

Grade registering for: _____

Previous grade level: _____

CHARLESTON COUNTY SCHOOL DISTRICT
REGISTRATION FORM
 GRADES PRE(K) - 12

Name of School

School Year **2021 - 2022****A. STUDENT INFORMATION**

| | | | | | | | |
|---|---|--|--|---|--|---|----------|
| Student's Legal Last Name and Suffix | | Student's Legal First Name | | Student's Legal Middle Name | | Student's Preferred Name | |
| Today's Date | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth | Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No | Race: <i>(Check all that apply.)</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | | |
| Home Address | | | Apt # | City | | State | Zip Code |
| Area/Neighborhood | | Home phone Area Code _____ - _____ | | Cell phone Area Code _____ - _____ | | Alternate phone Area Code _____ - _____ | |
| Mailing Address, if different | | | Apt # | City | | State | Zip Code |
| Primary Email Address | | | | Secondary Email Address | | | |
| Is the current residence temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the student an unaccompanied youth? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the student an emancipated minor? <i>(If yes, legal documentation must be provided.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is the current residence a Group Home or Residential Treatment Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, enter the location below.)</i> Facility Name: _____ | | | | | | Is the current residence a foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the student live outside of Charleston County but own real property in Charleston County with an assessed value of \$300 or more in Charleston County? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide the address of the property.)</i> Property Address: _____ | | | | | | | |
| If your child was not born in the United States, in what country was he/she born? | | | | | | | |
| What date did your child first begin school in the United States? | | | | | | | |

B. FAMILY INFORMATION

| | | | | | | | |
|--|--|---------------------------------------|-------|---|--|--|----------|
| PARENT/GUARDIAN MILITARY STATUS (Choose One) <input type="checkbox"/> Neither Parent or Guardian is serving any military service | | | | | | | |
| A Parent or Guardian is serving in: <input type="checkbox"/> The National Guard but is not deployed <input type="checkbox"/> The Reserves but is not deployed <input type="checkbox"/> The National Guard and is currently deployed <input type="checkbox"/> The Reserves and is currently deployed <input type="checkbox"/> The military on active duty but is not deployed <input type="checkbox"/> The military on active duty and is currently deployed <input type="checkbox"/> A Parent or Guardian died while on active duty within the last year <input type="checkbox"/> A Parent or Guardian was wounded while on active duty within the last year | | | | | | | |
| Are there any custody issues we should be made aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, legal documentation must be provided to the school.)</i> | | | | | | | |
| With whom does the student live? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Step Parent <input type="checkbox"/> Father & Step Parent <input type="checkbox"/> Caseworker <input type="checkbox"/> Legal Guardian <i>(If yes, legal documentation must be provided to the school.)</i> <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Other | | | | | | | |
| Parent/Guardian #1 Legal Name (First, Middle, Last & Suffix) | | | | | | Relationship to Student | |
| Home Phone Area Code _____ - _____ | | Cell Phone Area Code _____ - _____ | | Day Phone Area Code _____ - _____ | | Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Home Address, if different from student's | | | Apt # | City | | State | Zip Code |
| Parent/Guardian #1 Employer | | | | Work Address (Street, City, State, Zip Code) | | | |
| Is this Parent/Guardian employed by CCSD? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide the following.)</i> CCSD Employee No. _____ Work Location _____ | | | | Does this Parent/Guardian have custody of this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Parent/Guardian receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

CHARLESTON COUNTY SCHOOL DISTRICT REGISTRATION FORM

| | | | |
|--|--|---|--|
| Student's Legal Last Name and Suffix | Student's Legal First Name | Student's Legal Middle Name | Student's Preferred Name |
| Parent/Guardian #2 Legal Name (First, Middle, Last & Suffix) | | | Relationship to Student |
| Home Phone Area Code _____ - _____ | Cell Phone Area Code _____ - _____ | Day Phone Area Code _____ - _____ | Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Address, if different from student's | Apt # | City | State Zip Code |
| Parent/Guardian #2 Employer | Work Address (Street, City, State, Zip Code) | | |
| Is this Parent/Guardian employed by CCSD? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide the following.)</i> CCSD Employee No. _____ Work Location _____ | | Does this Parent/Guardian have custody of this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Parent/Guardian receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

