COLLETON COUNTY SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Enrollment Date

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: ___________________________________________

Last updated on July 2018
PARENT/GUARDIAN INFORMATION

The student is living with:

( ) Both Parents ( ) Mother ( ) Father
( ) Mother/Stepfather ( ) Father/Stepmother ( ) Guardian
( ) Other (Ex: Group Home, Foster Parent, Residential Treatment Facility) _______

Please list any other children/siblings at this residence (even if not in school):

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________________</td>
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SPECIAL PROGRAM ENROLLMENT HISTORY

Has student repeated a grade? ( ) Yes ( ) No
If yes, which grade? ________

Student receives Special Education ( ) Yes ( ) No
( ) Self-Contained ( ) Resource ( ) Speech

Student has a current IEP (Individual Education Plan) ( ) Yes ( ) No
If yes, ( ) Reading ( ) Math ( ) Written Expression
( ) Other,__________________________

Student has a 504 Plan ( ) Yes ( ) No

Student is currently enrolled in a Gifted and Talented Program ( ) Yes ( ) No
If yes, ( ) State Identified or ( ) Placed
( ) Academic ( ) Artistic

ADDITIONAL PARENT/GUARDIAN

Parent/Guardian 1:

Last Name: ______________________ First Name: ______________________
Relationship to Student: __________ Does this person live in the same household as the student? ( ) Yes ( ) No
Is this person a legal guardian? ( ) Yes ( ) No Should this person have access to PowerSchool’s Parent Portal? ( ) Yes ( ) No
Primary language spoken by this person: _______________________________

Mailing Address _____________________________________________________
Street City State Zip
Home Phone # ______________________ Cell # ______________________ Work # _________
Email Address ________________________________
Education: Last grade completed: ______________ Degree: ______________

Parent/Guardian 2:

Last Name: ______________________ First Name: ______________________
Relationship to Student: __________ Does this person live in the same household as the student? ( ) Yes ( ) No
Is this person a legal guardian? ( ) Yes ( ) No Should this person have access to PowerSchool's Parent Portal? ( ) Yes ( ) No
Primary language spoken by this person: _______________________________

Mailing Address _____________________________________________________
Street City State Zip
Home Phone # ______________________ Cell # ______________________ Work # _________
Email Address ________________________________
Education: Last grade completed: ______________ Degree: ______________

Last updated on July 2018
**Emergency Contact/Health Information (other than parents):**

**Emergency Contact 1:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to Student</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
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</thead>
<tbody>
<tr>
<td><strong>(No PO Boxes)</strong> Street City State Zip</td>
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</table>

<table>
<thead>
<tr>
<th>Home Phone #</th>
<th>Cell #</th>
<th>Work Phone #</th>
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Email Address

**Emergency Contact 2:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to Student</th>
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<th>Home Phone #</th>
<th>Cell #</th>
<th>Work Phone #</th>
</tr>
</thead>
</table>

Email Address

**Medical Information**

<table>
<thead>
<tr>
<th>Physician</th>
<th>Phone</th>
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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.**

<table>
<thead>
<tr>
<th>Signature of Parent/Legal Guardian</th>
<th>Relationship to Student</th>
<th>Date</th>
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</table>

**FOR OFFICE USE ONLY**

- **Date Enrolled:**
- **Student Number:**
- **Student State ID #:**
- **Address Verification**
  - [ ] Utility Bill(s) (electric, gas, phone or water)
  - [ ] Property Tax Receipt
  - [ ] Mortgage Deed
  - [ ] Rental Lease/Contract
- **Birth Certificate**
- **Social Security Card:**
- **Immunization**
- **Transcript Requested**
- **Transcript Received**

**Registration Complete:**

Verified by: ___________ Date: ________

Last updated on July 2018