

DO NOT PURGE
CHARLESTON COUNTY SCHOOL DISTRICT STUDENT ENROLLMENT FORM
GRADES CD-12

A.C. Corcoran Elementary School
8585 Vistavia Road
North Charleston, SC 29406

STUDENT INFORMATION

Grade: _____ Gender: Male Female Date of Birth _____

Last Name: _____ First Name _____ Middle Name _____

Student's Home Address _____ Apt/Lot _____

City / State / Zip Code _____

Are you currently living with someone else? No Yes If yes, complete the Affidavit of Residency form.

Previous School _____ City / State _____

Previous CCSD School, if applicable _____

ETHNICITY: Hispanic or Latino? No Yes *(At least one race must be selected. More than one race can be selected below.)*
 American Indian / Alaska Native Asian Black / African American Native Hawaiian / Pacific Islander White

PARENT/GUARDIAN(S) INFORMATION – Please check box of PRIMARY contact parent/guardian

MOTHER/GUARDIAN 1

Last Name _____ First Name _____

Home Address _____ Apt/Lot _____

City / State / Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Is Mother/Guardian 1 Employed by CCSD? No Yes

FATHER/GUARDIAN 2

Last Name _____ First Name _____

Home Address _____ Apt/Lot _____

City / State / Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Is Father/Guardian 2 Employed by CCSD? No Yes

FAMILY INFORMATION

Student lives with (Name) _____

Note: Legal guardianship papers must be provided and approved at the time of registration and if there is a legal custody agreement.

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

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

<p>Has the student repeated a grade(s)? <input type="checkbox"/> Yes, grade(s) _____ <input type="checkbox"/> No</p> <p>Did the student attend Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Grade expelled _____</p>	<p>Does the student wear: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Prescription glasses</p> <p><input type="checkbox"/> Contact lens</p> <p><input type="checkbox"/> Hearing aid</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p>	<p>Does the student have a <i>(check all that apply)</i></p> <p><input type="checkbox"/> 504 Plan</p> <p><input type="checkbox"/> Gifted/Talented designation</p> <p><input type="checkbox"/> Migrant designation</p> <p><input type="checkbox"/> NCLB Transfer</p> <p><input type="checkbox"/> District approved transfer</p>
<p>Has the student <i>ever</i> received special education services for speech, visual impairment or other disability requiring an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If student has an IEP please specify:</p> <p><input type="checkbox"/> Resource</p> <p><input type="checkbox"/> Inclusion</p> <p><input type="checkbox"/> Self-Contained</p> <p><input type="checkbox"/> Pre-School Intervention</p> <p><input type="checkbox"/> Consultative</p>	<p>Area of Disability: <i>(check all that apply)</i></p> <p><input type="checkbox"/> LD <input type="checkbox"/> Visually Impaired</p> <p><input type="checkbox"/> ED <input type="checkbox"/> Hearing Impaired</p> <p><input type="checkbox"/> EMD <input type="checkbox"/> OHI (medical condition)</p> <p><input type="checkbox"/> TMD <input type="checkbox"/> Orthopedic Impaired</p> <p><input type="checkbox"/> PMD <input type="checkbox"/> Speech/Language</p> <p><input type="checkbox"/> DD</p> <p><input type="checkbox"/> Other: _____</p>

HOME LANGUAGE SURVEY

English Speakers of Other Language (ESOL)

1. What language did your child learn when he/she first began to speak? _____
2. In which language do you prefer to receive correspondence from the school? _____
3. If your child was NOT born in the USA, in what country was he/she born? _____
4. What date did your child first begin school in the USA? _____

TRANSPORTATION

- Student will ride the school bus in the morning [] No [] Yes If so, what is the bus # _____
- Student will ride the school bus in the afternoon [] No [] Yes If so, what is the bus # _____
- Student will be a car rider in the morning [] No [] Yes
- Student will be a car rider in the afternoon [] No [] Yes
- Student will attend an afterschool program in the afternoon [] No [] Yes
- If so, what is the name of the program _____

All information on this form is correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

THIS SPACE FOR OFFICE USE ONLY

Asked parent if student receives/has received SPED services _____	Cumulative File Reviewed _____
2 Proofs of Residence _____	Legal Guardianship Papers _____
Records Requested _____	Teacher Assigned _____
Enrollment Date _____	Bus Number/Car Rider _____
Military _____	Media Release _____
	Homeroom Assigned _____
	State Birth Certificate _____
	SC Immunization _____