

**DO NOT PURGE**

**JAMES ISLAND CHARTER HIGH SCHOOL STUDENT ENROLLMENT FORM**

**GRADES 9-12**



Enrollment Date: \_\_\_\_\_

<b><u>STUDENT INFORMATION</u></b>		Grade: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name: _____	First Name _____	Middle Name _____	

Student's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
*Street City State Zip Code*

Student's Mailing Address (if different from above) \_\_\_\_\_  
*Street City State Zip Code*

Area/Neighborhood \_\_\_\_\_

Is your current residence temporary?  No  Yes

Previous School \_\_\_\_\_ First year in 9<sup>th</sup> grade (*High School ONLY*) \_\_\_\_\_

List any CCSD school student has attended \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

**ETHNICITY:** Is this student Hispanic or Latino?  No  Yes

**RACE:** (*At least one race must be selected, even if student is **Hispanic** or **Latino**. More than one race can be selected below.*)

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

White or European Descent

**PARENT/GUARDIAN(S) INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Wk Phone/Extension \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**DAYTIME PHONE FOR ABSENCE CALLS** \_\_\_\_\_ **EVENING PHONE FOR ABSENCE CALLS** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Wk Phone/Extension \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**DAYTIME PHONE FOR ABSENCE CALLS** \_\_\_\_\_ **EVENING PHONE FOR ABSENCE CALLS** \_\_\_\_\_

**FAMILY INFORMATION**

Student lives with (Name) \_\_\_\_\_

Relationship (*Check all that apply*)

Mother  Father  Step-Mother  Step-Father  Foster Mother  Foster Father  Legal Guardian

Other (*please explain*) \_\_\_\_\_

**Note:** Legal guardianship or custody papers, as on file with Clerk of Court office, must be provided at time of enrollment.

Is either parent/guardian that the student lives with Active Duty Military?  No  Yes If yes, which military branch \_\_\_\_\_

Is the student currently residing in  Group Home  Residential Treatment Facility

If yes, provide the name of the facility \_\_\_\_\_

Please list any other children/siblings that live at this residence (even if not in school):

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**ADDITIONAL INFORMATION**

Has the student repeated a grade(s)?

Yes, grade(s) \_\_\_\_\_  No

Did the student attend Kindergarten?

Yes  No

Has the student ever been expelled?

Yes  No

Grade expelled \_\_\_\_\_

Does the student wear: (*check all that apply*)

Prescription glasses

Contact lens

Hearing aid

None

Other: \_\_\_\_\_

Does the student have a (*check all that apply*)

504 Plan

Gifted/Talented designation

Migrant designation

NCLB Transfer

District approved transfer

Did the student leave the previous school due to special concerns?

Disciplinary

Attendance

Academic

Has the student *ever* received special education services for speech, visual impairment or other disability requiring an IEP?

Yes  No

If student has an IEP please specify:

Resource

Inclusion

Self-Contained

Pre-School Intervention

Consultative

Area of Disability: (*check all that apply*)

LD

Visually Impaired

ED

Hearing Impaired

EMD

OHI (medical condition)

TMD

Orthopedic Impaired

PMD

Speech/Language

DD

Other: \_\_\_\_\_

**When you come to JICHS, please be sure to bring the following original documentation:**

- **Completed enrollment form**
- **Two current proofs of residency** (Includes: property tax bill, signed lease/mortgage contract, cable bill, power bill, water bill, telephone bill, or car registration)
- **Student's South Carolina Certificate of Immunization**
- **Student's Birth Certificate**
- **If applicable, legal guardianship or custody papers as on file with the Clerk of Court office.**
- **Current report card, attendance, and discipline report** (Out of District 3 applicants only).

**THIS SPACE FOR OFFICE USE ONLY**

**Cumulative File Reviewed** \_\_\_\_\_

Asked parent if student receives/has received SPED services \_\_\_\_\_ Notified SPED teacher if student has or had an IEP \_\_\_\_\_

2 Proofs of Residence \_\_\_\_\_ Legal Guardianship Papers \_\_\_\_\_ Homeroom Assigned \_\_\_\_\_

Records Requested \_\_\_\_\_ Teacher Assigned \_\_\_\_\_ State Birth Certificate \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Bus Number/Car Rider \_\_\_\_\_ SC Immunization \_\_\_\_\_

Military \_\_\_\_\_ Media Release \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION-Other than parents already listed on front of application**

<b>Contact #1</b>	<b>Contact Name: (last, first)</b>	<b>Relationship:</b>
	<b>Phone #1:</b>  Circle one – Cell Work Home	<b>Phone #2:</b>  Circle one – Cell Work Home

<b>Contact #2</b>	<b>Contact Name: (last, first)</b>	<b>Relationship:</b>
	<b>Phone #1:</b>  Circle one – Cell Work Home	<b>Phone #2:</b>  Circle one – Cell Work Home

<b>Contact #3</b>	<b>Contact Name: (last, first)</b>	<b>Relationship:</b>
	<b>Phone #1:</b>  Circle one – Cell Work Home	<b>Phone #2:</b>  Circle one – Cell Work Home

**EMERGENCY MEDICAL INFORMATION**

Medical Alert (e.g., asthma, diabetes, seizures, ADHD, mental/physical conditions, or allergies (insects, foods, etc)):

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Medications: \_\_\_\_\_

**TRANSPORTATION**

If you need bus transportation for your child and you reside on James Island or Folly Beach, please complete the online registration by visiting the James Island Charter High School website ([jichs.ccsdschools.com](http://jichs.ccsdschools.com)), click on the yellow bus icon and then click on the 2019-2020 James Island Bus Registration form.

*Under penalty of perjury (S.C. Code 59-63-32), I certify that I am the parent/legal guardian of this child and that the above information is correct.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_