

ID# _____

Code/Entry Date _____

SS# _____

Teacher _____

Date of Application _____

Calhoun County High School

150 Saints Avenue

St. Matthews, SC 29135

Phone: (803) 874-3071 Fax: (803) 655-5948



Student Name _____

 Last Name First Name Middle
Date of Birth _____ Sex _____ Race _____ Grade _____

Home Phone _____ or Nearest Phone & Name of Person _____

Address _____

If PO Box - Name of Street or Road _____

Name of Adult(s) With Whom Child Lives: _____ Relationship _____

Are you the Legal Guardian? _____

If you are the legal guardian, do you have legal documentation? _____

(**copy has to be placed in student's file) _____ Date filed in permanent record _____

Family Information

Mother's Name _____

Father's Name _____

Address _____

Address _____

Marital Status: Single Married
 Separated Deceased

Marital Status: Single Married
 Separated Deceased

Highest Grade Completed _____

Highest Grade Completed _____

Occupation _____

Occupation _____

Place of Employment _____

Place of Employment _____

Address _____

Address _____

Work Phone _____

Work Phone _____

Work Hours _____

Work Hours _____

****EMERGENCY CONTACT WHEN PARENTS CANNOT BE REACHED****

Please make sure correct numbers are on file. If any changes, please let the guidance office know as soon as possible.

#1 Contact Name _____ Relationship _____ Phone _____

Address(Include street or road name - No PO Boxes) _____

#2 Contact Name _____ Relationship _____ Phone _____

Address(Include street or road name - No PO Boxes) _____

Members of Household (Including Parents)

Name	Relationship To Child	Age	Highest Grade Completed (If currently in school, state Name of School)

ACADEMIC INFORMATION

Name and Address of Last Two School Attended

1. _____
 Date Entered in Attendance At Previous School _____ Date Withdrawn from Previous School _____

2. _____
 Date Entered in Attendance At Previous School _____ Date Withdrawn from Previous School _____

****If you have a copy of the child's report card, please submit, this will help in the class placement process.**
 Was child previously Enrolled in Any Special Program? (Gifted, Speech, Resource, LD, EH, EM, Special Ed, etc.) _____

Has your child been retained/repeated a grade? _____ If so, what grade? _____

What language is primarily spoken in the home? English _____ Spanish _____ Other _____

Does the student have medical conditions/problems that the school should be aware of? If yes, please explain

TRANSPORTATION _____ Walker _____ Car Rider _____ Bus Rider _____ Office Use Only: Bus # _____

Who brings child? _____ Picks up child? _____ Phone _____

NAME(S) OF OTHER PERSON(S) WHO WILL PICK UP CHILD:

Name _____ Address _____
 Phone Number _____ Cell # _____ Relationship _____

Name _____ Address _____
 Phone Number _____ Cell # _____ Relationship _____

SPECIFIC DIRECTIONS TO YOUR HOME FROM THE SCHOOL: _____

NOTE TO PARENT OR LEGAL GUARDIAN: We at Calhoun County High School think the following is vital to the well-being and safety of each student. Please complete and sign the following.

The following persons have permission to transport my child from school. No other person is allowed to pick up to pick up my child unless written permission is given by the parent and/or legal guardian.

In case of legal separation or divorce, legal documentation must be kept on file in the office stating who has custody and/or who is restrained from having contact with the child. If applicable to you, please complete the following:

RESTRAINING ORDER ISSUED AGAINST: Name _____

Date: _____ **Date Copy Placed in Student's File:** _____

INFORMATION LISTED BELOW MUST ACCOMPANY THE APPLICATION:

- Official Birth Certificate (Hospital paper with feet is not acceptable)
- Current South Carolina Certificate of Immunization (long sheet, not pink card)
- Copy of Social Security Card
- Copy of Transcript/Report Card
- Proof of Residence (telephone bill, utility bill, or rent statements) no exceptions/substitutions
- Home Language Survey
- Proof of withdrawal from prior school and/or school district.

****No Application Will Be Accepted Without All Of The Above Information**

Office Use Only

- Birth Certificate
- SC Certificate of Immunization
- Social Security
- Transcript/Report Card
- Proof of Residence
- Home Language Survey
- Record Request _____ Date Mailed _____ Date Faxed
- Proof of withdrawal from prior school and/or school district.

Signature

Date