



APPLICATION FOR ENROLLMENT CONSIDERATION • 2020-2021 SCHOOL YEAR

The mission of the OCSD 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 County School District (OCSD) 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 Dr. Joan Reed, Principal or Mrs. Linda Rushton, Secretary at (803) 535-1693.

| DATE | TIME | LOCATION |
|-------------------|-------------------------|------------------------------------|
| January 18, 2020 | 10:30 a.m. – 12:00 p.m. | High School for Health Professions |
| January 25, 2020 | 10:30 a.m. – 12:00 p.m. | High School for Health Professions |
| February 1, 2020 | 10:30 a.m. – 12:00 p.m. | High School for Health Professions |
| February 8, 2020 | 10:30 a.m. – 12:00 p.m. | High School for Health Professions |
| February 12, 2020 | 6:00 p.m. – 7:00 p.m. | High School for Health Professions |
| February 22, 2020 | 10:30 a.m. – 12:00 p.m. | High School for Health Professions |

Admissions

Orangeburg County School District (OCSD) 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. OCSD HSHP will serve 9th - 12th grade students for the 2020-2021 school year.

Application Process

- OCSD HSHP has a simple one-page application. No admissions test required.
- One application per student is valid for the 2020-2021 school year only.
- Students requesting entrance into OCSD HSHP must submit a 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 13, 2020 through February 28, 2020. The application must be postmarked by February 28, 2020
- Applications received after the deadline will be considered on a space available basis.
- A random public lottery is scheduled for Saturday, March 14, 2020 at 10:00 a.m. at the OCSD High School for Health Professions. Those with a selected slot will be notified no later than March 14, 2020.
- Please contact the school if you need help completing the application at the number listed above.
- Applications will only be accepted by submitting via US Mail to:

Orangeburg County School District
High School for Health Professions
Attention: ADMISSIONS
130 Howard Hill Drive
Orangeburg, SC 29118

Enrollment

After the lottery, students who choose to attend OCSD 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 School District residency and current immunization records from your doctor. It is the applicant's responsibility to inform OCSD HSHP if your contact information has changed.

It is the policy of the OCSD 5 High School for Health Professions not to discriminate on the basis of age, color, handicap or disability, ancestry, national origin, marital status, race, religion, sex, veteran status, or political affiliation in its educational or employment programs and activities. (12/2016)

STUDENT INFORMATION (please print):

First: _____ Middle _____ Last _____

Gender: Male Female Head of Household Last Name: _____

Grade Entering in 2020-2021: _____ Did you have a sibling attend HSHP? Yes No

Name of Sibling _____

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: (Dr./Mr./Mrs./Ms.) 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: (Dr./Mr./Mrs./Ms.) 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)

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