

Grade registering for: _____

Previous grade level: _____

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

Name of School

School Year 20 **20** - 20 **21****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
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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



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: _____