

Harleyville-Ridgeville Middle School
1650 East Main Street
Dorchester, SC 29437
Phone: (843)462-2470 Fax:(843)462-2479

2021-22 REGISTRATION INFORMATION

Please make sure you fill out this form completely. This information is important for the well-being of your child/Children.

Circle One: Bus Rider or Car Rider Enrollment Start Date: ___ / ___ / ___ Grade ___

Office Use Only:

Teacher's Name: _____ Bus Driver's Name: _____

Student Name _____
Last First Middle

Date of Birth ___ / ___ / ___ Age ___ Sex ___ Place of Birth _____

Social Security # (Opt.) ___ - ___ - ___ Name of School Last Attended _____

Ethnicity and Race: ___ Asian ___ Black or African American ___ American Indian or Alaska Native
___ Native Hawaiian or Other Pacific Islander ___ White ___ Hispanic or Latino **Check if two or more races**

Child lives with ___ Both parents ___ Mother ___ Father ___ other (specify) _____

List the names and grades of siblings who are enrolled in Dorchester School District Four _____

Home Address _____

City _____ South Carolina Zip Code _____

Mailing Address (if different from Home Address) _____

City _____ South Carolina Zip Code _____

Directions to the home: _____

Mother's Name _____	Father's Name _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____

Home Phone _____ Cell phone _____

Work Phone _____ Email Address _____

List the names and grades of siblings who are in school in DD4 _____

Did your child receive any special services at his or her school last year? Please check all that apply

ESOL _____ IEP _____ 504 _____

Child's Medicaid Number# (If Applicable) _____

List any known health problems.	List any medication and dosage the student takes.
List any known allergies.	What kind of reaction does the student have?

ALL FOOD ALLERGIES MUST HAVE A DOCTOR'S NOTE BEFORE ALTERNATE FOOD SELECTIONS CAN BE GIVEN.

ALL FOOD ALLERGIES MUST HAVE A DOCTOR'S NOTE BEFORE ALTERNATE FOOD SELECTIONS CAN BE GIVEN.

Does this student have any Physical Limitations related to physical education? Please explain:

Name of Family Physician: _____ **Phone:** _____

Please list all emergency contact numbers below.

Name of Contact	Relationship to Child	Home Phone	Cell Phone

If the family doctor or parents cannot be reached, the school officials have permission to use any medical assistance needed.

I will notify the school immediately if any information on the registration form changes.

Parent/Guardian Signature _____ **Date** _____

HARLEYVILLE-RIDGEVILLE MIDDLE SCHOOL

1650 East Main Street

Dorchester, South Carolina 29437

Phone: 843-462-2470 Fax: 843-462-2479

Student Pick-up Form

Student Name _____ Home Phone _____

Teacher Name _____ Grade: _____ 6th _____ 7th _____ 8th

Please list the names of all people who are allowed to pick up your child/children from HRMS.

Please list the names of all people who are not allowed to pick up your child/children from HRMS.

If at any time you are sending someone other than the names listed on this form to the school to pick up your child, please email the school Secretary and include the following: Name of the person picking up the child/ren, date, and the approximate pick up time.

Thank you for your assistance. The safety of your child/ren is important to us.

Sincerely,

Administrative Signature

Please sign and return this form to the school office as soon as possible.

Parent's Signature

Date