

Woodruff High School Student Enrollment Form

Documents on File:

_____ Government Issued Photo ID* _____ Proof of Residency* _____ Birth Certificate*
_____ Immunization Certificate* _____ Technology Agreement _____ Custody Documentation
_____ Special Education Records Request _____ Handbook Agreement
School Official Signature: _____ Date: _____

Student Information

Date: _____

Full Name: _____ Gender: M F
(Last) (First) (Middle)

Name Called: _____ Birth Date: _____ / _____ / _____
mm dd yy

Home Address: _____
(Street) (City) (State) (Zip)

Mailing Address (if applicable): _____
(Street) (City) (State) (Zip)

Home Telephone Number: _____ Cell Phone Number (optional): _____

Last Grade Completed: _____

Ethnicity: Is the student Hispanic or Latino? YES NO

Student's Race: (Check all that apply.)

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

Parent / Guardian Information

Parent/Legal Guardian #1: _____ Home Phone: _____

Relationship: (Circle one) Mother Father Step-Mother Step-Father Grandparent Guardian

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Legal Guardian #2: _____ Home Phone: _____

Relationship: (Circle one) Mother Father Step-Mother Step-Father Grandparent Guardian

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Please indicate with whom the student currently resides: (Circle one)

Both Parents Mother Father Legal Guardian Other: _____

Emergency Information Please provide 3 names of people to be responsible for your child if you are not available.

Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____

Sibling Information (include all siblings from birth to 18)

Name: _____ Age ____ School _____ Grade _____
Name: _____ Age ____ School _____ Grade _____
Name: _____ Age ____ School _____ Grade _____
Name: _____ Age ____ School _____ Grade _____

Transfer Information

Last School Attended: _____ Phone # _____ Fax # _____
Address _____
(Street / P.O. Box #) (City) (State) (Zip)

Have you ever attended a Spartanburg District 4 school? _____ If so, what was the last school? _____

Is student enrolled in special education program (has an **IEP or 504**)? _____ YES _____ NO

Is student enrolled in gifted and talented program? _____ YES _____ NO

Is student enrolled in ESOL? _____ YES _____ NO

Additional Information

Does the student live in a foster home? _____ YES _____ NO

Is the student a Migrant student? _____ YES _____ NO

By signing this form, I attest that I have custody and educational authority for this child and have provided appropriate documentation.

Parent/Legal Guardian Signature

Date