GEORGETOWN COUNTY SCHOOL DISTRICT
Registration Form PreK-12th Grade

Waccamaw High School

2412 Kings River Road
Pawleys Island, SC 29585

Office Use Only: Date: ___/___/___

Homeroom: _____

(Check when completed)

[ ] Annual Verification of Residency Form/Proof
[ ] Emergency Card
[ ] Immunization (SC Health Dept. Certification)
[ ] Copy of Soc. Security Card & Birth Certificate
[ ] Official Transcript &/or Withdrawal Grades

STUDENT INFORMATION

NAME: _____ _____ _____ _____
Last Name First Name Middle Name Suffix/Generation

Grade Level: 9 10 11 12 **First Year in Grade 9:** _____ _____

Graduation Year: _____ Has the student repeated a grade? If yes, which grade? _____

Name of Former School: _____

Has the student attended school in Georgetown County before? [ ] Yes [ ] No
If yes, name of school attended: _____
Dates attended: ___/___/_____ through ___/___/_____

BIRTHDATE: ___/___/___ **Gender:** _____ **SOCIAL SECURITY No.:** _____

Place of Birth: _____ _____ _____
City State Country

ETHNICITY: Is the student Hispanic or Latino? [ ] Yes [ ] No

Race Code:

[ ] American Indian / Alaskan Native (AI)
[ ] Asian or Pacific Islander (AP)
[ ] Black (B)
[ ] White (W)
[ ] 2 or more Races

Date of Entry in U.S. Schools* ___/___/___
** If not born in the United States*

What language did the student learn to speak first (i.e. native language)? _____
What is the primary language in the home? _____
What language does the student use the most? _____
Does the student receive ELL/ESOL services for students learning English as a second language? [ ] Yes [ ] No

911 (Street) Address: _____

_____ / _____ / _____
City State ZIP

Mailing Address: _____
(If different)

_____ / _____ / _____
City State ZIP

Student Email Address: _____

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PARENT/GUARDIAN INFORMATION

Does student live with both parents? [ ] Yes [ ] No
If no, with whom does the student live? _____ / _____
Last Name First Name

Relationship: _____

Guardianship* – Are you the legal guardian? [ ] Yes [ ] No

If not the student's legal guardian, then an AFFIDAVIT must be completed and notarized for district approval. Please request form.

Parent's Email address: _____

Father's Name: _____ / _____
Last Name First Name

Father's Day Phone: _____ **Cell:** _____

Father's Employer: _____

Father's Home Phone: _____

Mother's Name: _____ / _____
Last Name First Name

Mother's Day Phone: _____ **Cell:** _____

Mother's Employer: _____

Mother's Home Phone: _____

Alternate Person to Notify: Name: _____ Phone: _____
Relationship to Student: _____

Do you desire bus transportation? [ ] Yes [ ] No *If so, please complete Bus Transportation Request Form.*

Names of other children that attend school in Georgetown County:

Name	School	Grade

Did your child receive special education services (IEP) at his/her previous school? [ ] Yes [ ] No

Did your child have a 504 Plan at his/her previous school? [ ] Yes [ ] No

Did your child receive gifted and talented services at his/her previous school? [ ] Yes [ ] No

Please list any issues that might affect student's success: _____

_____

Parent's Signature: _____ Date: ____/____/____

Office Use Only:

Annual Verification of Residency (AVOR) [ ] Yes [ ] No

Copies of 3 proofs of residency attached [ ] Yes [ ] No

Signature of school personnel who registered and verified proofs of residency:

_____ Date: ____/____/____