



# Sumter School District

## Student Enrollment and Registration Form

### STUDENT ENROLLMENT INFORMATION

School: _____		Date: _____		Bus Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Bus Number: _____		
Last Name:			First Name:			Middle Name:		Suffix:
Current Residential Address:			Apartment Number:		City:		State:	Zip:
Is this location on Shaw Air Force Base or on Federal Property? <input type="checkbox"/> No <input type="checkbox"/> Yes			Approved for : <input type="checkbox"/> Regular Enrollment <input type="checkbox"/> Intra-district <input type="checkbox"/> School Choice (SES)		<input type="checkbox"/> Out-of-Zone <input type="checkbox"/> Out-of-District <input type="checkbox"/> Special Transportation			
Grade:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		Place of Birth (if not in the US):		
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			Check race category that applies:			Telephone Number:		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multiple/Other _____		
Is the student enrolled in any of the following programs or does the student have one of the following plans?		Gifted/Talented/Challenge Program <input type="checkbox"/> No <input type="checkbox"/> Yes		English for Speakers of Other Languages (ESOL) Program <input type="checkbox"/> No <input type="checkbox"/> Yes		Student Support Program <input type="checkbox"/> No <input type="checkbox"/> Yes	Special Education Program/Individualized Education Plan (IEP) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Speech Program <input type="checkbox"/> No <input type="checkbox"/> Yes	504 Plan <input type="checkbox"/> No <input type="checkbox"/> Yes	Speech Language Survey	What was the first language the student learned to speak? _____					
			What language does the student speak most often? _____					
			What is the language most often spoken in the home? _____					

### PARENT OR GUARDIAN INFORMATION

With whom does the student live, and what is the relationship? Please check:							
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Father and Stepmother	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother and Stepfather	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Legal Guardians
Name of Father/Guardian:		Address (if different from the student's):			City:	State:	Zip Code
Occupation:		Work Address:		Home Telephone:		Work Telephone:	Cell Phone:
Email Address (Father/Guardian):							
Name of Mother/Guardian:		Address (if different from the student's):			City:	State:	Zip Code:
Occupation:		Work Address:		Home Telephone:		Work Telephone:	Cell Phone:
Email Address (Mother/Guardian):							

### EMERGENCY CONTACT INFORMATION

These individuals, with presentation of photo identification, will be authorized to pick up your student in an emergency situation.			
Name:	Relationship:	Home Telephone:	Cell Phone:
Name:	Relationship:	Home Telephone:	Cell Phone:
Name:	Relationship:	Home Telephone:	Cell Phone:



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## SIBLING INFORMATION

Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the student enrolled in Sumter School District? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of school in which student is currently enrolled: _____		Grade: _____
Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the student enrolled in Sumter School District? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of school in which student is currently enrolled: _____		Grade: _____

## MEDICAL INFORMATION

Does the student have any physical disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: _____	Does your child have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: _____			
<b>Indicate any health problems that pertain to this student:</b>		<b>List Medication(s):</b>		
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attention Deficit Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clotting Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or Bone (Scoliosis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sickle Cell Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Problem(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PREVIOUS ENROLLMENT INFORMATION

<b>Pre-School Experience Only:</b>	<input type="checkbox"/> Pre-K Program	<input type="checkbox"/> Private Pre-School	<input type="checkbox"/> Private Daycare
	<input type="checkbox"/> Head Start	<input type="checkbox"/> Babysitter's House	<input type="checkbox"/> Home
Has the student ever repeated a grade?		Has the student attended a previous school in Sumter School District	
List last school attended if not in Sumter School District: _____	Address: _____	City: _____	Zip Code: _____ Telephone Number: _____
To what grade does the student expect the school to assign him or her? <input type="checkbox"/> Pre-K <input type="checkbox"/> Kg <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>			
How many high school units has the student earned? _____			
Is the student currently suspended or pending expulsion from school? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has the student been expelled from any school? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, what is the reason for the current suspension or pending expulsion? _____		If yes, what was the reason for the expulsion? _____	
Has the student been withdrawn from a school in lieu of expulsion: <input type="checkbox"/> No <input type="checkbox"/> Yes		Has the student ever received home-based (not medical home bound) services for disciplinary reasons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____	
Would the former school district and/or school allow this student to return if he or she desired: <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Check any of the following schools the student has attended:</b>			
Charter Rivers <input type="checkbox"/>	Evaluation and Testing (ET) Center <input type="checkbox"/>	Earl Morris <input type="checkbox"/>	
Hall Institute <input type="checkbox"/>	Marine Institute <input type="checkbox"/>	R & E <input type="checkbox"/>	
Wil Lou Gray <input type="checkbox"/>	Willow Lane <input type="checkbox"/>	Alternative School <input type="checkbox"/>	



