

West Florence High School

PH: (843) 664-8478

GUIDANCE SERVICES

FAX: (843) 673-5785

NEW STUDENT REGISTRATION

Student's Legal Name (LAST) (FIRST) (MIDDLE) (Jr., II, III)

Social Security No. Sex Date of Birth Grade

Check the ethnic code that applies:

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

Name of Parent / Guardian (Circle One) Home Phone #

Street Address City State Zip Code

Mailing Address (if different from above) Today's Date

Have you attended school in Florence District One? Yes No Date attended: _____

If you answered Yes what was the name of Florence District One school last attended? _____

Name of school you last attended _____

Name(s) of brother/sister enrolling/attending West Florence _____

What school year did student first enter the 9th grade? (Circle One) 07-08 06-07 05-06 04-05 03-04

Is student repeating grade they were in the last school year? Yes No

PLEASE COMPLETE INFORMATION ON BACK.

***** FOR OFFICE USE ONLY *****

COURSE NAME	LEVEL	UNIT

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Total Number of Units _____

Parent/Guardian's signature

Counselor's signature

HSAP	
ELA _____	MATH _____

School Career Team

Student _____

STUDENT INFORMATION

1. Does the student live with both parents? yes _____ no _____
If no, with whom does the student reside? _____
2. Is the student living with parent/guardian in the West Florence High School zone?
yes _____ no _____
3. Was the student in any special education/resource programs (LD, EH, EMD)?
yes _____ no _____
4. Was the student on a 504 Accommodations Plan? yes _____ no _____
5. Did the student withdraw from the previous school in "good standing?" yes _____ no _____

Please be aware that all students must pass the S.C. Exit Exam and earn 24 credits to receive a high school diploma.

FAMILY INFORMATION

1. Mother/guardian's name _____
2. Mother/guardian's place of employment _____
3. Mother/guardian's work or cell phone number _____
4. Father/guardian's name _____
5. Father/guardian's work or cell phone number _____
6. Father/guardian's place of employment _____
5. Emergency contact phone #

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MEDICAL INFORMATION

1. List any physical/medical problems the school should know about _____
2. Is he/she currently taking medication? yes _____ no _____
If yes, what kind _____

Parent/Guardian's signature _____

Date _____