GREENVILLE COUNTY SCHOOLS
Where Enlightening Strikes!

Enrollment Information for Parents

Please note: To start the enrollment process a parent or legal guardian must be present and two proof of residency documents must be provided.

Please bring the following information with you to enroll the student:

- **Photo ID** from any state or country
- **Two current "proof of residency" documents** (all must contain property address)
  These can be a combination of:
  - Current bills – i.e. electric, gas, water, cable
  - Current mortgage statement or current signed lease agreement with landlord's name and phone number
- **Birth Certificate**
- **Signed Certificate of Immunization**, Conditional Certificate of Immunization or Religious Exemption Certificate
- Completed **Student Enrollment Form** (available from school)
- **Withdrawal or transfer form** from your previous school, along with most recent report card or transcript, including attendance, and discipline.
- If applicable, the following will be needed:
  - IEP or 504 Plan, if student receives any special accommodations
  - Court-ordered guardianship document

Once enrollment has been initiated, you will be required to fill out other forms such as Student Emergency Information, Transportation Status, and Internet Permission Form.

Enrollments involving unusual circumstances with residency or custody may require additional information and forms.

Original documents are required at time of enrollment; photocopies and partial pages may be unacceptable.

Greenville County Schools

Student Enrollment Form

GeoCode

Entry Date

By completing this form, I attest that I have custody and educational authority for this child.

Student Information (Please print answers to all questions)

Last Name | First Name | Middle Name | Suffix (Jr, III, etc) | ☐ Male ☐ Female

Home Address | City | Zip | Grade Level

Mailing Address, if different: _____

Ethnicity and Race

1. Is student Hispanic or Latino? ☐ Yes ☐ No
2. Race: Check all that apply:

☐ American Indian or Alaskan Native
☐ Native Hawai'ian or Pacific Islander
☐ Asian ☐ Black ☐ White

Birth Information

Birthdate

Place of Birth (city, state OR country if not US)

Student Support Services Information

Does the student have an Individual Education plan (IEP)? ☐ Yes ☐ No

Does the student have a 504 accomodation plan? ☐ Yes ☐ No

Parent/Legal Guardian Information (parent listed on child's birth certificate or court-issued custody document)

Parent/Legal Guardian #1 ☐ Mother ☐ Father

Last Name | First Name | Middle Name

Home Address | Check box if same as student address ☐

City | State | Zip

Home Phone # | Cell Phone #

Employer | Work Phone

Email Address

Parent/Legal Guardian #2 ☐ Mother ☐ Father

Last Name | First Name | Middle Name

Home Address | Check box if same as student address ☐

City | State | Zip

Home Phone # | Cell Phone #

Employer | Work Phone

Email Address

Greenville County Schools uses an automated phone messaging system for parent notifications. Please indicate below which phone number you would like to receive these messages from the school. It may be a home or cell phone number _____

Does Parent/Legal Guardian #2 have custody? ☐ Yes ☐ No

If no, please explain and show appropriate court documentation to school.

Parent/Legal Guardian Information (parent listed on child's birth certificate or court-issued custody document)-cont.

Please indicate who the student currently lives with:

Both Parents Mother Father *Stepparent** *Foster Parent** *Guardian** *Other **

*appropriate documentation must be presented at time of enrollment if child lives with someone other than the *parent/legal guardian. Please complete the information below if child lives with someone other than the legal parent/guardian.*

Last Name _____ First Name _____ Relationship _____

Employer _____ Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Legal Guardian #1: If you want a stepparent to have access (verbal or written) to your child's records, you must complete a Consent for Access form in the presence of a school staff member.

Academic Information

Last School Attended ☐ Public ☐ Private ☐ Home ☐ Charter

Name of School _____ Address of School _____ City _____ State _____ Zip _____

Phone # _____ Fax# _____ Dates of Attendance _____ Current Grade _____

4K and 5K Students ONLY Check the setting below that best describes the last school/childcare setting the student attended.

☐ None ☐ Family Child Care Center (Home-Based) ☐ Home w/Family Member

☐ Center Based Care ☐ Head Start ☐ Home w/Non-Family Member

High School Students ONLY List all other high schools the student has attended, beginning with the most recent.

Name of School	City, State	Grade(s)	Dates of Attendance

Home Language Survey Please answer the following questions about the student's language background.

1 What is the first language your child learned to speak? _____

2 What is the language your child speaks more often? _____

3 What language is spoken most often in your home? _____

4 Has the student ever received support for learning English? ☐ Yes ☐ No

5 What is the date your child first entered a U.S. School? _____

Do the parents/guardians read and speak English?

