



# Sumter School District

## Student Enrollment and Registration Form

STUDENT ENROLLMENT INFORMATION									
School: _____			Date: _____		Bus Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Bus Number: _____		
Last Name:		First Name:			Middle Name:		Suffix:		
Current Residential Address:			Apartment Number:		City:		State:	Zip:	
Is this location on Shaw Air Force Base or on Federal Property? <input type="checkbox"/> No <input type="checkbox"/> Yes			Approved for : <input type="checkbox"/> Regular Enrollment <input type="checkbox"/> Intra-district <input type="checkbox"/> Out-of-Zone <input type="checkbox"/> Out-of-District <input type="checkbox"/> Special Transportation						
Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		Place of Birth (if not in the US):				
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			Check race category that applies:				Telephone Number:		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Multiple/Other		
Is the student enrolled in any of the following programs or does the student have one of the following plans?		Gifted/Talented/Challenge Program <input type="checkbox"/> No <input type="checkbox"/> Yes		English for Speakers of Other Languages (ESOL) Program <input type="checkbox"/> No <input type="checkbox"/> Yes		Student Support Program <input type="checkbox"/> No <input type="checkbox"/> Yes		Special Education Program/Individualized Education Plan (IEP) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Speech Program <input type="checkbox"/> No <input type="checkbox"/> Yes	504 Plan <input type="checkbox"/> No <input type="checkbox"/> Yes	Is either parent/guardian serving in any military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please indicate the capacity in which the parent/guardian serves: <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Active Duty			Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PARENT OR GUARDIAN INFORMATION									
With whom does the student live, and what is the relationship? Please check:									
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Father and Stepmother	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother and Stepfather	<input type="checkbox"/> Grandparents		<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Legal Guardians	
Name of Father/Guardian:		Address (if different from the student's):			City:		State:	Zip Code	
Occupation:		Work Address:		Home Telephone:		Work Telephone:		Cell Phone:	
Email Address (Father/Guardian):									
Name of Mother/Guardian:		Address (if different from the student's):			City:		State:	Zip Code:	
Occupation:		Work Address:		Home Telephone:		Work Telephone:		Cell Phone:	
Email Address (Mother/Guardian):									
EMERGENCY CONTACT INFORMATION									
These individuals, with presentation of photo identification, will be authorized to pick up your student in an emergency situation.									
Name:		Relationship:		Home Telephone:		Cell Phone:			
Name:		Relationship:		Home Telephone:		Cell Phone:			
Name:		Relationship:		Home Telephone:		Cell Phone:			



# Sumter School District Student Enrollment and Registration Form

### SIBLING INFORMATION

Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the student enrolled in Sumter School District? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of school in which student is currently enrolled:		Grade:
Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the student enrolled in Sumter School District? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of school in which student is currently enrolled:		Grade:

### MEDICAL INFORMATION

Does the student have any physical disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes				Does your child have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please list: _____				If yes, please list: _____			
Indicate any health problems that pertain to this student:				List Medication(s):			
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Attention Deficit Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidney Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Clotting Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Muscle or Bone (Scoliosis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sickle Cell Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Hearing Problem(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

### PREVIOUS ENROLLMENT INFORMATION

Pre-School Experience Only:		<input type="checkbox"/> Pre-K Program	<input type="checkbox"/> Private Pre-School	<input type="checkbox"/> Private Daycare
		<input type="checkbox"/> Head Start	<input type="checkbox"/> Babysitter's House	<input type="checkbox"/> Home
Has the student ever repeated a grade?		Has the student attended a previous school in Sumter School District?		
List last school attended if not in Sumter School District:	Address:	City:	Zip Code:	Telephone Number:
To what grade does the student expect the school to assign him or her? <input type="checkbox"/> Pre-K <input type="checkbox"/> Kg <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th				
How many high school units has the student earned?				
Is the student currently suspended or pending expulsion from school? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has the student been expelled from any school? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, what is the reason for the current suspension or pending expulsion?		If yes, what was the reason for the expulsion?		
Has the student been withdrawn from a school in lieu of expulsion? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has the student ever received home-based (not medical home bound) services for disciplinary reasons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:		
Would the former school district and/or school allow this student to return if he or she desired: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Check any of the following schools the student has attended:				
Charter Rivers <input type="checkbox"/>	Evaluation and Testing (ET) Center <input type="checkbox"/>	Earl Morris		
Hall Institute <input type="checkbox"/>	Marine Institute <input type="checkbox"/>	R & E		
Wil Lou Gray <input type="checkbox"/>	Willow Lane <input type="checkbox"/>	Alternative School		



# Sumter School District Student Enrollment and Registration Form

## LEGAL GUARDIANSHIP

If the student does not live with mother or father, please complete this section:

Name of Guardian/Custodial Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: Legal Guardian:  No  Yes

Legal Custody:  No  Yes

Legal documents supporting guardianship:  No  Yes

Verified By: \_\_\_\_\_

## PARENT'S OR LEGAL GUARDIAN'S SIGNATURE REQUIRED

I am a resident citizen of Sumter School District, or I am an employee with a child or children in Sumter School District, or I have out of district permission for my child or children to attend a school(s) in Sumter School District. The information on this application is true to the best of my knowledge. I understand that the willful omission or willful misstatement of any information on this form may result in the withdrawal of this student from Sumter School District or other appropriate actions as determined by the administration.

