



APPLICATION FOR ENROLLMENT CONSIDERATION • 2019-2020 SCHOOL YEAR

The mission of the OCSD 5 High School for Health Professions is to improve student achievement by using rigorous academic instruction supplemented by innovative teaching, interactive learning, and professional mentoring to give students a competitive edge throughout their college and professional careers.

Open Houses

Please come learn more about the *Orangeburg Consolidated School District 5 (OCSD5) High School for Health Professions (HSHP)*. We encourage you to come to one of our informational sessions listed below to find out more about the school. If you have any Questions, please contact Johnny Murdaugh (Principal) or Linda Rushton (Secretary) at (803) 533-6374.

1. January 19, 2019; 10:30 a.m.-12:00 p.m. at the High School for Health Professions
2. January 26, 2019; 10:30 a.m.-12:00 p.m. at the High School for Health Professions
3. February 2, 2019, 10:30 a.m.-12:00 p.m. at the High School for Health Professions
4. February 9, 2019; 10:30 a.m. -12:00 p.m. at the High School for Health Professions
5. February 12, 2019 6:00 p.m. -7:00 p.m. at the High School for Health Professions
6. February 23, 2019; 10:30 a.m.-12:00 p.m. at the High School for Health Professions

Admissions

Orangeburg Consolidated School District 5 (OCSD5) High School for Health Professions (HSHP) will admit students eligible to attend school in Orangeburg county subject to space limitations, and based on grade levels served. OCSD5 HSHP will serve 9th-12th grade students for the 2019-2020 school year.

Application Process

- OCSD5 HSHP has a simple one-page application. No admissions test required.
- One Application per student is valid for the 2019-2020 School Year only.
- Students requesting entrance into OCSD5 HSHP must submit a fully completed application.
- All out of District Students must submit a copy of grades and discipline report.
- Please print clearly. Any incomplete applications will be returned.
- Applications will be accepted from January 14, 2019 through February 28, 2019. The application must be postmarked by February 28, 2019
- Applications received after the deadline will be considered on a space available basis.
- A random public lottery is scheduled for Saturday, March 16, 2019 at 10 a.m. at the OCSD5 High School for Health Professions. Those with a selected slot will be notified no later than March 16, 2019.
- Please contact the school if you need help completing the application at the above listed number.
- Applications will only be accepted by submitting via US Mail to:

Orangeburg Consolidated School District 5
High School for Health Professions
Attention: ADMISSIONS
P.O. Box 1969
Orangeburg, SC 29116

Enrollment

After the lottery, students who choose to attend OCSD5 HSHP must fully complete and submit the Student Enrollment Packet within 14 days. You will receive the Enrollment Packet via email and/or mail. Students who do not enroll within the designated period will be withdrawn from the accepted enrollment list and they must re-apply if they wish to attend.

The Enrollment Packet will require proof of Orangeburg county residency and current Immunization Records from your doctor. It is the applicant's responsibility to inform OCSD5 HSHP if your contact information has changed.

STUDENT INFORMATION (please print):

First name: _____ Middle _____ Last _____

Gender: Male Female Head of Household Last Name: _____

Grade Entering in 2019-2020: _____

School District Where Student Lives: _____

Current School Student Attends: _____

Does Your Child Have an IEP: Yes No

HOME ADDRESS

Street Address: _____

City, State, and Zip Code: _____

Home Telephone Number: _____ Cell Number: _____

MAILING ADDRESS (Only if different from Home Address)

Street Address: _____

City, State, and Zip Code: _____

BIRTH DATE: Month _____ Day _____ Year _____ **BIRTH TYPE:** Single Twin Other

BIRTH CITY / STATE: _____ **BIRTH COUNTRY:** USA / Other _____

PARENT/GUARDIAN INFORMATION: (Please add extra pages if necessary)

Parent / Guardian #1

Salutation: (Mr., Mrs.) First: _____ Middle: _____ Last: _____

Gender: Male Female Resides in the household: Yes No

Leave blank if resides in household	Mailing Address: Number: _____ Street: _____ Apt: _____ PO Box: _____
	City, State, and Zip Code: _____
	Home Telephone Number: _____ Cell Phone: _____

E-Mail Address: _____ Place of Employment: _____ Employer Telephone # _____

Relationship to Student: _____ Should receive school correspondence? Yes No

Parent / Guardian #2

Salutation: (Mr., Mrs.) First: _____ Middle: _____ Last: _____

Gender: Male Female Resides in the household: Yes No

Leave blank if resides in household	Mailing Address: Number: _____ Street: _____ Apt: _____ PO Box: _____
	City, State, and Zip Code: _____
	Home Telephone Number: _____ Cell Phone: _____

E-Mail Address: _____ Place of Employment: _____ Employer Telephone # _____

Relationship to Student: _____ Should receive school correspondence? Yes No

Parent / Guardian Signature: _____ Date: _____

(The application must be signed by a custodial parent or legal guardian)