

Checklist for Enrollment

In order to complete the enrollment of students, Richard Carroll Elementary School requires the parent or legal guardian provide the following information:

- Certified Legal Birth Certificate
- Complete South Carolina Immunization Certificate
- Social Security Card
- Guardianship Papers (if applicable)

Proof of Residency:

<u>Category One (1 required)</u>	<u>Category Two (2 required)</u>
<input type="checkbox"/> Property Tax bill for the permanent residence <input type="checkbox"/> Rental Lease <i>(complete copy, listing all occupants)</i> <input type="checkbox"/> Real Estate Closing documents <i>(If applicable)</i>	<input type="checkbox"/> Vehicle Tax Notice <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Electric Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Telephone Bill (cell phone not accepted) <input type="checkbox"/> Cable/Satellite/Internet Service Provider Bill <i>(Any bills presented for proof must be within 30 days of school registration date)</i> <input type="checkbox"/> Paycheck Stub or W-2 <input type="checkbox"/> Letter or other notification/printout from a recognized state or federal agency

- Withdrawal Form from Previous School
- Copy of Last Report Card
- Copy of Special Education Records (IEP)

Richard Carroll
Elementary School

1980 Main Highway
Bamberg, SC 29003

Phone: 803-245-3043
Fax: 803-245-3051

Bamberg-Ehrhardt
Middle School

897 North Street
Bamberg, SC 29003

Phone: 803-245-3058
Fax: 803-245-6501

Bamberg-Ehrhardt
High School

267 Red Raider Drive
Bamberg, SC 29003

Phone: 803-245-3030
Fax: 803-245-3066



Bamberg School District One

Bamberg, South Carolina 29003

Student Enrollment Form

Date of Enrollment: _____

STUDENT INFORMATION

Student Last Name	Student First Name	Student Middle Name	Generation (Jr, Sr, II, etc.)
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Grade	Gender: _____ Male _____ Female	Date of Birth	Social Security Number
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Current Residential Street Address

City	State	Zip Code	Home Telephone (_____) _____ -- _____	Cell Phone (_____) _____ -- _____
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Current Mailing Address

City	State	Zip Code	U.S. Citizen? _____ Yes _____ No	Student Birthplace
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Ethnicity/Race: ____ American Indian or Alaska Native ____ Asian ____ Black or African American ____ Hispanic or Latino ____ Native Hawaiian or Pacific Islander ____ White	Primary Language	Automated Phone Call Number – Number that you want messages delivered to from school. This number will also be entered as your home phone. (____) _____ - _____
	Language Spoken at Home	

Bus Transportation Needed? _____ Yes _____ No Bus Number: _____	Is the student in a Foster Home? _____ Yes _____ No If yes, Name of Home School District: _____
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PREVIOUS SCHOOL INFORMATION

Name of Previous School Attended	School Telephone Number
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Address of School	City	State	Zip Code	School Fax Number
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Has student previously been enrolled in a Bamberg School District One School? _____ Yes _____ No

If yes, School Name: _____

Grade Last Attended at above school: _____

Previous Residential Address

City	State	Zip Code
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PARENT/LEGAL GUARDIAN INFORMATION

Relationship	Last Name	First Name	Middle Name
Current Residential Street Address			
City	State	Zip Code	Home Telephone Number
Current Mailing Address			
City	State	Zip Code	Cell Phone Number
Employer	Employer Address		Employer Phone
Parent Email			
Does the student reside with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT/LEGAL GUARDIAN INFORMATION

Relationship	Last Name	First Name	Middle Name
Current Residential Street Address			
City	State	Zip Code	Home Telephone Number
Current Mailing Address			
City	State	Zip Code	Cell Phone Number
Employer	Employer Address		Employer Phone
Parent Email			
Does the student reside with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Marital Status of Parents: Single Married Divorced Separated Widow Widower

Child Resides With: _____

Relationship: _____

EMERGENCY CONTACT INFORMATION

Contact #1

Last Name	First Name	Relationship
Home Number	Cell Number	Work Number

Contact #2

Last Name	First Name	Relationship
Home Number	Cell Number	Work Number

Contact #3

Last Name	First Name	Relationship
Home Number	Cell Number	Work Number

Family Doctor	Dentist
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Does your student have allergies or other medical conditions that we should be aware of? ____Yes ____No
If yes, please list below.

