



# Student Enrollment Form

Please print answers to ALL questions.

Student Information

Student Last Name (as indicated on birth certificate) \_\_\_\_\_ Student First Name (as indicated on birth certificate) \_\_\_\_\_ Middle Name (as indicated on birth certificate) \_\_\_\_\_ Suffix (Jr., III, etc.) \_\_\_\_\_ Name Called \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Preferred Phone Number \_\_\_\_\_  
NOTE: The phone number listed above will receive automated messages from the school. This can be a home or cell number.

Mailing Address, if different: \_\_\_\_\_ Preferred Email \_\_\_\_\_

<b>Ethnicity and Race</b> 1) Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Race: (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White 3) What is your student's reporting ethnicity? (check one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Two or more races <input type="checkbox"/> White	<b>Place of Birth</b> _____ City, State OR country (if not US)	Has student ever attended another school in the School District of Newberry County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name school in blank below: _____ Is this the first school the student has attended in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, date of entry into US School? _____	<b>Transportation</b> <b>AM:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus _____ <input type="checkbox"/> After School <input type="checkbox"/> Day Care <input type="checkbox"/> Other: _____ <input type="checkbox"/> Driver: _____
	<b>Birthdate</b> _____ <b>Student Support Services (Special Education) Information:</b> Does your student have the following? IEP <input type="checkbox"/> Yes <input type="checkbox"/> No 504 Accommodation Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Grade Level</b> _____ Has the student been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

Parent/Legal Guardian Information

**Student Lives With:** (check all that apply)  Both Parents  Mother  Father  Step Parent\*  Foster Parent\*  Legal Guardian\*  Other\*

**\*Who has legal custody?** \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are there copies of legal guardianship/custody papers on file at school?  Yes  No  Not Applicable

<b>Legal Mother of Student:</b> (Parent listed on student's birth certificate or court-issued custody document) _____ Last Name _____ First Name _____ Middle Name _____ Street Address (if different from student's) _____ City _____ Zip Code _____ Home Phone _____ Work Phone _____ Cell Phone _____ DOB _____ Email Address _____ Employer _____ Occupation _____ Is contact allowed at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	<b>Legal Father of Student:</b> (Parent listed on student's birth certificate or court-issued custody document) _____ Last Name _____ First Name _____ Middle Name _____ Street Address (if different from student's) _____ City _____ Zip Code _____ Home Phone _____ Work Phone _____ Cell Phone _____ DOB _____ Email Address _____ Employer _____ Occupation _____ Is contact allowed at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single
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**STATEMENT OF RESIDENCY**

I am the undersigned and the parent OR legal guardian of the student being registered. This student resides with me and my place of residence is within the boundaries of the School District of Newberry County and the attendance area for this school. By my signature below, I am affirming that all information provided is accurate and truthful.

**IMAGE/TECHNOLOGY USE  
PARENT PERMISSION**

Information about the School District of Newberry County is routinely made available to the public through a wide range of mass media. This includes local newspapers, television and radio stations, district/school newsletters, student newspapers and the Internet. In order to protect a student's privacy while also providing opportunities for student recognition, the School District of Newberry County requires that parental permission be obtained before any student's image or name is used.

*I give permission for my student to appear in a photograph, videotape, or slide. This includes individual school pictures, videos of programs, yearbook and classroom activities, athletics and extracurricular activities, local news media (newspapers, radio and television) district/school newsletters and the district website. In addition, I give permission for the school to release directory information (name, address, phone number). This request is used most frequently for high school students (academic teams, athletics, band/music).*

Yes  No

Technology is a vital part of the education and curriculum of the School District of Newberry County. Computers and the Internet are available to all students thereby allowing them access to educational materials worldwide. Your permission is required before students are allowed to use this equipment.

