

GREENVILLE TECHNICAL CHARTER HIGH SCHOOL
STUDENT ENROLLMENT FORM
P.O. BOX 5616, Mail Stop 1201
Greenville, SC 29606

STUDENT INFORMATION

Date _____

Last Name First Name Middle Name Gender Birth Date

Country of Birth Social Security # Current Grade Level: 8 9 10 11 12

Ethnic Code:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian | <input type="checkbox"/> White/African American |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hawaiian Pacific Islander | <input type="checkbox"/> White/American Indian |
| <input type="checkbox"/> African American/American Indian | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White/Asian | |

Current School and Address

Home-based High School (High school assigned to your neighborhood)

English Proficiency: Unknown LEP ESOL English

Special programs/services received at previous school: IEP 504 Other _____

Migrant: Yes No

Foster Home: Lives in Foster Home Does Not Live in Foster Home

Student Lives with _____ Relationship _____

Does student have any physical problems that may affect school attendance? _____

PARENT/LEGAL GUARDIAN INFORMATION

Father's Last Name Father's First Name Home Phone # Email Address

Employer and Occupation Work Number & Ext. Alternate Telephone #

Residence Address (street number, street name, street type, city, state, and zip code) County

Mailing Address (street number, street name, street type, city, state, and zip code)

Educational Level:

- | | | |
|--|--|--|
| <input type="checkbox"/> Primary – Grades 1-8; Specify _____ | <input type="checkbox"/> High – Grades 9-12; Specify _____ | <input type="checkbox"/> No HS Diploma (GED) |
| <input type="checkbox"/> Bachelors | <input type="checkbox"/> Masters | <input type="checkbox"/> Ph.D or M.D. |

Mother's Last Name Mother's First Name Home Phone # Email Address

Employer and Occupation Work Number & Ext. Alternate Telephone #

Residence Address (street number, street name, street type, city, state, and zip code)

Mailing Address (street number, street name, street type, city, state, and zip code)

Educational Level:
 Primary – Grades 1-8; Specify _____ High – Grades 9-12; Specify _____ No HS Diploma (GED)
 Bachelors Masters Ph.D or M.D.

Legal Guardian/Step-Parent's Last Name Legal Guardian/Step-Parent First Name Home Telephone #

Employer and Occupation Work Number & Ext. Alternate Telephone #

Residence Address (street number, street name, street type, city, state, and zip code)

Mailing Address (street number, street name, street type, city, state, and zip code)

Proof of Guardianship: Court Order Affidavit

Sibling Name School Attending Grade

EMERGENCY INFORMATION

Medical Alert1 (i.e. Allergies, Asthma, Medical Conditions, etc.)

Medical Alert2 (Medication)

Medical Alert3 (Special Accommodations)

Emergency Contact 1 (Name, Telephone Number & Extension)

Relationship to Student:
 Mother Foster Mother Brother Spouse
 Father Foster Father Sister Parole Officer
 Step Mother Guardian Grandmother
 Step Father Neighbor Grandfather

Emergency Contact 2 (Name, Telephone Number & Extension)

Relationship to Student:

- | | | | |
|--------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Brother | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Sister | <input type="checkbox"/> Parole Officer |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Guardian | <input type="checkbox"/> Grandmother | |
| <input type="checkbox"/> Step Father | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Grandfather | |

Emergency Contact 3 (Name, Telephone Number & Extension)

Relationship to Student:

- | | | | |
|--------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Brother | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Sister | <input type="checkbox"/> Parole Officer |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Guardian | <input type="checkbox"/> Grandmother | |
| <input type="checkbox"/> Step Father | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Grandfather | |

Physician Name & Telephone Number

Hospital Preference

Other Important Information: _____

Do you request an opportunity to shadow another student? Yes No

The following information is requested as part of enrollment:

- Copy of current transcript
- Copy of last year's report card (grade 8)
- Copy of most recent report card
- Copy of discipline record
- Copy of attendance record
- Copy of current 504 or IEP (if applicable)
- 3 Teachers' recommendations (**must be from student's current teachers**)

Note: Parents are responsible for getting all requested information to Greenville Technical Charter High School. Greenville County Schools' courier service is not available to us for the application process. Applications must be delivered, mailed or faxed to the school. The fax number is 250-8983.

Disclaimer: If an application contains false information, it will not be processed.

Parent/Legal Guardian Signature

Student's Signature

Date

Name _____

Student: Please answer the following questions in your own handwriting.

1. Describe your reasons for wanting to attend Greenville Technical Charter High School. Be as specific as you can.

2. Do you know anyone currently attending or who has previously attended GTCHS?

Parent: Please answer the following question: Describe your roll in your child's education. What attracted you to this program?