

# SPARTANBURG COUNTY SCHOOL DISTRICT TWO ENROLLMENT RECORD

(Type School Name Here)

School Year 2010-2011

**FOR OFFICE USE ONLY:**

Proof of Residence: _____	Health Form _____	Home Language Survey _____
Rents / Leases: _____	Immunization Regular _____	Transportation Form _____
Affidavit / DO Approval: _____	Immunization Exemption _____	Social Security Number _____
4K Screening Date: _____	Time: _____ Percentile: _____	Birth Certificate: _____
		Acceptable Use Agreement Collected: _____

Today's Date: \_\_\_\_\_ Grade Level Entering: \_\_\_\_\_ First time entering this grade? Y N

Please complete this form to the best of your knowledge. This information will be used for your student's school record.

Student's Full Name: \_\_\_\_\_  
(Last)
(First)
(Middle)
(Suffix)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

Is the student Hispanic or Latino? Yes No

**WHAT IS THE STUDENT'S RACE?** Check all that apply.

American Indian or Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_

Black or African American \_\_\_\_\_

White \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

Emergency Data:	Relation:	Telephone
First Contact Name:		
Second Contact Name:		
Third Contact Name:		

FAMILY DATA		
Parent/Guardian Names	(1)	(2)
Guardian Relation		
Home Address		
Mailing Address		
City/State/Sip:		
Home Telephone No.		
Cell Telephone No.		
Employer		
Work Telephone No.		
Work Hours		
Email Address		
Circle One:	Single    Married    Separated	Single    Married    Separated