Mother	☐ Yes	☐ No
Father	☐ Yes	☐ No
Guardians	☐ Yes	☐ No

Siblings: List all other children in this family who currently attend a Greenville County School

Last Name	First Name	Middle Name	Grade	School

Emergency Contacts: List contact information below for people we could call in an emergency IF WE ARE UNABLE TO REACH THE PARENT/LEGAL GUARD

Emergency Contact Name	Home Phone	Work Phone	Cell Phone	Relationship

Additional Information

1 Does the student live in a foster home? ☐ Yes ☐ No

2 Does the student live in a group home? ☐ Yes ☐ No

If yes, which group home? _____

3 Is either parent or legal guardian on active duty in the military? ☐ Yes ☐ No

4 Is either parent or legal guardian on active duty in the reserves or national guard? ☐ Yes ☐ No

5 Has either parent or legal guardian worked as a civilian on federal property or live on federal property? ☐ Yes ☐ No

6 Are the student's parents migrant workers? ☐ Yes ☐ No

If your child has medical issues that the school should be aware of, please list on the StudentEmergency Information Form that can be obtained from your school.

By signing this form, I attest that I have custody and educational authority for this child and have provided appropriate documentation.

_____ Parent Signature

_____ Date

For 4K, K5, and 1st Grade Enrollment Only

I am aware that the entrance requirements for 4K, 5K, and 1st grade students are as follows:

My child must be four years of age if enrolling in 4K program; or five years of age if enrolling in K5 program; or six years of age if enrolling in First Grade on or before September 1st of the applicable school year.

Parent Initials _____

Section for School Use

Student Transportation Request Form
2019-2020

NOTE: Magnet & Special Needs Transportation do not use this form. See your Coordinator/Case Manager.

Return this completed form to school office. Incomplete forms will not be processed.
(Forms should be submitted if student is new or if address, school, or mode of transportation has changed)

School Name (Print):_____ **Date:** _____

Student's Name (Print): _____ **Grade:** _____

Student's Street Address (Print):_____

Student's City (Print): _____ **Zip:** _____

Arrival Method: (Circle one)		**Departure Method:** (Circle one)	
Regular Bus	(44)	Regular Bus	(44)
Car	(22)	Car	(22)
Day Care Bus	(99)	Day Care Bus	(99)
Walk / Bicycle	(33)	Walk / Bicycle	(33)

****Ridership status and/or bus stops are subject to cancellation after five (5) consecutive school days of no ridership. If your child will be absent from bus service for more than five (5) days and you'd like to keep their status active, please notify the school office. Students must ride at least once every five (5) days in order to remain active.*
****Requests received after July 31, 2019 may not be routed for the first day of school. Transportation for late forms will be implemented in the order in which they were received by the Transportation Office beginning September 3, 2019. After September 3, 2019 and during the school year, it may take up to 5 school days to establish transportation.*
****Buses are subject to arrive 10 minutes before or after the scheduled time.*

Parent/Guardian Name (Print): _____ **(Signature):**_____

Parent/Guardian Contact Numbers:

1. **Phone**_____ **(Number to receive automated messages/emergency/attendance info)**
2. **Phone** _____ **circle: Mom Dad Guardian**_____
3. **Phone** _____ **circle: Mom Dad Guardian**_____

To be completed by School Officials

Enter & Verify in PowerSchool: *Address* *Contact Information* *Arrival/Departure Code*

******Initial once information has been entered & verified in Power School:*** _____

****School: After entry in Powerschool, fax to appropriate Bus Center ONLY IF REGULAR BUS IS REQUESTED****

****Bus Center: Route within 3-5 school days - contact Parent/Guardian****

*AM Stop:*_____ *PM Stop:*_____

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 Plyler v. Doe, 457 U.S. 202 (1982).

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

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____
4. In what language do you wish to have communication from the school? _____

Student Name:_____ **Grade:**_____

Parent/Guardian Name:_____

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

By signing here, you certify that responses to the three questions above are specific to your student. You understand that 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:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name:_____ Date:_____

Greenville County Schools
Bus Tag Application
(K4, K5, 1st Grade Students)
2019-2020

Parent Complete: Please print and return to the school office.