Medical Alert #1 Condition of Student:

Medical Alert #2 Condition of Student:

GUARDIAN ALERT

Is there any person that is not to pick up or have contact with your student? ____Yes ____No

If yes, name: _____

****(Appropriate legal documentation may be required.)****

PARENT VERIFICATION OF INFORMATION

Parent Signature	Date
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STUDENT INFORMATION

Student Name _____

Grade _____

Gender:

Male Female

Date of Birth _____

Please check if your child was in any of the listed programs:

Special Education Class

Physical /Occupational Therapy

Resource Class

Gifted and Talented

Self-Contained Class

ESL

504

Other: _____

Speech Therapy

Please answer the following questions:

Has your student been charged by any law enforcement agency? Yes No

Has your student been expelled from any school? Yes No

Has your student been withdrawn from a school in lieu of expulsion? Yes No

Has your student been suspended from ANY school or place on homebound for disciplinary reasons? Yes No

Has your student been previously enrolled in a special education class? Yes No

If yes, what program? _____ Dismissal date: _____

Has your student ever been retained? Yes No

If yes, what grade(s)? _____

I am the legal parent or guardian of this student. Yes No

I understand that this student is being enrolled in Bamberg-Ehrhardt High School on a probationary basis. I understand that willful omission of any information may result in this student's withdrawal or other necessary actions that the administration may feel appropriate. The information on this paper is true to the best of my knowledge.

Parent Signature _____ **Date** _____



Bamberg School District One

Bamberg, South Carolina 29003

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1980 Main Highway
Bamberg, SC 29003
(P) 803-245-3043 (F) 803-245-3051

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REQUEST FOR TRANSFER STUDENT RECORDS

Student's Name: _____

Grade: _____ Date of Birth: _____

Name of Previous School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

The student listed above has requested enrollment in our school. Please forward the following school records:

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Individualized Education Plan (IEP) |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Psychological Evaluations |
| <input type="checkbox"/> Grades/Transcript | <input type="checkbox"/> Speech Language Evaluations |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Gifted & Talented Information |
| <input type="checkbox"/> Other Pertinent Education/Health Information | |

Was this student EXPELLED or RECOMMENDED FOR EXPULSION from your school? _____

Requested by: _____

Role: _____

Date Requested: _____

Date Requested/2nd Attempt: _____

Date Requested/3rd Attempt: _____

- Records received
- Records received
- Records received

Bamberg School District ne

Complete with every newly enrolled student—retain in permanent record:

Date: _____

PARENT OCCUPATION:

Did the family move within the past 6 years to work full-time or part-time in one of these occupations?

Food Processing: Yes___ No___

Dairy or poultry: Yes___ No___

Farming: Yes___ No___

Forestry or pulpwood: Yes___ No___

Fishing or fish farms: Yes___ No___

Processing or hauling farm products: Yes___ No___

Horse Operation: Yes___ No___

Other: _____

If so, the enrolling staff member should refer to the flowchart and additional information about qualifying activities and contact the district Migrant Student coordinator, Phyllis A. Overstreet for next steps if a student/family meets the qualifying indicators.



Home Language Survey (HLS)

**DO NOT PURGE FROM
PERMANENT RECORD**

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 Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in South Carolina, and remains in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

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

By signing here, you certify that responses to the three questions above are specific to your student. You understand that 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: _____

Bamberg School District ne

General Consent Form

I hereby authorize Bamberg School District One to verify my address for the purpose of enrolling children or so they may remain enrolled. I further authorize the following specific establishments, but **do not limit** the authorization to release information from these companies: Bamberg Board of Public Works, Edisto Electric Cooperative, SCE&G, City of Bamberg, Town of Ehrhardt, Bellsouth, ATT, Atlantic Broadband, etc.

The information obtained by Bamberg School District One is only to be used by the district for verification purposes.

A photographic or FAX copy of this authorization may be deemed to be equivalent to the original and may be used as a duplicate original.

Signature of Homeowner/Renter

Date

Signature of Parent/Legal Guardian

Date



BAMBERG SCHOOL DISTRICT ONE

Office of Student Services

267 Red Raider Drive,
Bamberg, SC 29003

Phone: 803-245-3049 Fax: 803-245-6520

PARENTAL AUTHORIZATION FOR RELEASE OF INFORMATION

(Purpose of request: For appropriate placement and/or services in this school district.)

Date: _____

Student Name: _____ DOB: _____ SSN: _____ - _____ - _____

Parent/Guardian(s): _____

Current Address: _____

Current School Enrolling: _____

Enrolled in: High School Diploma Track Attendance Certificate/Non Diploma Track N/A (Grades 3-8)

Name of Previous School: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Information needed:

- Individualized Education Plan (IEP) if applicable { *Include initial and recent reevaluation reports and dates }
- 504 Plan(s) { if applicable }
- Psychological Evaluation Report(s)
- Health/Developmental History { if applicable }
- Speech-Language Evaluation(s) and Reports { if applicable }
- Relevant Medical Information
- School Nursing Orders { if applicable }
- Attendance and Discipline Record
- Transcripts
- Current Grade Reports
- STATE and DISTRICT TEST SCORE REPORTS (i.e. COSF, ACT, MAP, PASS, SC Ready, etc.)
- Other _____

My signature below authorizes the release of all personally identifiable data such as IEPs, Psychological evaluation reports, academic testing results/information, and any relevant medical information to Bamberg School District One in reference to my child. This consent allows for transfer of records via fax, mail or other electronic methods. Thank you for your cooperation!

Signature of Parent/Guardian/Surrogate: _____

Relationship to pupil: _____ Date: _____