



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"/> Yes <input type="checkbox"/> No		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 (below):		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 <input type="checkbox"/> Yes <input type="checkbox"/> No	English for Speakers of Other Languages (ESOL) Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Support Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education Program/Individualized Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Program <input type="checkbox"/> Yes <input type="checkbox"/> No	504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is either parent/guardian serving in any military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please indicate the capacity in which the parent/guardian serves: <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Active Duty		Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: _____



Sumter School District

Student Enrollment and Registration Form

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? No Yes
If yes, please list: _____

Does your child have any allergies? No Yes
If yes, please list: _____

Indicate any health problems that pertain to this student:

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

List Medication(s): _____

PREVIOUS ENROLLMENT INFORMATION

Pre-School Experience Only:	<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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th			
How many high school units has the student earned? _____			
Is the student currently suspended or pending expulsion from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student been expelled from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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"/> Yes <input type="checkbox"/> No	Has the student ever received home-based (not medical home bound) services for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input type="checkbox"/> No			
Check any of the following schools the student has attended:			
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"/>	



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined in Plyer v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. This survey is given to all students enrolled in the school district/charter school. The HLS is administered once, upon initial enrollment in South Carolina, and should remain in the student's permanent record.

If a language other than English is recorded for ANY of the survey questions below, the appropriate identification screening assessment will be administered to determine whether or not the student qualifies for additional English language development support.

Please answer the following questions:

1. What is the language that the **student** first acquired? _____
2. What language(s) is spoken most often by the **student**? _____
3. What is the **primary language used in the home**, regardless of the language spoken by the student?

- *4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Your signature above certifies that you understand if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

Name: _____ **Date:** _____

PreK- entire packet
K-5 - pgs 1-3

South Carolina Early Childhood Registration Form
2020-21 School Year

School and District Information			
School:		School District:	
Child Information			
Last Name:		First Name:	Middle Name:
Check if Applicable Nickname:		Generation: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	
Date of Birth (mm/dd/yy): ___/___/___ Social Security number (Preferred but optional): _____-____-____			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Federal Race/Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the student's race? Check all appropriate.			
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No response			
Child lives with: <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparent <input type="checkbox"/> other (specify):			
Home Address:			
City:			
County:		South Carolina	Zip Code:
Mailing Address (if different from Home Address):			
City:		County:	South Carolina
			Zip Code:
Parents/Guardians <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other (specify):			
Mother's/Guardian's Last name:		First Name:	Middle Initial:
<i>If different from child's information:</i>			
Street Address:			
City:		County:	South Carolina
			Zip Code:
Home Phone:		Cell Phone:	
Place of Employment:		Daytime Phone:	
Mother's Education (highest level) <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate			
Mother's/Guardian's email:			
Father's/Guardian's Last Name:		First Name:	Middle Initial:
<i>If different from child's information:</i>			
Street Address:			
City:		County:	South Carolina
			Zip Code:
Home Phone:		Cell Phone:	
Place of Employment:		Daytime Phone:	

Father's/Guardian's email:		
Emergency Contact Information (other than parent/guardian information already provided)		
Primary Contact Name:	Cell Phone:	
Relationship to Child:		
Daytime Street Address:	Daytime Phone:	
City:	South Carolina	Zip Code:
Second Contact Name:	Cell Phone:	
Relationship to Child:		
Daytime Street Address:	Daytime Phone:	
City:	South Carolina	Zip Code:
Child's Prior Care/Education Provider *Definitions of providers and full day/partial day are attached		
Last year my child's care was provided by the following <i>public provider</i> (Check one):		
<input type="checkbox"/> Head Start <input type="checkbox"/> Prekindergarten at a public school <input type="checkbox"/> Unknown		
My child attended the program (check one) <input type="checkbox"/> full day <input type="checkbox"/> partial day		
Name of provider:		
<input type="checkbox"/> Last year my child's care was provided by a <i>private provider</i> (see attached examples of private providers) My child attended the program (check one) <input type="checkbox"/> full day <input type="checkbox"/> partial day		
Name of provider:		
Last year my child's care was provided in a home by an informal child care provider (Check one):		
<input type="checkbox"/> Parent or relative <input type="checkbox"/> Non-relative		
Child's healthcare information		
Did your child weigh less than 5.5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child receives regular medical care from: <input type="checkbox"/> Health Clinic (Health Department)		
<input type="checkbox"/> Emergency Room <input type="checkbox"/> Family Doctor <input type="checkbox"/> Other		
Name:		Phone:
List any long-term health concerns, illnesses, and/or allergies:		
List any medication(s) prescribed for continuous long-term use:		
List any special accommodation(s) that may be required to meet my child's needs most effectively while he or she is at the school:		
Family Income Range		
Number of persons on family or household:		
Income Range of Family: <input type="checkbox"/> \$0-\$10,000 <input type="checkbox"/> \$10,001-\$20,000 <input type="checkbox"/> \$20,001-\$30,000 <input type="checkbox"/> \$30,001-\$40,000		

\$40,001-\$50,000

\$50,001-\$60,000

\$60,000 and above

Language Background

What is the child's primary language?

What language is primarily spoken in the home?

Family Literacy Services

Who in your family has participated in a school district Family Literacy Program, such as adult literacy, adult education (GED, High School Diploma, ESL), parent education, child development, or parent and adult/child interactive literacy?

Both Parents Mother Father Guardian/Grandparent No One

Did your child ever participate in school district Family Literacy Services? Yes No
If, "yes," please check how long: 1 Year 2 Years 3 Years 4 or more years

Child's Special Needs

Does your child have a current Individual Education Program (IEP) or Section 504 plan? Yes No

Student's Disability Status: None Emotional Learning Speech Physical Other

Child's Transportation

How do you anticipate your child will get to school? School Bus Car
 Child Care or Day Care Transportation Walk Bicycle Not applicable

How do you anticipate your child will travel from school? School Bus to home address
 School Bus to different location Car Child Care or Day Care Walk Bicycle
 Not applicable After School Program at School