C. SIBLINGS

| | | | | |
|----------------------------|---------------|-----|-------|--------|
| Sibling Name (First, Last) | Date of Birth | Age | Grade | School |
| Sibling Name (First, Last) | Date of Birth | Age | Grade | School |
| Sibling Name (First, Last) | Date of Birth | Age | Grade | School |

D. SCHOLASTIC INFORMATION

Previous School: CCSD School Home Schooled Private School Private Preschool Program Other Public School Other Unknown
 Previous School Name: _____ City, State: _____

| | |
|---|---|
| Has the student repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Grade(s) repeated</i> _____ Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Grade(s) expelled</i> _____ Did the student attend Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No | If the student has an IEP, please specify the area of disability: <i>(Check all that apply.)</i> <input type="checkbox"/> Autism <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Deaf-Blindness <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Deafness <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Multiple Disabilities _____ |
| Does the student have any of the following designations: <i>(Check all that apply.)</i> <input type="checkbox"/> 504 Plan <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> ESOL <input type="checkbox"/> Migrant <input type="checkbox"/> Student Transfer | |
| Does the student have an Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, specify the instructional setting.)</i> <input type="checkbox"/> General Education <input type="checkbox"/> Separate Class <input type="checkbox"/> Separate School <input type="checkbox"/> Other: _____ | |
| Is transportation listed as a related service in the student's IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

E. TRANSPORTATION INFORMATION

How will the student get to school in the morning? AM Bus Only AM & PM Bus POV (Car Rider) Daycare Provides PM Bus Only Walker Bicycle
 How will the student get home in the afternoon? AM Bus Only AM & PM Bus POV (Car Rider) Daycare Provides PM Bus Only Walker Bicycle

F. PARENT/GUARDIAN SIGNATURE

BY SIGNING THIS FORM, I AM CERTIFYING THAT ALL WRITTEN INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE.

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|

FOR ADMIN USE ONLY

| | | | |
|--|---|--|--|
| Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No | SC Immunization Record <input type="checkbox"/> Yes <input type="checkbox"/> No | Legal Guardianship/Custody Papers <input type="checkbox"/> Yes <input type="checkbox"/> No | Out of Zone <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nonresident <input type="checkbox"/> Yes <input type="checkbox"/> No | Chas Co property ownership <input type="checkbox"/> Yes <input type="checkbox"/> No | Moving into Chas County <input type="checkbox"/> Yes <input type="checkbox"/> No | Tuition Required <input type="checkbox"/> Yes <input type="checkbox"/> No |
| P/G: Picture ID <input type="checkbox"/> Yes <input type="checkbox"/> No | Residency Affidavit <input type="checkbox"/> Yes <input type="checkbox"/> No | Residency Verification <input type="checkbox"/> Yes <input type="checkbox"/> No | Mail Verification <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Head/Household: Notarized Statement <input type="checkbox"/> Yes <input type="checkbox"/> No | | Residency Verification <input type="checkbox"/> Yes <input type="checkbox"/> No | Mail Verification <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Records Requested: | Records Received: | REVIEWED WITH P/G: | NOTIFIED: |
| Cumulative File Reviewed: | Teacher Assigned: | Home Language Survey <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> SPED Teacher <input type="checkbox"/> 504 Coordinator |
| Enrollment Date: | Bus Number: | Scholastic Information <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> G/T Teacher <input type="checkbox"/> ESOL <input type="checkbox"/> Fed Programs |

CHARLESTON COUNTY SCHOOL DISTRICT
**PRE-KINDERGARTEN (PK)
REGISTRATION**
EARLY CHILDHOOD DATA COLLECTION

This form must be completed along with the Charleston County School District Registration Form by students registering for Pre-Kindergarten.

Student Name _____ Date of Birth _____

School registering for _____ School Year 20 ____ - 20 ____

My child's birth weight was below 5.5 pounds (check one): Yes No

Last year my child's care was provided by an **informal** child care provider (check one):

Unknown Relative Non-Relative

Last year my child's care was provided by the following **public** provider (check one):

(Refer to Definitions of Child Care Providers (Public) on the back of this form.)