Student's Name: _____ School: _____

Parent/Guardian's Name: _____

Student's Address: _____

City: _____ Zip Code: _____

Subdivision: _____

Parent Phone Numbers:

Home: _____ Work: _____ Cell: _____

Emergency Contacts:

Name: _____

Home: _____

Work: _____

Cell: _____

Name: _____

Home: _____

Work: _____

Cell: _____

Name of Fourth/Fifth Grade Designee:

_____

By signing this form the parent/guardian (or designee): **Bus Stop:** is accepting responsibility for the student at the bus stop and is responsible for meeting the bus at the designated stop time. (Buses are subject to arrive 10 minutes before or after the scheduled time.) The parent/guardian (or designee) must have the official card (provided by the school) matching their child's tag number in order for the driver to release the child to them. **School:** is authorizing the school to release their child to the emergency contact person(s) (with proper identification) listed above should there be unsuccessful attempts to reach the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

For School Office Use Only

Grade: _____ Teacher: _____

Rt. #: _____ Stop Location: _____

Student/Parent Tag #: _____

(Retained By School)

Revised 11/9/17

GREENVILLE COUNTY SCHOOLS
Where enlightening strikes

Early Childhood Prior Child Care--5K Students Only (Required for PowerSchool)

(Cuidado de Niños Anterior en la NIñez Temprana - Solo para Estudiantes de 5K--Requerido para PowerSchool)

During **2018–19**, my child attends the following child care/preschool program (check one box below):

Public Program	**Private Program**
☐ Head Start	☐ Military Child Care
☐ 4K in a public school	☐ Faith-Based Center (church, synagogue, etc.)
☐ 4K CDEP Program	☐ First Steps
	☐ Other Provider
	☐ Unknown
Other:	
☐ Family Child Care	
☐ None (my child was not enrolled in a program)	

Name of Program (e.g., Brushy Creek Elementary School 4K):

_____

My child attends the program (check one) ☐ full day ☐ half day

Child's Name: _____

Parent/Guardian's Name: _____

*Durante el **2018–19**, mi hijo/a asiste al siguiente programa pre-escolar (marque una de las opciones):*

Programa Público	***Programa Privado***
☐ *Head Start*	☐ *Guardería Militar*
☐ *4K/PreK en una escuela pública*	☐ *Centro Religioso (iglesia, sinagoga, etc.)*
☐ *Programa 4K/CDEP*	☐ *First Steps*
	☐ *Otro proveedor*
	☐ *Desconocido*
Otro:	
☐ *Cuidado infantil familiar*	
☐ *Ninguno (mi hijo/a no estaba inscrito en ningun programa)*	

Nombre del programa (ejemplo: Brushy Creek Elementary School 4K)

_____

Mi hijo/a asistió al programa (marque una) ☐ *día completo* ☐ *medio día*

Nombre del Estudiante: _____

Nombre del Padre/Tutor: _____

GREENVILLE COUNTY SCHOOLS

Where enlightening strikes.

McKinney-Vento Act Identification Form

The Federal McKinney-Vento assistance Act ensures education rights and protections for children and youth experiencing housing difficulties and displacement. In order to serve these students in every way available, we need to identify those in situations that may qualify. Completing this form is voluntary. If you think you would qualify for services, please complete the following:

Student Name: _____ School: _____

Grade: _____ Teacher: _____

1. ___ Check here if your family has no problems with housing, and your child has a fixed, regular, and adequate nighttime residence (sleeps in the same place each night). Please supply proof of residence for new students.

2. If your family IS experiencing housing difficulties or displacement due to financial or other hardship, please CHECK ALL THAT ARE TRUE for the child being enrolled:

   A. _____ temporarily sharing the housing of relatives or friends because of loss of job or income _____, fire _____, eviction _____, financial hardship _____, other _____

   B. _____ living in temporary housing (emergency shelter) or in a place not ordinarily used as a regular, long-term sleeping accommodations (motel ___ camper ___ other _____)

   C. _____ living in inadequate, substandard housing (for example: no water or electricity, holes in floors or walls, several windowpanes broken out) _____

   D. ____ unable to live with parent(s) and does not yet have a permanent, legally appointed guardian. Briefly explain situation:

   _____

3. Schools child previously attended (if any) _____

4. Documents not available:
   Birth Certificate _____ Immunization _____ Other _____
   Reason document(s) not available: _____

5. Does this child have brothers or sisters who are currently enrolled in Greenville County Schools?
   _____yes _____no List each child's name and school they attend: _____

Parent/Guardian Signature: _____ Date: _____

Return this form to your child's school

For questions concerning this form please call Irene Hamilton Jones at 864.355.7366

GREENVILLE COUNTY SCHOOLS
Where Enlightening Strikes!

STUDENT RESIDENCY STATEMENT (SRS)

School: _____ Date: _____

Student Name (PLEASE PRINT): _____ Birth date: _____ Grade: _____

Please list all of YOUR preschool and school-aged children currently living with you (PLEASE PRINT):

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Information provided on this form is confidential.