Parent's or Legal Guardian's Signature: \_\_\_\_\_

Parent's or Legal Guardian's Signature: \_\_\_\_\_

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

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

Additional Comments:

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**NEXT PAGE FOR OFFICE USE ONLY**





## Enrollment Survey: Section I

**Section I: This portion of the Enrollment Survey (ES) must be completed for *all* students upon first-time enrollment in South Carolina public schools and at registration each year.**

Information collected within the ES is strictly for educational and program purposes. A local educational agency (LEA) must comply with Family Educational Rights and Privacy Act (FERPA) guidelines. Under federal law, all children, regardless of their citizenship or residency status, are entitled to equal access to free public education.

**Student Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_

### Right to Translation and Interpretation Services

All families have the right to information about their student's education in a language they understand. An interpreter and translated documents **must** be provided by the district, free of charge when needed.

In what language(s) would your family prefer to communicate with the school?

**Oral Communication Language(s):** \_\_\_\_\_

**Written Communication Language(s):** \_\_\_\_\_

### Title I, Part C: Education of Migratory Children & Youth

The Education of Migratory Children/Youth (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA), as amended by Every Student Succeeds Act (ESSA) of 2015. The MEP provides various educational services to families who work in agriculture and their children between the ages (0-21). This program is **free** to all eligible families and may include tutoring, free lunch eligibility, summer programs, parental involvement activities, and referrals to other services as needed.

In the last three (3) years, has anyone in your family moved from another school district, state, city, or country? Yes  No

In the past six (6) years, has anyone in your family worked in any of the following occupations? This includes work related to logging, timber planting/growing, harvesting, food processing plant (such as poultry, pork, beef, or vegetable), packing houses (fruits and vegetables), dairy farms, or other general farm work not listed. Yes  No



### McKinney-Vento

This survey complies with the McKinney-Vento Act, U.S.C. 42 11431 *et seq.* Your answers will help determine if the student meets eligibility requirements for **free** services and educational rights provided under the McKinney-Vento Act, including immediate school enrollment, even if lacking required documents. Based on the residency option selected, this survey will be submitted to the district McKinney-Vento Liaison to determine eligibility.

#### What best describes where you live now?

- Single-family house/apartment/trailer
- Transitional Housing
- Living with others due to loss of housing or economic hardship
- Moving from place to place/couch surfing
- Car, park, or similar location
- Motel
- Camping grounds

- In a residence with inadequate facilities (no water, no heat, no electricity, no plumbing, overcrowded, infested, etc.)
- Agricultural camp
- Shelter
- Displaced by a natural disaster (hurricane, flood, etc.)  
Disaster: \_\_\_\_\_
- Displaced due to COVID-19
- Other: \_\_\_\_\_



## Enrollment Survey: Section II

**Student Name:** \_\_\_\_\_

**Section II: This portion of the Enrollment Survey must be completed for *all* students upon first-time enrollment in South Carolina public schools and is not completed annually at registration.**

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### **Title III, Part A: Multilingual Learner Program (MLP) and Immigrant Children and Youth**

The MLP program complies with Title III, Part A of the ESEA, as amended by ESSA. The MLP program provides various educational services to multilingual learners (MLs) and immigrant children and youth who may speak languages other than English. This program is **free** to all eligible students and provides support for language acquisition.

### **Home Language Survey (HLS)**

School districts and charter schools are required to determine the language(s) spoken in each student’s home to identify their specific language needs. The purpose of the HLS is to determine the primary or home language of the student and is given to all students one time at initial enrollment in a South Carolina public school district or charter school and should remain in the student’s permanent record.

Information about the student’s language helps to identify students who qualify for **free** support to develop the English language skills necessary for success. English language proficiency (ELP) testing may be necessary to determine if the student is eligible for language supports if a language other than English is recorded for any of the three HLS questions below. If the student qualifies, they will be entitled to services as an ML and will be assessed annually to determine their English language proficiency.

Families must fully understand the purpose and intent of the HLS and MLP program. **If you have any questions, you may contact your district’s Title III/MLP Coordinator before completing the HLS.**

1. What is the language(s) that the **student** first acquired? \_\_\_\_\_
2. What language(s) is spoken most often by the **student**? \_\_\_\_\_
3. What is the **primary language(s) used in the home**, regardless of the language(s) spoken by the student? \_\_\_\_\_

### **Prior Education**

In accordance with *Plyler v. Doe*, this form does not inquire about the immigration status of the student or family. The purpose of this form is to collect information about your student’s prior education and pre-existing knowledge and skills.

Has the **student** received English language development support in a previous school? Yes  No  Don’t Know

In what country was the **student** born? \_\_\_\_\_

If born outside of the United States, District of Columbia, or the Commonwealth of Puerto Rico, when did the **student** first attend a school in the United States?

Month	Day	Year
_____	_____	_____

Parent/Guardian Name: \_\_\_\_\_

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

*Your signature certifies you have read the Title III, Part A information above and completed it to the best of your knowledge.*

