

COLLETON COUNTY SCHOOL DISTRICT

AFTER CARE 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 _____

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

Mailing Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Work # _____

Email Address _____

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

Mailing Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Work # _____

Email Address _____

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:

Application Fee Received: _____

Receipt Number: _____

Signed Contract Received: _____