

Please Print Clearly



- Birth Certificate *(For Office Use Only)*
- Immunization Record
- Social Security Card
- Proof of Residence
- Records Requested Date _____
- Records Received
- Teacher Assignment _____

Today's Date _____

School _____

Student Enrollment Form
2016-2017

Student Name: Legal Last Name _____		Legal First Name _____	Legal Middle Name _____	Name called _____
Birth date (Month/Day/Year) _____	Gender M F	Social Security Number - -	Enrolling Grade (circle one) Preschool Disabled 4K 5K 1 2 3 4 5 6 7 8 9 10 11 12	
What country was student born in? _____ Is student Hispanic or Latino? Yes No Race (Circle all appropriate) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander		Home Language Survey What is the first language the student learned to speak? _____ What language does the student most often speak? _____ What language is most often spoken in the student's home? _____ In what language do you prefer to receive written school communications? _____ In what language do you prefer to receive oral school communications? _____		
Student lives with <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> *Legal Guardian <input type="checkbox"/> Foster home/DSS (Original Dist. student transferring from _____) <input type="checkbox"/> *Grandparent(s) <input type="checkbox"/> Other (Please list) _____ *Custody papers must be presented upon enrollment.				
Parent / Legal Guardian Residence Information (where student resides)				
Parent /Legal Guardian #1 (where Student Resides) Last Name _____ First Name _____		Parent /Legal Guardian #2 (where Student Resides) Last Name _____ First Name _____		
Resident Address Street _____ Apt# _____ City _____ State _____ Zip _____				
Mailing Address (if different from above) Street _____ Apt# _____ P O Box _____ City _____ State _____ Zip _____				
Parent/Legal Guardian #1 (where Student Resides) Please check primary phone; include area code <input type="checkbox"/> Home () _____ Relationship _____ <input type="checkbox"/> Work () _____ Marital Status _____ <input type="checkbox"/> Cell () _____ Education _____ Employer _____ Occupation _____ E-mail Address _____ Social Security Number _____		Parent/Legal Guardian #2 (where Student Resides) Please check primary phone; include area code <input type="checkbox"/> Home () _____ Relationship _____ <input type="checkbox"/> Work () _____ Marital Status _____ <input type="checkbox"/> Cell () _____ Education _____ Employer _____ Occupation _____ E-mail Address _____ Social Security Number _____		
Secondary Household Information (used only if student does not reside with both parents/legal guardians at same residence) Secondary Household Parent /Legal Guardian #2 Last Name _____ First Name _____		Parent Military Status Please select one of the following: <input type="checkbox"/> Neither parent nor guardian is serving in any military service <input type="checkbox"/> A parent or guardian is serving in the National Guard but is not deployed <input type="checkbox"/> A parent or guardian is serving in the Reserves but is not deployed <input type="checkbox"/> A parent or guardian is serving in the National Guard and is currently deployed <input type="checkbox"/> A parent or guardian is serving in the Reserves and is currently deployed <input type="checkbox"/> A parent or guardian is serving in the military on active duty but is not deployed <input type="checkbox"/> A parent or guardian is serving in the military on active duty and is currently deployed <input type="checkbox"/> The student's parent or guardian died while on active duty within the last year <input type="checkbox"/> The student's parent or guardian was wounded while on active duty within the last year		
Resident Address Street _____ Apt# _____ City _____ State _____ Zip _____				
Mailing Address (if different from above) Street _____ Apt# _____ P O Box _____ City _____ State _____ Zip _____				
Secondary Household Parent/Legal Guardian Please check primary phone; include area code <input type="checkbox"/> Home () _____ Relationship _____ <input type="checkbox"/> Work () _____ Marital Status _____ <input type="checkbox"/> Cell () _____ Education _____ Employer _____ Occupation _____ E-mail Address _____ Social Security Number _____				

Transportation Information

MORNING	Bus Rider Yes No	Car Rider Yes No	Daycare Provider _____	Walker Yes No
AFTERNOON	Bus Rider Yes No	Car Rider Yes No	Daycare Provider _____	Walker Yes No
After School Program at School _____				

Previous Schools Attended

- ◆ Has your child ever attended Lexington School District One? Yes No Has your child been retained? Yes No If yes, what grade? _____
- ◆ Is this child currently under expulsion from another school or district, or was the child withdrawn/released from his/her last school while subject to expulsion proceedings? Yes No

List below all previous schools attended, including Lexington School District 1 (list most recent first).

School Name	Address	City	State	From	To	Grade Levels

Special Services

In the past 12 months, was your child enrolled in a Special Education program? Yes No

Has your child ever participated in: an IEP Gifted Occupational and/or Physical Therapy Speech Therapy

Response to Intervention (RtI) or Multi-Tier System of Supports (MTSS) program Other _____

Has your child ever qualified for or had a 504? Yes No

Has your child ever been enrolled in English as a Second Language Program (ESOL)? Yes No

Are you aware of any condition(mental, physical and/or emotional) that may affect your child's learning experience? Yes No If Yes, specify _____

Siblings Please list other siblings attending schools in Lexington School District 1

Last Name	First Name	School	Grade

Emergency Contacts (fill in information for at least two contacts) NOT PARENTS/LEGAL GUARDIANS – LOCAL CONTACTS

The individuals below have my permission to sign this student out of school, either for illness or early dismissal. These are the **ONLY** individuals besides parent(s)/legal guardian(s) who will be allowed to check my student out of school after providing appropriate picture ID.

Primary Contact (other than Parent/Legal Guardian) Last Name First Name	Second Contact (other than Parent/Legal Guardian) Last Name First Name	Third Contact (other than Parent/Legal Guardian) Last Name First Name
Relationship to child _____ Please check primary phone; include area code. <input type="checkbox"/> Home () _____ <input type="checkbox"/> Cell () _____ <input type="checkbox"/> Work () _____ E-mail Address _____	Relationship to child _____ Please check primary phone; include area code. <input type="checkbox"/> Home () _____ <input type="checkbox"/> Cell () _____ <input type="checkbox"/> Work () _____ E-mail Address _____	Relationship to child _____ Please check primary phone; include area code. <input type="checkbox"/> Home () _____ <input type="checkbox"/> Cell () _____ <input type="checkbox"/> Work () _____ E-mail Address _____

Legal Documentation must be on file in the school office listing anyone NOT PERMITTED to visit or pick up this child.
Legal Paperwork on file Yes No **Name of person(s) not permitted to visit or pick up this child:** _____

Please be notified that parents/legal guardians and students eighteen (18) years of age or older may be permitted to: inspect and review educational records, challenge the contents of records, or obtain a copy of records with prior notification to school personnel.

In providing residency information to the District for enrollment of my child, I acknowledge and agree that if I provide information which is later determined to be false, I will be charged a fee equal to the per diem cost of tuition for students attending school in the District pursuant to ownership of property as set forth in S.C. Code Annotated § 59-63-45. This fee will be charged for each day that my child attends school unlawfully. I also understand that in the event I do not pay the required amount of tuition within thirty (30) days of being advised of the tuition amount, the district may pursue legal action against me for recovery of those monies.

I understand that if it is found that I have willfully and knowingly provided false information in this statement to enroll a child in a school district for which the child is not eligible, I may be found guilty of a misdemeanor and, upon conviction, may be fined an amount not to exceed two hundred dollars (\$200) or imprisoned for not more than thirty days (30) days.

*The school district/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/full day AVTS in the future.