

Please Print Clearly

Today's Date _____

School _____



For Office Use Only

- Birth Certificate
- Immunization Record
- Social Security Card
- Proof of Residence
- Records Requested Date _____
- Records Received
- Teacher Assignment _____

Student Name: Legal Last Name _____	Legal First Name _____	Legal Middle Name _____	Name Called _____
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Birth Date (Month/Day/Year) _____	Gender M F	Social Security Number - -	Enrolling Grade (Circle one) 3-year-old 4K 5K 1 2 3 4 5 6 7 8 9 10 11 12
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<p>What country was student born in? _____</p> <p>Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race (Circle all appropriate)</p> <p>White Asian Black or African American</p> <p>American Indian or Alaska Native Native Hawaiian or Other Pacific Islander</p> <p>Student Lives With <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only</p> <p><input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> *Legal Guardian</p> <p><input type="checkbox"/> Foster Home/DSS (Original Dist. student transferring from) _____</p> <p><input type="checkbox"/> *Grandparent(s) <input type="checkbox"/> Other (Please list) _____</p> <p>*Custody papers must be presented upon enrollment.</p>	<p>SchoolMessenger: By registering your child, you are giving Lexington District One your permission/consent to contact parents/guardians via telephone with emergency and non-emergency notifications. Please note that you must have at least one working telephone number for emergency notifications. Use the free SchoolMessenger app for Apple and Android devices or website to manage/change your preferences after you create your account. The district's website has more information regarding how you would prefer for us to contact you at each telephone number, and you can let us know what types of notifications you want to receive on each telephone number. Go to www.lexington1.net. Under I AM..., click <i>A Parent/Guardian</i> to see information on SchoolMessenger.</p>
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Parent/Legal Guardian Residence Information (where student resides)

<p>Parent/Legal Guardian #1 (where student resides)</p> <p>Last Name _____ First Name _____</p>	<p>Parent/Legal Guardian #2 (where student resides)</p> <p>Last Name _____ First Name _____</p>
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Resident Address					
Street _____	Apt# _____	City _____	State _____	Zip _____	

Mailing Address (if different from above)					
Street _____	Apt# _____	P.O. Box _____	City _____	State _____	Zip _____

<p>Parent/Legal Guardian #1 (where Student Resides)</p> <p>Telephone Numbers:</p> <p>Home () _____ Relationship _____</p> <p>Work () _____ Marital Status _____</p> <p>Cell () _____ Education _____</p> <p>Employer _____ Occupation _____</p> <p>Email Address _____</p> <p>Social Security Number _____</p> <p>Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Parent/Legal Guardian #2 (where Student Resides)</p> <p>Telephone Numbers:</p> <p>Home () _____ Relationship _____</p> <p>Work () _____ Marital Status _____</p> <p>Cell () _____ Education _____</p> <p>Employer _____ Occupation _____</p> <p>Email Address _____</p> <p>Social Security Number _____</p> <p>Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Secondary Household Information (used only if student does not reside with both parents/legal guardians at same residence)

<p>Secondary Household Parent /Legal Guardian #2</p> <p>Last Name _____ First Name _____</p>	<p>Parent Military Status</p> <p>Please select one of the following:</p> <p>___ Neither parent nor guardian is serving in any military service.</p> <p>___ A parent or guardian is serving in the National Guard but is not deployed.</p> <p>___ A parent or guardian is serving in the Reserves but is not deployed.</p> <p>___ A parent or guardian is serving in the National Guard and is currently deployed.</p> <p>___ A parent or guardian is serving in the Reserves and is currently deployed.</p> <p>___ A parent or guardian is serving in the military on active duty but is not deployed.</p> <p>___ A parent or guardian is serving in the military on active duty and is currently deployed.</p> <p>___ The student's parent or guardian died while on active duty within the last year.</p> <p>___ The student's parent or guardian was wounded while on active duty within the last year.</p>
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Resident Address					
Street _____	Apt# _____	City _____	State _____	Zip _____	

