

COLLETON COUNTY SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Enrollment Date _____

School _____

Please print legibly and complete all information.

Student's Name as it appears on the birth certificate

Last Name _____ First Name _____ Middle Name _____

Generation (Circle if applicable): II III IV V Jr. Sr. Grade _____ Gender () Male () Female

Student's Physical Address _____
Street City State Zip Code

Student's Mailing Address _____
(If different from physical address) Street City State Zip Code

Date of Birth _____ Social Security # (Optional) _____

Home Phone _____ Student's Email Address _____

Student's Cell Phone _____

Current Out-of-District School (if applicable): _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Last Day of Attendance _____

Previously Enrolled in Colleton County School District:

Has student ever been enrolled in the Colleton County School District? Yes () No ()

If yes, which school? _____ Grade _____ Year _____

Race/Ethnicity

Is the student Hispanic or Latino? Yes () No ()

Student's Race: (Select one or more):

() American Indian or Alaska Native () Asian () White () Black or African American

() Native Hawaiian or Other Pacific Islander

Student's Place of Birth

County: _____ State _____

City: _____

Emergency Contact/Health Information (other than parents):

Emergency Contact 1:

Last Name _____ First Name _____

Relationship to Student _____

Physical Address _____
(No PO Boxes) Street City State Zip

Home Phone # Cell # Work Phone #

Email Address _____

Emergency Contact 2:

Last Name _____ First Name _____

Relationship to Student _____

Physical Address _____
(No PO Boxes) Street City State Zip

Home Phone # Cell # Work Phone #

Email Address _____

Medical Information

Physician _____ **Phone** _____

Does the student have any medical problems, take medications or have a special diet etc.?

List any allergies this student may have?

All information above is correct to the best of my knowledge. Additionally, I understand that it is my responsibility to inform the school immediately of any changes.

Signature of Parent/Legal Guardian

Relationship to Student

Date

FOR OFFICE USE ONLY

Date Enrolled: _____

Student Number: _____

Student State ID #: _____

Yes No

Address Verification

____ Utility Bill(s) (____ electric, ____ gas, ____ phone or ____ water)

____ Property Tax Receipt

____ Mortgage Deed

____ Rental Lease/Contract

Yes No

Birth Certificate

Yes No

Social Security Card (if number supplied on side 1)

Yes No

Immunization

Yes No

Transcript Requested

Yes No

Transcript Received

Registration Complete

Yes No

Verified by: _____ Date: _____