1. Do you live in any of these following situations?

_____ Sharing the housing of other persons due to: (check one)
- _____ Loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.)
- _____ Other (please specify): _____

_____ In a motel, hotel, campground or similar setting due to: (check one)
- _____ Lack of alternative adequate accommodations, explain: _____
- _____ A convenient living arrangement or waiting for apartment or house to be ready
- _____ Other (please specify): _____

_____ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing or other shelter or agency

_____ Have a primary nighttime residence that is a place not designed for or ordinary used as a regular sleeping accommodation for humans

_____ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

_____ None of the above

2. How long do you anticipate living at this location? _____

Current Address: _____ Phone Number: _____

_____
Parent/Guardian/Unaccompanied Youth Signature

_____
Date

Last update Sept. 2014

Fax to Irene Hamilton Jones @ 864-355-9754 & place a copy in file

GREENVILLE COUNTY SCHOOLS
MAGNET ACADEMIES

MAGNET TRANSPORTATION REQUEST
2019-20 SCHOOL YEAR

To opt out of Magnet Transportation for the 2019-20 school year check here: ☐

- **FORM REQUIRED EACH YEAR FOR RENEWAL AND NEW TRANSPORTATION REQUESTS ONLY.**
- Form must be submitted to the magnet coordinator at each individual magnet academy by **June 30, 2019.**
- Forms received after **June 30, 2019** will be routed in the order that they were received by the Transportation Office beginning **September 3, 2018**.
- After **September 3, 2018**, and during the school year, it may take up to 5 school days to establish transportation.
- Ridership status and/or bus stops are subject to cancellation after five (5) consecutive school days of no ridership. If your child will be absent from bus service for more than five (5) days and you'd like to keep their status active, please notify the school magnet coordinator. Students must ride at least once every five (5) days in order to remain active.
- Buses are subject to arrive 10 minutes before or after the scheduled time.
- Students may be picked up at the entrance of the subdivision/apartment complex if the distance from your home to the bus stop is less than 1 mile

Parent Signature: _____

New Student ☐ **Change of Address** ☐

Renewal Student ☐ **Reinstate** ☐

Name: _____ Date: _____ Grade: _____

Home Address: _____ City/State/Zip: _____

Home Base School: _____ Magnet School: _____

Parent's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

AM Pick-up Address OR Centralized Stop:*
(*Attach separate form)

_____

_____

PM Drop-Off Address OR Centralized Stop:*
(*Attach separate form)

_____

_____

Magnet Coordinators Use Only

Submit form to Transportation by **July 15, 2019**

Assignment Code: _____ AM Trans Code: _____ PM Trans Code: _____

Enter & Verify in Power School: *Address* *Contact Information* *Trans Code* *Assignment Code*

Magnet Coordinator Initial once information has been entered & verified in Power School: _____

TRANSPORTATION USE ONLY – Revised 10/11/18 – dp

Starting Date:_____ Date School Notified:_____ Person Notified:_____

AM Route #:_____ AM Stop ID:_____ AM Stop Location:_____

PM Route #:_____ PM Stop ID:_____ PM Stop Location:_____

GREENVILLE COUNTY SCHOOLS
MAGNET ACADEMIES

Request for Courtesy Stop Magnet Transportation 2019-20

Student Name: _____

Magnet School: _____

Dear Parent/Guardian,

To provide quality service, Magnet Transportation includes courtesy stops with the following guidelines:

- In lieu of your home based bus stop, courtesy stops are available on each route for you to bring your students to in the morning and pick them up at in the afternoon.
- It is the parent/guardian's responsibility to ensure your student's safety to/from bus stops. Parents must ensure that they have discussed a PM drop-off contingency plan with their student, as buses cannot wait until a parent is present to drop-off non-tag students.

The following locations will be offered as courtesy stops for the 2019-20 school year:

Alexander Elementary	Greenville Middle	Northwest Middle
Berea Middle	Grove Elementary	Oakview Elementary
Brook Glenn Elementary	Harley Bonds	Pelham Road Elementary
Cherrydale Elementary	Hillcrest Middle	Plain Elementary
Ellen Woodside Elementary	Mauldin Elementary	Wade Hampton High
Fountain Inn Elementary	Mitchell Road Elementary	Welcome Elementary
Greenbrier Elementary	Hughes Academy	Woodmont High

NOTE: McAlister Square is not a courtesy stop.

If you would like to use a courtesy school stop, please fill out this form and attach it to the Request for Magnet Academy Transportation Form.

I,_____, would like my student,_____, to utilize the courtesy stop at_____. I understand that it is my responsibility to ensure the safety of my student before the bus has picked up and after the bus has dropped off at the courtesy stop. Furthermore, I release the Greenville County School District of liability for any injury or resulting claim that may occur while the student is at the courtesy stop.

Parent Signature:_____ Date: _____

Coordinator Signature:_____ Date: _____

Revised 10/11/2018 dp