# Sumter School District Student Enrollment and Registration Form

## LEGAL GUARDIANSHIP

If the student does not live with mother or father, please complete this section:

Name of Guardian/Custodial Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: Legal Guardian:  No  Yes      Legal Custody:  No  Yes  
Legal documents supporting guardianship:  No  Yes      Verified By: \_\_\_\_\_

## PARENT'S OR LEGAL GUARDIAN'S SIGNATURE REQUIRED

I am a resident citizen of Sumter School District, or I am an employee with a child or children in Sumter School District, or I have out of district permission for my child or children to attend a school(s) in Sumter School District. The information on this application is true to the best of my knowledge. I understand that the willful omission or willful misstatement of any information on this form may result in the withdrawal of this student from Sumter School District or other appropriate actions as determined by the administration.

Parent's or Legal Guardian's Signature:	Parent's or Legal Guardian's Signature:
Date: _____	Date: _____

Additional Comments:

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NEXT PAGE FOR OFFICE USE ONLY



# Sumter School District

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**THIS SECTION IS FOR OFFICE USE ONLY**

Entry Date:	Grade:	Homeroom:	Counselor's Name:
<u>Transportation:</u>			<u>Documents Submitted by Parents (As Applicable):</u>
<input type="checkbox"/> After School Program	<input type="checkbox"/> Bus # _____	<input type="checkbox"/> Car	<input type="checkbox"/> Dental Screening
<input type="checkbox"/> Day Car Van	<input type="checkbox"/> Driver	<input type="checkbox"/> Walker	<input type="checkbox"/> Physical Examination
<u>Proof of Residency</u>			<input type="checkbox"/> Ear/Hearing Screening
			<input type="checkbox"/> Eye Screening
<u>Proof of Residency</u>			<input type="checkbox"/> Immunization (SC Long Form)
			<input type="checkbox"/> Individual Education Plan (IEP)
<input type="checkbox"/> Auto Registration	<input type="checkbox"/> Mortgage Agreement	<input type="checkbox"/> Magnet Student Transcript	<input type="checkbox"/> Proof of Address
<input type="checkbox"/> Current Pay Stub	<input type="checkbox"/> Utility Bill-SC (Cable, Gas, Electric, Telephone, Water)	<input type="checkbox"/> Medicaid Form	<input type="checkbox"/> Proof of Age
<input type="checkbox"/> Lease Agreement		<input type="checkbox"/> Military Orders	<input type="checkbox"/> Proof of Legal Guardianship
<u>Add Other Documentation Required Document for School Entry</u>			<input type="checkbox"/> Psychological Report
			<input type="checkbox"/> NCLB Transfer (Choice)
			<input type="checkbox"/> Report Card
<input type="checkbox"/> Baptismal Records	<input type="checkbox"/> Report Card from Previous School	<input type="checkbox"/> Open Enrollment Form	<input type="checkbox"/> Special Education Records
<input type="checkbox"/> Birth Certificate or Other Verification of Age	<input type="checkbox"/> Transcript	<input type="checkbox"/> Non-Parental Affidavit	<input type="checkbox"/> Transcript(s)
<input type="checkbox"/> Immunization Form (SC)	<input type="checkbox"/> Withdrawal Form	<input type="checkbox"/> Open Enrollment Form	<input type="checkbox"/> Vision Screening
<input type="checkbox"/> Passport		<input type="checkbox"/> Open Enrollment Form	<input type="checkbox"/> Withdrawal Form
<b>*If documentation cannot be provided, immunization records must be obtained within thirty (30) days.</b>			
Enrolled By: _____		Date: _____	

**Additional Comments:**

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