

Please Print Clearly

Today's Date: _____

School: _____



Student Enrollment Form

This form cannot be purged from student's permanent records

For Office Use Only	
<input type="checkbox"/> Long-Form Birth Certificate	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Picture ID of Parent/Guardian
<input type="checkbox"/> IEP/504	<input type="checkbox"/> ESOL
<input type="checkbox"/> Proof of Residence	
<input type="checkbox"/> Student Services	_____
<input type="checkbox"/> Records Requested	Date: _____
<input type="checkbox"/> Records Received	Date: _____
<input type="checkbox"/> Teacher Assignment:	_____

Student Name:

_____ Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Name Called

Birth Date: _____ Gender: M or F SSN: _____

Enrolling Grade: (check one) Preschool Disabled 4K 5K 1 2 3 4 5 6 7 8 9 10 11 12

Home Language Survey:

In what country was the student born? _____

Birthplace County: _____ Birthplace State: _____

Ethnicity: Hispanic or Latino? Yes or No Two or more races

Race: (check all appropriate) White Asian Black/African American

American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

First language student learned to speak: _____

Language(s) student speaks most often: _____

Language most often spoken in student's home: _____

In which language do you prefer to receive written communication? _____

In which language do you prefer to receive oral communication? _____

Student lives with:

Both parents Mother only Father only

Mother/Stepfather Father/Stepmother

*Grandparent *Legal Guardian

Foster Home/DSS: (previous district; contact Lex 2 social worker)

Other: (please list) _____

***Custody papers must be presented upon enrollment.**

Parent/Legal Guardian Information (where student resides)

Parent/Legal Guardian #1: _____ Relationship to student: _____ Custody: Yes or No

(Check primary phone; include area code) Home: () _____ Work: () _____ Cell: () _____

E-mail Address: _____ Employer: _____

Parent/Legal Guardian #2: _____ Relationship to student: _____ Custody: Yes or No

(Check primary phone; include area code) Home: () _____ Work: () _____ Cell: () _____

E-mail Address: _____ Employer: _____

Address: _____

Street Address Apt. No./Lot No. City and State Zip Code

Mailing Address: (if different from above) _____

Street Address Apt. No./Lot No. City and State Zip Code

Secondary Information (If student does not live with both parents)

Parent/Legal Guardian #1: _____ Relationship to student: _____ Custody: Yes or No

(Check primary phone; include area code) Home: () _____ Work: () _____ Cell: () _____

E-mail Address: _____ Employer: _____

Parent/Legal Guardian #2: _____ Relationship to student: _____ Custody: Yes or No

(Check primary phone; include area code) Home: () _____ Work: () _____ Cell: () _____

E-mail Address: _____ Employer: _____

Address: _____

Street Address Apt. No./Lot No. City and State Zip Code

Transportation Information

Bus Rider: Yes or No a.m. p.m. Both **Car Rider:** Yes or No **Daycare Provider:** _____

Previous Schools Attended

Has your child ever attended Lexington School District Two? Yes or No

Has your child been retained: Yes or No If yes, what grade? _____

Is this child currently under suspension/expulsion from another school or district, or was the child withdrawn/released from his/her last school while subject to expulsion proceedings? Yes or No

List below all previous schools attended, including Lexington School District Two (list most recent first)

School Name	City	State	Grade Levels

Special Programs/Special Services

In the past 12 months, was your child enrolled in a special education program (includes learning disabled, autism, vision, hearing, speech, etc.)? Yes or No

Has your child ever participated in: Gifted Academic and/or Artistic Program Occupational and/or Physical Therapy Speech Therapy

Has your child ever qualified for or had either of the following: IEP 504

Has your child ever been enrolled in English as a Second Language Program (ESOL)? Yes or No

Are you aware of any condition (mental, physical and/or emotional) that may affect your child's learning experience? Yes or No

If yes, please specify: _____

**Please list any medical information concerning your child that school personnel should know. (example: allergies, asthma, seizures, any medications taken at home)*

**Any and all medical documentation should be presented to the school nurse.*

Siblings (Please list siblings attending schools in Lexington School District Two)

Last Name	First Name	School	Grade

Alternate Contacts (Complete information for at least two local contacts who are NOT parents or guardians)
 Individuals listed below have my permission to visit my student and/or sign him/her out of school. These are the ONLY individuals, besides parent(s)/legal guardian(s), who are permitted to dismiss my student from school after providing appropriate picture identification.

Contact Name	Relationship to student	Primary Contact Number	Alternate Number
1)			
2)			
3)			
4)			
5)			

Do you have any legal documents that need to be on file for your student? Yes or No

Please note, parents/legal guardians and students eighteen (18) years of age or older may be permitted to: inspect and review educational records, challenge the contents of records, or obtain a copy of records with prior notification to school personnel.

In providing residency information to the district for enrollment of my child, I acknowledge and agree that if I provide information which is later determined to be false, I will be charged a fee equal to the per diem cost of tuition for students attending school in the district pursuant to ownership of property as set forth in S.C. Code Annotated § 59-63-45. This fee will be charged for each day that my child attends school unlawfully. I also understand that in the event I do not pay the required amount of tuition within thirty (30) days of being advised of the tuition amount, the district may pursue legal action against me for recovery of those monies.

I understand that if it is found that I have willfully and knowingly provided false information in this statement to enroll a child in a school district for which the child is not eligible, I may be found guilty of a misdemeanor and, upon conviction, may be fined an amount not to exceed two hundred dollars (\$200) or imprisoned for not more than thirty (30) days.

*The school district/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/full day AVTS in the future.

Parent/Legal Guardian Signature: _____ Date: _____