

**Enrollment Card – Intermediate
Print Shop Form C-240B Rev February 2020**

(For Office Use Only)

Student WVEIS Number _____
Homeroom Teacher _____
Bus Number _____
Enrollment Date _____

Last _____ First _____ Middle _____ Other _____ Grade _____
Sex _____ Date of Birth _____ Birthplace _____ Social Sec. # _____
Student's Address _____ Parent/Guardian Cell # for Text Alerts _____
City/State/ZIP _____

Transferred from (School's Name, address, phone#, fax #) _____

Previously attend a Berkeley County School? Y or N If so, which one: _____

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first learned? _____

Is a Sign Language Interpreter needed for parent/guardian and/or child? Y / N Name(s) _____

Of Hispanic Origin Y / N ? (Please choose one or more from the following categories as appropriate):

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

Is child's parent/guardian in the **military**? Y / N If yes, please describe: _____

PRIMARY CONTACT Father-- Mother-- Legal Guardian (choose one) Custody Papers: ___ YES ___ NO

Last Name _____ First _____ Middle _____

Home Address (Street) _____

(City/State/ZIP) _____ Phone _____ Unlisted ? Y or N

Is your address temporary living arrangements? Y N Is this temporary living due to loss of housing or economic hardship? Y N

Mailing address (if different from Home Address) _____

Employer: _____ Work # _____ ext _____

Occupation: _____ Cell # _____ ext _____

E-mail _____

SECONDARY CONTACT Father -- Mother --Step Parent (choose one)

Last Name _____ First _____ Middle _____

Home Address (Street) _____

(City/State/ZIP) _____ Phone _____ Unlisted ? Y or N

Mailing Address if different from Home Address _____

Employer: _____ Work # _____ ext _____

Occupation: _____ Cell # _____ ext _____

E-mail _____

In case of emergency and the primary contact is unavailable, names of people who have agreed to accept responsibility for your child.

Name: _____ Relationship _____

Home # _____ Work # _____ Cell# _____

Name: _____ Relationship _____

Home # _____ Work # _____ Cell# _____

Name: _____ Relationship _____

Home # _____ Work # _____ Cell# _____

Name: _____ Relationship _____

Home # _____ Work # _____ Cell# _____

If all attempts to contact guardian/alternates have failed, student will be transported to the nearest hospital by ambulance in cases of extreme emergencies.

Physician: _____ Phone _____ Dentist _____ Phone _____

Allergies or Drug Allergies (physician verified) _____

Medical, Behavioral, and/or Mental Health Conditions _____

Medication received on a regular basis _____

Note your emergency dismissal plan if it is different than a regular dismissal. Be sure your child understands the emergency plan noted here _____

Student has permission to go on school-related walking field trips: ___ Yes ___ No

Student has permission to participate in school fundraisers: ___ Yes ___ No

I prefer classroom/school specific communication by email to the address provided: ___ Yes ___ No

Berkeley County Schools has my permission to use photo & video recordings of my student for media and online publications. ___ Yes ___ No

Name of other students living in your home:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

“This institution is an equal opportunity provider.”

Student Code of Conduct

I have read the Student Code of Conduct (found in the Berkeley County Student Handbook), fully understand the terms of the Student Code of Conduct, and agree to fulfill the responsibilities contained in the Student Code of Conduct. As parents/guardians, we agree to assist, in any way possible, our child in fulfilling the responsibilities contained in the Student Code of Conduct.

Use of Internet

We have read the Parental Consent and Waiver Form for use of Internet and/or other telecommunications systems in the classroom (found in the Berkeley County Student Handbook). We understand that this access is for only educational purposes and that any infraction will cancel user privileges and may result in further disciplinary action, including suspension from school.

Student Handbooks

I have read, understand, and agree to comply with all information listed in the school and county handbooks.

(Parent Signature)

(Student Signature)

(Date)

By Signing, I agree that I will

- Limit my use of telecommunications system in school to educational objectives approved by teachers and staff.
- Not retrieve or send unethical, illegal, immoral, inappropriate or unacceptable information of any type, or use abusive language of any type.
- Adhere to copyright laws.
- Not attempt to bypass security nor use the computer for "hacking".
- Not use another person's account.
- Not buy or sell any items, goods, or services.

Date _____

Name _____

Student ID # _____

Student Signature _____

Parent Signature _____

INTERNET ACCESS CARD
This card is in effect for one school year.