Unknown Head Start Pre-Kindergarten

My child attended the program (check one): full day partial day unknown

Name of provider _____

Last year my child's care was provided by the following **private** provider Yes No

(Refer to Definitions of Child Care Providers (Private) on the back of this form.)

My child attended the program (check one): full day partial day unknown

Name of provider _____

My child's medical care is generally provided by (check one):

Free Health Clinic Family Physician
 Emergency Room Other

My child has the following disability (check one, if applicable):

Emotional Disability Physical Disability Other
 Learning Disability Speech Disability

The highest education level of my child's Mother/female guardian is (check one):

Associate Degree GED Master's Degree PhD
 Bachelor's Degree High School Degree No High School Diploma

Please indicate the years of formal education of the Mother/female guardian (Between 1 and 30): _____

Was your child served in Head Start at any time?: Yes No

Indicate Family Income Range:

0-10,000 10,001- 20,000 20,001-30,000 30,001-40,000 40,001-50,000 50,001-60,000 60,001 or above

Indicate Family Literacy Years: 1 2 3 4 or more None

Indicate Family Literacy Services: Both Parents Father Guardian (or Grandparent) Mother None

By signing this form, I am certifying that all written information on this form is accurate and complete.

Parent/Guardian Signature

Date

DEFINITIONS OF FULL DAY AND PARTIAL DAY CARE

Full Day – A full day program is one in which students attend for 6.5 hours or more a day.

Partial Day – A partial day program is one in which students attend for less than 6.5 hours a day.

DEFINITIONS OF PUBLIC CHILD CARE PROVIDERS

Head Start – A program of the US Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low income children and their families. Locate your local Head Start: <https://www.benefits.gov/benefits/benefit-details/1938>

Pre-kindergarten program in a public school – A state, district, or federally-funded, developmentally-appropriate program for 4- year-olds in a public school adhering to best practice, using research-based curriculum and assessment that must adhere to district and/or federal guidelines.

Unknown – Self-explanatory

DEFINITIONS OF PRIVATE CHILD CARE PROVIDERS¹

Military Child Care Centers – On-post child care centers that offer full-day, partial day, or hourly child care services to military families that must be registered with DSS. Locate your local military child care centers: <http://www.militaryonesource.mil/military-child-care-programs>

Registered Faith Based – Faith based care for 13 or more children that are sponsored by a religious organization that must be registered with DSS. Locate your local registered faith-based providers: <http://www.scchildcare.org/>

Registered Family Home – A family home that provides care for up to 6 children at any given time within the home of the child care provider that maintains a registration or license if a person provides care to more than one unrelated family of children on a regular basis (more than four hours day or more than two days a week). Locate your local registered family home providers: <http://www.scchildcare.org/>

Registered Group Home Provider – Group Homes provide care for 7 to 12 children in the home of the child care provider. They may care for up to 8 children without an additional caregiver. For details on registered group homes: <http://www.scchildcare.org/providers/become-licensed/licensing-requirements/licensed-group-child-care-home.aspx>

Exempt Provider – A child care provider that operates less than 4 hours a day or less than 2 days a week or care for children from only 1 unrelated family. It is not inspected by DSS Child Care Licensing and monitored only because they volunteer for ABC Quality. For details on exempt providers: <http://scchildcare.org/providers/become-licensed/licensing-exemptions.aspx>

First Steps (GERDEP/CDEP) – A private state-funded, income based, developmentally appropriate education program adhering to best practice, using research-based curriculum and assessment that must adhere to DSS regulations and SCDE Guidelines. It is housed in a private, registered child care facility. Contact your local First Steps: <https://scfirststeps.org/who-we-are/local-partnerships/>

¹On the registration form, you do not have to provide the specific type of private childcare; these examples are listed as reference.

DEFINITIONS OF INFORMAL CHILD CARE

Relative: Informal Child Care – Unregulated or licensed care provided by family that is not subject to regulations or formal guidelines.

Non-Relative: Informal Child Care – Unregulated or licensed care provided by another caregiver (non-relative) that is not subject to regulations or formal guidelines.



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:

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: _____