Mailing Address (if different from above)					
Street _____	Apt# _____	P.O. Box _____	City _____	State _____	Zip _____

<p>Home () _____ Relationship _____</p> <p>Work () _____ Marital Status _____</p> <p>Cell () _____ Education _____</p> <p>Employer _____ Occupation _____</p> <p>Email Address _____</p> <p>Social Security Number _____</p>	<p>___ A parent or guardian is serving in the military on active duty but is not deployed.</p> <p>___ A parent or guardian is serving in the military on active duty and is currently deployed.</p>
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Transportation Information			
MORNING	Bus Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	Car Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	Daycare Provider _____ Walker <input type="checkbox"/> Yes <input type="checkbox"/> No
AFTERNOON	Bus Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	Car Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	Daycare Provider _____ Walker <input type="checkbox"/> Yes <input type="checkbox"/> No
After School-Program at School			

Previous Schools Attended

- ◆ Has your child ever attended Lexington School District One? Yes No Has your child been retained? Yes No If yes, what grade? _____
- ◆ Is this child currently under expulsion from another school or district, or was the child withdrawn/released from his/her last school while subject to expulsion proceedings? Yes No

List below all previous schools attended, including Lexington School District One. List most recent first.

School Name	Address	City	State	From	To	Grade Levels

Special Services

In the past 12 months, was your child enrolled in a Special Education program? Yes No

Has your child ever participated in: an IEP Gifted Occupational and/or Physical Therapy Speech Therapy

Response to Intervention (RtI) or Multi-Tier System of Supports (MTSS) program Other _____

Has your child ever qualified for or had a 504? Yes No

Has your child ever been enrolled in an English as a Second Language Program (ESOL)? Yes No

Are you aware of any condition (mental, physical and/or emotional) that may affect your child's learning experience? Yes No If Yes, specify. _____

Siblings Please list other siblings attending school(s) in Lexington School District One.

Last Name	First Name	School	Grade

Emergency Contacts (Please list at least two contacts who are NOT PARENTS/LEGAL GUARDIANS but LOCAL CONTACTS.)

The individuals below have my permission to sign this student out of school, either for illness or early dismissal. These are the **ONLY** individuals beside parent(s)/legal guardian(s) who will be allowed to check my student out of school after providing appropriate picture/photo ID.

Primary Contact (other than Parent/Legal Guardian) Last Name First Name	Second Contact (other than Parent/Legal Guardian) Last Name First Name	Third Contact (other than Parent/Legal Guardian) Last Name First Name
Relationship to child _____ Home () _____ Cell () _____ Work () _____ Email Address _____	Relationship to child _____ Home () _____ Cell () _____ Work () _____ Email Address _____	Relationship to child _____ Home () _____ Cell () _____ Work () _____ Email Address _____

Legal Documentation must be on file in the school office listing anyone who cannot visit or pick up this child because of a court order. Legal Paperwork on file Yes No **Name of person(s) who cannot visit or pick up this child:**

Please be notified that parents/legal guardians and students eighteen (18) years of age or older may be permitted to: inspect and review educational records, challenge the contents of records, or obtain a copy of records with prior notification to school personnel.

In providing residency information to the District for the purpose of enrolling my child, I acknowledge and agree that if I provide information which is later determined to be false, I will be charged a fee equal to the per diem cost of tuition for students attending school in the District pursuant to ownership of property as set forth in S.C. Code Annotated § 59-63-45. This fee will be charged for each day that my child attends school unlawfully. I also understand that in the event I do not pay the required amount of tuition within thirty (30) days of being advised of the tuition amount, the district may pursue legal action against me for recovery of those monies.

I understand that if it is found that I have willfully and knowingly provided false information in this statement to enroll a child in a school district for which the child is not eligible, I may be found guilty of a misdemeanor and, upon conviction, may be fined an amount not to exceed two hundred dollars (\$200) or imprisoned for no more than thirty days (30) days.

*The school district/full day AVTS has the responsibility under federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school, as well as from students who enroll in the school district/full day AVTS in the future.

Signature Parent/Legal Guardian _____ Date _____