

DO NOT PURGE

JAMES ISLAND CHARTER HIGH SCHOOL STUDENT ENROLLMENT FORM

GRADES 9-12



Enrollment Date: _____

<u>STUDENT INFORMATION</u>		Grade: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name: _____	First Name _____	Middle Name _____	

Student's Home Address _____ Home Phone _____

Street City State Zip Code

Student's Mailing Address (if different from above) _____

Street City State Zip Code

Area/Neighborhood _____

Is your current residence temporary? No Yes

Previous School _____ First year in 9th grade (*High School ONLY*) _____

List any CCSD school student has attended _____

Date of Birth _____ City/State of Birth _____

ETHNICITY: Is this student Hispanic or Latino? No Yes

RACE: (*At least one race must be selected, even if student is **Hispanic** or **Latino**. More than one race can be selected below.*)

- American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander
- White or European Descent

PARENT/GUARDIAN(S) INFORMATION

Last Name _____ First Name _____ Relationship _____

Employer _____ Wk Phone/Extension _____

Home Address _____

Home Phone _____ Cell Phone _____ Email Address _____

DAYTIME PHONE FOR ABSENCE CALLS _____ **EVENING PHONE FOR ABSENCE CALLS** _____

Last Name _____ First Name _____ Relationship _____

Employer _____ Wk Phone/Extension _____

Home Address _____

Home Phone _____ Cell Phone _____ Email Address _____

DAYTIME PHONE FOR ABSENCE CALLS _____ **EVENING PHONE FOR ABSENCE CALLS** _____

FAMILY INFORMATION

Student lives with (Name) _____

Relationship (*Check all that apply*)

- Mother Father Step-Mother Step-Father Foster Mother Foster Father Legal Guardian
- Other (*please explain*) _____

Note: Legal guardianship or custody papers, as on file with Clerk of Court office, must be provided at time of enrollment.

Is either parent/guardian that the student lives with Active Duty Military? No Yes If yes, which military branch _____

Is the student currently residing in Group Home Residential Treatment Facility

If yes, provide the name of the facility _____

Please list any other children/siblings that live at this residence (even if not in school):

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

ADDITIONAL INFORMATION

Has the student repeated a grade(s)?

Yes, grade(s) _____ No

Did the student attend Kindergarten?

Yes No

Has the student ever been expelled?

Yes No

Grade expelled _____

Does the student wear: (*check all that apply*)

Prescription glasses

Contact lens

Hearing aid

None

Other: _____

Does the student have a (*check all that apply*)

504 Plan

Gifted/Talented designation

Migrant designation

NCLB Transfer

District approved transfer

Did the student leave the previous school due to special concerns?

Disciplinary

Attendance

Academic

Has the student *ever* received special education services for speech, visual impairment or other disability requiring an IEP?

Yes No

If student has an IEP please specify:

Resource

Inclusion

Self-Contained

Pre-School Intervention

Consultative

Area of Disability: (*check all that apply*)

LD

Visually Impaired

ED

Hearing Impaired

EMD

OHI (medical condition)

TMD

Orthopedic Impaired

PMD

Speech/Language

DD

Other: _____

HOME LANGUAGE SURVEY English Speakers of Other Language (ESOL)

1. What language did your child learn when he/she first began to speak? _____

(If the answer is English, please disregard questions 2, 3, and 4)

2. In which language do you prefer to receive correspondence from the school? _____

3. If your child was not born in the USA, in what country was he/she born? _____

4. What date did your child first begin school in the United States? _____

TRANSPORTATION

If you need bus transportation for your child and you reside on James Island or Folly Beach, please complete the online registration by visiting the James Island Charter High School website (jichs.ccsdschools.com), click on the yellow bus icon and then click on the 2018-2019 James Island Bus Registration form.

Under penalty of perjury (S.C. Code 59-63-32), I certify that I am the parent/legal guardian of this child and that the above information is correct.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION-Other than parents already listed on front of application

Contact #1	Contact Name: (last, first)	Relationship:
	Phone #1: Circle one – Cell Work Home	Phone #2: Circle one – Cell Work Home

Contact #2	Contact Name: (last, first)	Relationship:
	Phone #1: Circle one – Cell Work Home	Phone #2: Circle one – Cell Work Home

Contact #3	Contact Name: (last, first)	Relationship:
	Phone #1: Circle one – Cell Work Home	Phone #2: Circle one – Cell Work Home

EMERGENCY MEDICAL INFORMATION

Medical Alert (e.g., asthma, diabetes, seizures, ADHD, mental/physical conditions, or allergies (insects, foods, etc)):

Medications: _____

When you come to JICHS, please be sure to bring the following original documentation:

- **Completed enrollment form**
- **Two current proofs of residency** (Includes: property tax bill, signed lease/mortgage contract, cable bill, power bill, water bill, telephone bill, or car registration)
- **Student’s South Carolina Certificate of Immunization**
- **Student’s Birth Certificate**
- **If applicable, legal guardianship or custody papers as on file with the Clerk of Court office.**
- **Current report card, attendance, and discipline** (Out of district applicants only).

<u>THIS SPACE FOR OFFICE USE ONLY</u>	Cumulative File Reviewed _____
Asked parent if student receives/has received SPED services _____	Notified SPED teacher if student has or had an IEP _____
2 Proofs of Residence _____	Legal Guardianship Papers _____ Homeroom Assigned _____
Records Requested _____	Teacher Assigned _____ State Birth Certificate _____
Enrollment Date _____	Bus Number/Car Rider _____ SC Immunization _____
Military _____	Media Release _____