

CHEROKEE COUNTY SCHOOL DISTRICT  
STUDENT ENROLLMENT FORM - HIGH SCHOOL

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

School: \_\_\_\_\_

Student ID: \_\_\_\_\_

**SECTION I: STUDENT INFORMATION**

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

1. Date entered 9<sup>th</sup> Grade (Month/Day/Year) \_\_\_\_\_
2. Foreign Exchange Student \_\_\_ Yes \_\_\_ No If yes, country: \_\_\_\_\_
3. **Has student been enrolled in any special programs?** \_\_\_ Yes \_\_\_ No  
**If yes, name of Program** \_\_\_\_\_ (e.g. Special Education/IEP, ESOL, Tutoring)
4. Is this student currently serving a suspension or expulsion from another school or district? \_\_\_ Yes \_\_\_ No
5. Name and address of school previously attended  
\_\_\_\_\_  
\_\_\_\_\_
6. List Cherokee County Schools attended \_\_\_\_\_
7. What bus (or buses) do you ride?  
Morning Bus Number \_\_\_\_\_ 1<sup>st</sup> Load \_\_\_\_\_ 2<sup>nd</sup> Load \_\_\_\_\_  
Afternoon Bus Number \_\_\_\_\_ 1<sup>st</sup> Load \_\_\_\_\_ 2<sup>nd</sup> Load \_\_\_\_\_
8. 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

9. Is the birthplace of the enrolling student outside of the United States? \_\_\_ Yes \_\_\_ No  
If yes, date entered U.S. Schools \_\_\_\_\_  
Country of birth \_\_\_\_\_

**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 & Stepfather

Father & Stepmother

Legal Guardian (Documentation required)

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**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 \_\_\_\_\_

(Email is required in order to obtain ASPEN Parent Portal Account).

**SECTION IV: EMERGENCY CONTACTS**

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State      Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Relationship to Student

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State      Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Relationship to Student

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State      Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Relationship to Student

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State      Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Relationship to Student

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**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

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**SECTION VI: 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? \_\_\_\_\_

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**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/Enrolling Student

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date