

CHEROKEE COUNTY SCHOOL DISTRICT
STUDENT ENROLLMENT FORM
ELEMENTARY SCHOOL / MIDDLE SCHOOL

School: _____

Student ID: _____

SCHOOL USE ONLY		
HR TCHR	_____	
IMM	___ Yes	___ No
VHD&N	___ Yes	___ No
Medication	_____	
RESIDENCY INFO (Tax Map Page Number)		
Parcel No.	_____	

SECTION I: STUDENT INFORMATION

_____	_____	_____
Last Name	First Name	Middle Name
Male / Female	_____	_____
Gender	Grade	Date of Birth
_____	_____	_____
Social Security Number	Birthplace (State)	Nickname/Called Name

Ethnic Group: Is this student Hispanic/Latino? (Choose only one)

_____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino

The above question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following by choosing one or more to indicate what you consider your student's race to be.**

What is the student's race? (Choose one or more)

_____ American Indian or Alaska Native _____ Asian _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ White

Is the birthplace of the enrolling student outside of the United States? _____ Yes _____ No

If yes, date entered U.S. Schools: _____

Home Language Survey

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

1. Which language does your child most frequently speak at home? _____
2. Which language do adults in your home most frequently use when speaking with your child?

3. Which language(s) does your child currently understand or speak? _____

SECTION II: RESIDENCY INFORMATION

Are you the owner of your child's residence within this school's attendance zone? Yes No

- If yes, what is the PARCEL NUMBER / TAX MAP PAGE of this residence? (Can be found on annual tax bill)

- If no, please ask the school for the necessary affidavit to be filled out by the property owner/manager.

Residence Address:

Mailing Address (if different):

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Phone Numbers:

_____ Home

_____ Cell

_____ Work

With whom does student live? Both parents

Father only

Mother only

Mother and Stepfather

Father and Stepmother

Legal Guardian (**Documentation required**)

SECTION III: PARENT / LEGAL GUARDIAN INFORMATION

Relationship (Father, Mother, Legal Guardian)

Relationship (Father, Mother, Legal Guardian)

Last Name

Last Name

First Name

First Name

Contact allowed? Yes No

Contact allowed? Yes No

Address

Address

City State Zip Code

City State Zip Code

Phone Numbers:

Phone Numbers:

_____ Home

_____ Cell

_____ Home

_____ Cell

_____ Work

_____ Work

Employer

Employer

Occupation

Occupation

Email Address _____

Email Address _____

SECTION IV: EMERGENCY CONTACTS

The following people have my permission to check out my child from school:

Contact #1 (Non-parent/non-legal guardian)

Contact #2 (Non-parent/non-legal guardian)

Name

Name

Address

Address

City State Zip Code

City State Zip Code

Telephone Number(s)

Telephone Number(s)

Relationship to Student

Relationship to Student

Contact #3 (Non-parent/non-legal guardian)

Contact #4 (Non-parent/non-legal guardian)

Name

Name

Address

Address

City State Zip Code

City State Zip Code

Telephone Number(s)

Telephone Number(s)

Relationship to Student

Relationship to Student

SECTION V: PHYSICIAN / MEDICAL INFORMATION

Physician

Telephone

List any medical conditions to which the school needs to be alerted:

Medical Alert 1

Medical Alert 2

SECTION VI: MISCELLANEOUS INFORMATION

1. Has student been enrolled in any special programs? Yes No

If Yes, name of Program _____

(For example: Special Education/IEP, ESOL, EIP, Special Needs Preschool, Tutoring, Gifted/AIM)

2. Is this student currently serving a suspension or expulsion from another school district? Yes No

3. Name and address of school previously attended _____

4. List Cherokee County Schools attended _____

5. Directions from school to home _____

(Note: For items 6, 7 and 8, please see school staff member).

6. What bus (or buses) do you ride?

Morning Bus Number _____ 1st Load _____ 2nd Load

Afternoon Bus Number _____ 1st Load _____ 2nd Load

7. If you transfer to a second bus:

Morning Bus Number _____ 1st Load _____ 2nd Load

Afternoon Bus Number _____ 1st Load _____ 2nd Load

8. Are you a car rider? Yes No If your car ride was not available, what bus would you ride? _____

Declarations:

- I understand that all the facts contained on this Enrollment Form are true and correct, and, if found to be false or erroneous, will lead to the immediate removal of my child from this school.
- I understand that I must report any change of residence to this school, regardless if that change in residence is outside of this school's attendance zone.

Signature of Parent/Legal Guardian

Relationship

Date