



COLLETON COUNTY SCHOOL DISTRICT

STUDENT REGISTRATION FORM

(Please Print)

Student's Full Name: _____
Last First Middle

Name and location of last school attended _____

Has the student ever attended a school in Colleton County? If yes, name of school _____

Has the student ever attended a school in South Carolina? If yes, name of school _____

Grade this year _____ Grade last year _____ Male Female

911 Street Address _____
Street City State Zip

Mailing Address _____
Street or Post Office Box City State Zip

Home Phone # _____ Birth Date ____/____/____ Social Security Number ____-____-____

Is transportation needed? Yes No If yes, is transportation need for ____ AM ____ PM ____ Both (check one)

What is the student's race? (check all that apply)

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

Is this student Hispanic or Latino? Yes No

Check all that apply Student lives in foster home Migrant Refugee/Immigrant Homeless

Is student under a Court Order to attend school? Yes No If yes, Order Number or issuing county _____

Other family members in Grades Pre-K –12

Name	Grade	School

Parent/Guardian Information

Relationship	Mother	Father	Other (Give Relationship)
Last Name			
First Name			
Middle Name			
Home Address (If different than student)			
City, State Zip			
Home Phone			
Mobile Phone			
E-mail Address (if any)			
Employer			
Occupation			
Work Address			
City, State Zip			
Work Phone			
Work Extension			
Education Level			

Emergency Contact Information (Please list at least 2)

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name			
Telephone #			
Extension #(if any)			
Relationship			
Address			
City, State Zip			

Has student previously been enrolled in the Gift and Talented program? ___Yes ___No

Has student previously been enrolled in Special Education? ___Yes ___No

Has student previously been enrolled in Speech? ___Yes ___No

Has student had an IEP developed? ___Yes ___No

Has student had a 504 Plan developed? ___Yes ___No

Does the student speak a language other than English? ___Yes ___No

If yes, what language _____ Has the student ever received language services? ___Yes ___No

What was the first language your child learned to speak? _____

What language does your child use most often at home? _____

What language do you use most often to speak to your child? _____

In what language do you prefer to receive communication from the school? _____

Is student covered by Medicaid? ___Yes ___No If yes, Medicaid number _____

Does student have any medical conditions that the school should be aware of? ___Yes ___No

If yes, please describe _____

Student's Doctor: _____ Doctor's Phone #: _____

Name of person enrolling student _____ Relationship to student _____

Date Completed _____

FOR OFFICE USE ONLY

Date Enrolled: _____ Student Number: _____

Student State ID #: _____

Yes No Address Verification
 _____ Utility Bill(s) (_____ electric, _____ gas, _____ phone or _____ water)
 _____ Property Tax Receipt _____ Mortgage Deed _____ Rental Lease/Contract

Yes No Birth Certificate
 Yes No Social Security Card (if number supplied on side 1)
 Yes No Immunization
 Yes No Transcript Requested
 Yes No Transcript Received

Registration Complete Yes No
 Verified by: _____ Date: _____