*I give permission for my student to use the technology resources the district has provided and will read and encourage my student to follow the terms of the Acceptable Use Policy posted on the district website.*

Yes  No

Regarding **Student/Athletic Insurance**, I understand the following:

- Accidents/injuries should be reported to school authorities immediately.
- Treatment must begin within 60 days from the date of injury.
- All claim forms are to be submitted no later than 90 days from date of injury.
- Policy benefits are payable for one (1) year from date of injury.

Yes  No

**For middle and high school students only:**

*I give permission for my student to have a district email address.*

Yes  No

**Last Three Schools Attended (list most recent first):**

**Student Name:** \_\_\_\_\_

_____ Name of School #1	_____ Address of School	_____ Grade	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Alternative
_____ Phone Number	_____ Fax Number	_____ Dates of Attendance	_____ District
_____ Name of School #2	_____ Address of School	_____ Grade	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Alternative
_____ Phone Number	_____ Fax Number	_____ Dates of Attendance	_____ District
_____ Name of School #3	_____ Address of School	_____ Grade	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Alternative
_____ Phone Number	_____ Fax Number	_____ Dates of Attendance	_____ District

**Siblings: List all other children living in the home**

Last Name	First Name	Middle Name	Grade/Age	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Emergency Contacts: Please provide information for people allowed to pick up student or whom we could call in an emergency if we are unable to reach the parents.**

Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Student Last Name                      Student First Name                      Middle Name                      Suffix (Jr., III, etc.)                      Birthdate

\_\_\_\_\_

Physician/Doctor                      Phone                      Dentist                      Phone                      Grade                      Teacher

\_\_\_\_\_

Insurance Company                      Name of Insured                      Policy Number

<p align="center"><b>Corrective Treatment</b></p> <p>Does your student have any of the following corrective treatments/equipment?</p> <p><input type="checkbox"/> Glasses   <input type="checkbox"/> Contacts   <input type="checkbox"/> Hearing Aids   <input type="checkbox"/> Other _____</p>	<p align="center"><b>Medical Conditions</b></p> <p>Does your student have any of the following medical conditions?</p> <p><input type="checkbox"/> Heart   <input type="checkbox"/> Asthma   <input type="checkbox"/> Diabetes   <input type="checkbox"/> Seizures   <input type="checkbox"/> Other _____</p>
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**Allergies**

Allergy	If yes, list	Describe reaction	List medication to treat allergy
<b>Medication</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Food</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Environment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Other</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Medication**

Please list any medication (prescription, over-the-counter, or herbal) that your student takes on a regular or as needed basis. Also indicate if medication is given at home or school.

Name of Medication	Taken at Home	Taken at School	Will be required during DAY field trips	Will be required during OVERNIGHT field trips
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If your student will need to take any medication while at school, please ask for our medication policy and required medication permission forms.**

**RELEASE OF INFORMATION AND MEDICAL TREATMENT CONSENT**

I hereby give the School District of Newberry County permission to use this information where necessary to benefit my student. I also give the School District of Newberry County permission to provide health related services to my student. In case of an emergency, if a parent/guardian or alternate person(s) cannot be reached, I give permission for my student to be transported by EMS for emergency medical treatment to the nearest hospital. In such cases, the parent/guardian will be responsible for payment of costs.

**FIELD TRIP HEALTH CHANGES/MEDICATION REQUIREMENTS**

I understand it is my (parent/guardian) responsibility to notify the school nurse at least two weeks prior to the field trip, whether overnight or day, of any health changes/ concerns/medications needed on trip that are different from above. If medication is needed on field trip other than medication already at school, I (parent/guardian) am responsible for completing a School District of Newberry County Medication Form and bringing medication to the school nurse at least two (2) weeks prior to the field trip.

If my child attends school in a designated Emergency Planning Zone (EPZ), which is a 10-mile zone to protect communities near a nuclear facility from radiation exposure in the event of an accident, I give permission for my child to receive KI (Potassium Iodide) to be supplied by DHEC in the event of an accident. Receiving KI within four hours of radiation exposure will decrease chances of damage to the thyroid.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_