

Previous Home Address _____
Street City State Zip Code

Previous School _____ First year in 9th grade (*High School ONLY*) _____

Previous CCSD School, if applicable _____

Date of Birth _____ City/State of Birth _____

ETHNICITY: Is this student Hispanic or Latino? No Yes

RACE: (*At least one race must be selected, even if student is Hispanic or Latino. More than one race can be selected below.*)

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

PARENT/GUARDIAN(S) INFORMATION

Last Name _____ First Name _____ Relationship _____

Employer _____ Wk Phone/Extension _____

Home Address _____ Education: Last Grade (*optional*) _____

Home Phone _____ Cell Phone _____ Email Address _____

DAYTIME PHONE FOR ABSENCE CALLS _____ **EVENING PHONE FOR ABSENCE CALLS** _____

Last Name _____ First Name _____ Relationship _____

Employer _____ Wk Phone/Extension _____

Home Address _____ Education: Last Grade (*optional*) _____

Home Phone _____ Cell Phone _____ Email Address _____

DAYTIME PHONE FOR ABSENCE CALLS _____ **EVENING PHONE FOR ABSENCE CALLS** _____

FAMILY INFORMATION

Student lives with (Name) _____

Relationship (*Check all that apply*)

- Mother Father Step-Mother Step-Father Foster Mother Foster Father Legal Guardian
 Other (*please explain*) _____

Note: If guardian, legal guardianship papers must be provided and approved at the time of registration and if there is a legal custody agreement, documentation must be provided as part of cumulative records.

Is either parent/guardian that the student lives with Active Duty Military? No Yes If yes, which military branch _____

Is the student currently residing in Group Home Residential Treatment Facility

If yes, provide the name of the facility _____

Please list any other children/siblings that live at this residence (even if not in school):

Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____

ADDITIONAL INFORMATION

Has the student repeated a grade(s)? <input type="checkbox"/> Yes, grade(s) _____ <input type="checkbox"/> No Did the student attend Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade expelled _____	Does the student wear: <i>(check all that apply)</i> <input type="checkbox"/> Prescription glasses <input type="checkbox"/> Contact lens <input type="checkbox"/> Hearing aid <input type="checkbox"/> None <input type="checkbox"/> Other: _____	Does the student have a <i>(check all that apply)</i> <input type="checkbox"/> 504 Plan <input type="checkbox"/> Gifted/Talented designation <input type="checkbox"/> Migrant designation <input type="checkbox"/> NCLB Transfer <input type="checkbox"/> District approved transfer
Has the student <i>ever</i> received special education services for speech, visual impairment or other disability requiring an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If student has an IEP please specify: <input type="checkbox"/> Resource <input type="checkbox"/> Inclusion <input type="checkbox"/> Self-Contained <input type="checkbox"/> Pre-School Intervention <input type="checkbox"/> Consultative	Area of Disability: <i>(check all that apply)</i> <input type="checkbox"/> LD <input type="checkbox"/> Visually Impaired <input type="checkbox"/> ED <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> EMD <input type="checkbox"/> OHI (medical condition) <input type="checkbox"/> TMD <input type="checkbox"/> Orthopedic Impaired <input type="checkbox"/> PMD <input type="checkbox"/> Speech/Language <input type="checkbox"/> DD <input type="checkbox"/> Other: _____

HOME LANGUAGE SURVEY

English Speakers of Other Language (ESOL)

What language did your child learn when he/she first began to speak? _____
(If the answer is English, please disregard questions 2, 3, and 4)

In which language do you prefer to receive correspondence from the school? _____

If your child was not born in the USA, in what country was he/she born? _____

What date did your child first begin school in the United States? _____

TRANSPORTATION

Student will ride school bus in the morning No Yes AM Bus# _____

Student will ride school bus in the afternoon No Yes PM Bus# _____

Car Rider in the morning No Yes

Car Rider in the afternoon No Yes

Other: Parent Day Care Bus Van Walker

All information on this form is correct to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

<u>THIS SPACE FOR OFFICE USE ONLY</u>		Cumulative File Reviewed _____
Asked parent if student receives/has received SPED services _____	Notified SPED teacher if student has or had an IEP _____	
2 Proofs of Residence _____	Legal Guardianship Papers _____	Homeroom Assigned _____
Records Requested _____	Teacher Assigned _____	State Birth Certificate _____
Enrollment Date _____	Bus Number/Car Rider _____	SC Immunization _____
Military _____	Media Release _____	

James B Edwards Elementary School
855 Von Kolnitz Road
Mount Pleasant, SC 29464

Telephone: 843-849-2805
FAX #: 843-849-2892

REQUEST FOR RECORDS

Requesting Records From: _____
School

_____ Street City State Zip Code

_____ School Contact & Title School Phone/Fax Number

The following student has enrolled in our school on _____.

Student's Full Name: _____ Date of Birth: _____

Grade: _____ State ID: _____ Power School ID: _____

Please forward the following information:

- | | | |
|--|-------------------------------|-----------------------------|
| ____ Transcript | ____ Discipline Record | ____ IEP/Due process folder |
| ____ Withdrawal Form | ____ Attendance Record | ____ Psychological |
| ____ Standardized test scores | ____ Birth Certificate | ____ 504 |
| ____ Cumulative Folder | ____ Immunization certificate | ____ IGP/Career Assessment |
| ____ Complete numeric grades to date of withdrawal | | |
| ____ Other _____ | | |

Parental permission is no longer required when authorized school personnel request records. (Family Education Act, Final Rule on Education Records. Federal registration, June 17, 1976 Vol. 41 No. 118 Page 24673). It states that the school officials including teachers within the educational institutions and officials of other school systems in which the student may intend to enroll, may receive school records without written consent for such releases.

School Designee: _____ Date: _____

Parent/Guardian Signature (Optional): _____ Date: _____

DATE: 1st Attempt _____ 2nd Attempt _____ 3rd Attempt _____