

DISTRICT SEVEN

Early Learning Center

at PARK HILLS

New Student Enrollment Information Sheet

The following documents are required to enroll:

- 1. State Birth Certificate** (long form)
- 2. South Carolina Immunization Sheet**
(Long white sheet that can be obtained from the South Carolina Health Dept. in Spartanburg)
- 3. Acceptable Proofs of Household Income (1 of the following):**
(*If married, you must show proof for both parents)
 - a. Your child's Medicaid card

OR

 - b. 2017 W-2 forms
 - c. 2017 tax forms, verifying your income
- 4. Two Proofs of Residence: (1 of the following):**
 - a. Lease agreement with children's names included
 - b. Property tax receipt
 - c. Mortgage agreement
- 5. AND (1 of the following):**
 - a. Power Bill
 - b. Cable Bill
 - c. Water Bill
 - d. Gas Bill

To complete enrollment at the Early Learning Center, you must also:

- 1. Attend the ELC's Mandatory Parent Meeting in August.**
- 2. Complete all required documents in the CDEP packet.**
- 3. Ensure that your child has completed the DIAL 4 Preschool Screening.**

****YOU MUST BE A DISTRICT 7 RESIDENT TO ATTEND****



Spartanburg County School District Seven Registration Form

Full name _____
Last First Middle (Nickname)

Birthdate _____ Gender _____ Current grade _____

Home phone _____ Cell phone _____

Student's home address: _____ Student's mailing address: _____
Street _____ Street _____
City/Zip _____ City/Zip _____

Student's ethnicity: Hispanic or Latino? Yes No

Student's race: Black or African American White Asian
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native

Mother's full name (*) _____ or *Guardian _____ Father's full name _____

Home phone _____ Cell _____ Home phone _____ Cell _____

Employer _____ Employer _____

Work phone _____ Work phone _____

Email address _____ Email address _____

Student lives with (circle) Both Parents Mother Father Guardian Other: _____

Parent's marital status (circle) Married Single Widowed Divorced Separated Custody: _____

Emergency Contacts and People Authorized to Pick Up Student:

Name _____ Relationship to student _____ Phone _____

Name _____ Relationship to student _____ Phone _____

Name _____ Relationship to student _____ Phone _____

Name _____ Relationship to student _____ Phone _____

Name _____ Relationship to student _____ Phone _____

Student siblings Age Gender School Attending

Student's grade last year: _____ Ever retained? Yes No If retained, which grade? _____

Last school attended _____ Address _____ Date _____

Programs at last school attended (check)

- Special Ed. Resource
- Special Ed. Self-Contained
- Speech
- ESOL
- Band
- Chorus
- Orchestra
- Gifted & Talented

Home Language Survey

What is the first language the student learned to speak? _____

What language does the student speak most often? _____

What language is most often spoken in the student's home? _____

Besides languages studied in school, does the student speak any language(s) other than English? Yes No

If yes, list the language(s) _____

If student is already eligible for ESOL services, Country of birth _____

Date of arrival in U.S. _____ Date of first enrollment in a U.S. school _____

Parent/Guardian Military Status (check)

- Neither parent/guardian is serving in any military service
- A parent/guardian is serving in the National Guard but is not deployed
- A parent/guardian is serving in the Reserve but is not deployed
- A parent/guardian is serving in the National Guard and is currently deployed
- A parent/guardian is serving in the Reserve and is currently deployed
- A parent/guardian is serving in the military on active duty but is not deployed
- A parent/guardian is serving in the military on active duty and is currently deployed
- A parent/guardian died while on active duty within the last year
- A parent/guardian was wounded while on active duty within the last year

Student Health Questionnaire (check any area of concern)

- Asthma Severe Allergies Allergic Reactions Heart Migraines Kidneys
- ADD/ADHD Hearing Vision Seizures Diabetes Bleeding Disorders

Method of Transportation (check)

To school: Car Bus Walk Day Care : _____

Home from school: Car Bus Walk Day Care : _____

Other information for school staff

Parent/guardian (print) _____ Date _____

Parent/guardian (signature) _____ Date _____

Spartanburg County School District Seven does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding non-discrimination policies: Assistant Superintendent for Personnel and Student Services, The Charles H. Humphries, Jr. Administration Building, 610 Dupre Drive, Spartanburg, SC 29307, (864) 594-4400.

SC Early Childhood Data Entry Form

Name: _____

Grade: _____

Low Birth Weight: yes no

Income Range:

- 1 0-10,000
- 2 10,001-20,000
- 3 20,001-30,000
- 4 30,001-40,000
- 5 40,001-50,000
- 6 50,001-60,001
- 7 60,001 or above

Prior Child Care:

- C = Center Based Care
- F = Family Child Care Center (Home-Based)
- H = Head Start
- M = Home w/Family Member
- N = Home w/ Non-Family Member

Medical Care Source:

- C = Free Health Clinic
- E = Emergency Room
- F = Family Physician
- O = Other

Early Childhood Placement: (select based on age, on, or before Sept. 1 of current school year)

- 3 = Classroom for 3-year-olds
- 4 = Classroom for 4-year-olds
- 5 = Classroom for 5-year-olds
- M = Multiage Classroom

Classroom Type (collect only for 4-year-old classrooms):

- DSF = District Owned School Based Full-Day

Family Literacy Years:

- B = Both Parents
- F = Father
- G = Guardian (or Grandparent)
- M = Mother
- N - None

Family Literacy Years:

- None
- 1 = Under 1 year
- 2 = 1-2 years
- 3 = 2-3 years
- 4 = 3-4 years

complete other side

SC Early Childhood Data Entry Form

Special Needs Information (select the student's disability status):

- None
- E = Emotional Disability
- L = Learning Disability
- O = Other
- P = Physical Disability
- S = Speech Disability

Qualified At-Risk (only for 5K students not served in 4K Program):

select primary reason not served in a 4K program

- None
- C = Classroom Space
- D = Dial Score
- L = Lack of full-day service
- P = Personal
- T = Transportation

Head Start (indicate if child served in Head Start anytime from birth to age 4):

- Yes No

Countdown to Kindergarten (5K only; did child receive home visits during summer prior to 5K):

- Yes No

Class Curriculum (what model has District opted to use for early childhood professional development):

- 01 = High Scope 02 = Montessori 03 = Project Approach/Reggio
 04 = Creative Curriculum 05 = Other

Ed Level Mom/Female Guardian:

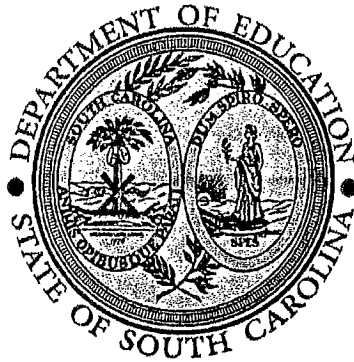
- B - Bachelor's Degree G - GED H - High School Degree
 M - Master's Degree N - No HS Diploma P - PhD

Years Education Mom/Female Guardian: (Circle One)

1 year 2 year 3 year 4 year 5 year 6 year 7 year 8 year 9 year 10 year

11 year 12 year 13 year 14 year 15 year 16 year 17 year 18 year 19 year 20 year

21 year 22 year 23 year 24 year 25 year 26 year 27 year 28 year 29 year



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in South Carolina, and remains in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WY-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____
4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____