

2016 -2017 Beaufort High School Enrollment Packet

Welcome to Beaufort High School!

In order to register your student for school please complete and return the attached New Student Application Form along with all of the documents listed below; failure to submit one or more documents will delay the enrollment process. Once your student is entered in our system you will receive an InfoSnap Code which will allow you to complete your student's application on-line. Please complete this on-line application process at your earliest convenience for it is needed to finalize your student's enrollment.

Documentation required for Registration: (documents below must be submitted w application)

- _____ New Student Application Form - completed and signed
- _____ Proof of Residency Form - signed w required documentation
- _____ Copy of final Report Card, Transcript or Withdrawal Grades (if mid-year enrollee)
- _____ Copy of student's Birth Certificate
- _____ Up-to-date Immunization Records
- _____ Photo ID of Parent or Legal Guardian

Once the completed application is submitted, an appointment will be scheduled with a School Counselor to complete the scheduling process.

Check one: NEW Student _____ . PREVIOUS BCSD Student _____ In-District Student _____

Student Name: _____ DOB _____

Previous School Information

School Name: _____

School Address: _____

Phone Number: _____ Fax number: _____

MY STUDENT HAS THE FOLLOWING (yes or no): IEP _____ 504 _____

Maureen Butler

Registrar, Beaufort High School
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maureen.butler@beaufort.k12.sc.us

For School Personnel Only:

All documents have been collected (please initial) _____ Date received _____



New Student Information for InfoSnap

Información de Estudiante Nuevo para InfoSnap

Note: This is the first step in the Beaufort County School District's enrollment process.

The remainder of the enrollment process is completed online through InfoSnap.

Nota: Este es el primer paso en el proceso de inscripción del Distrito Escolar del Condado de Beaufort.

El resto del proceso de inscripción se completa en línea a través InfoSnap.

STUDENT INFORMATION / INFORMACIÓN DEL ESTUDIANTE			
Last Name / Apellido	First Name / Nombre	Grade / Grado:	Primary Phone Number / Número de Teléfono Principal
Birth Date / Fecha de Nacimiento	Gender / Sexo	Ethnicity*You must answer both questions / Etnicidad*Debe responder las dos preguntas 1. Are you Hispanic or Latino? / ¿Eres Hispano o Latino? ___ Yes / Si ___ No / No 2. What is your race? / ¿Cuál es su raza? (Check all that apply / Marque todas las que aplican) <ul style="list-style-type: none"> <input type="checkbox"/> Asian / Asiático <input type="checkbox"/> White / Blanco <input type="checkbox"/> African-American / Afro-Americano <input type="checkbox"/> American-Indian/Alaskan Native / Indio Americano/Nativo de Alaska <input type="checkbox"/> Hawaiian-Pacific Islander / Hawaiano-Isleño del Pacífico 	
Physical Address / Dirección Física			
Mailing Address / Dirección postal			
Neighborhood / Barrio			

PARENT/GUARDIAN INFORMATION / PADRE O TUTOR			
Mother/Guardian / Madre/Tutor		Father/Guardian/Padre/Tutor	
Last Name / Apellido	First Name / Nombre	Last Name / Apellido	First Name / Nombre
Home Number / Número de la Casa	Cell Number / Número celular	Home Number / Número de la Casa	Cell Number / Número celular
Email Address / Dirección de correo electrónico:		Email Address / Dirección de correo electrónico:	

What language would you like to complete the online portion of the enrollment process? En qué idioma desea completar la porción en línea del proceso de inscripción?	<input type="checkbox"/> English / Ingles <input type="checkbox"/> Spanish / Español
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I certify that the information provided on this form is accurate and complete / Yo certifico que la información proporcionada en este formulario es correcta y completa:	
_____ Parent/Guardian Signature/Padre/Tutor	____/____/____ Date/Fecha

Has the student named above every received the following services (YES or NO)? IEP _____ 504 _____

For office use only	
Temporary InfoSnap Number	PowerSchool Student Number



Beaufort County School District Proof of Residency for the 2016 - 2017 School Year

Beaufort County School District will require proof of residency for student enrollment for the 2016 - 2017 school year. Each student will be required to complete the enrollment packet. Proof of residency must be provided for enrollment to be complete.

Child's Name: _____ School: _____ DOB: ___/___/_____

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Child's Name: _____ School: _____ DOB: ___/___/_____

I, (Parent/ Guardian Name) _____, live at (Street, City& Zip) _____, which is located in the _____ (School)

school zone of Beaufort County School District.

You must provide documentation showing that **you live at** the address listed above. Please check and attach copies of the following documents. You should black out account and social security numbers on the documents. **All documents must be current and show the name and address of the parent(s)/ guardian(s) or person with whom you reside.**

Do you: Own Rent Shared: Lives with _____
(must be present during registration)

Relationship _____

Signature _____

Our family has not had a permanent residence since ___/___/_____.

Address of last permanent residence: _____

Last school student attended: _____

<i>Category A- One (1) document</i>	<i>Category B - Two (2) documents</i>
<input type="checkbox"/> Real Estate Tax Bill	<input type="checkbox"/> Gas Bill
<input type="checkbox"/> Signed Lease	<input type="checkbox"/> Electric Bill
<input type="checkbox"/> Mortgage Document	<input type="checkbox"/> Water/ Sewer Bill
<input type="checkbox"/> Current Real Property Assessment	<input type="checkbox"/> Phone Bill (Landline)
<input type="checkbox"/> Military Housing Letter	<input type="checkbox"/> Cable Bill
<input type="checkbox"/> Section 8 Letter	<input type="checkbox"/> Pay Check Stub (within a month)
<input type="checkbox"/> Rental/Sublet Agreement (must be signed by landlord)	<input type="checkbox"/> Bank Statement
	<input type="checkbox"/> W-2 Wage Statement
	<input type="checkbox"/> Vehicle Insurance or Registration

Parent/Guardians will be given 30 days to obtain documentation of residency from the date of enrollment. If it is discovered that a student is living out of the attendance zone, the student will be removed/withdrawn from school and required to attend the school in the attendance zone of the primary residence. This also applies in the event that documentation is not provided within 30 days of enrollment.



Beaufort County School District Proof of Residency for the 2016 - 2017 School Year

Child's Name: _____ School: _____ DOB: ___/___/_____
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Child's Name: _____ School: _____ DOB: ___/___/_____

Affirmation and Warning

Please read the following statements and **initial each.**

_____ I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

_____ I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district, the adult can be prosecuted for providing false information, a **misdemeanor with a penalty of up to \$200 or imprisonment for not more than 30 days and required to pay an amount equal to the cost of educating the child.**

_____ I understand that I will be liable for payment of tuition, fees and all other applicable fines if I knowingly enroll or attempt to enroll a child in the school of a school district on a tuition- free basis when I know the child to be a nonresident of the school district, unless the nonresident has a lawful right to attend.

___/___/_____
Date Parent/ Guardian (Print Name) Parent/ Guardian (Signature)

FOR OFFICE USE ONLY

___/___/_____
Date Enrollment Personnel (Print Name) Enrollment Personnel (Signature)

- Form Complete
- Form Incomplete