



2022-2023 Student Application

San Quesse Institute of Success/ SOAR Christian Academy
Taylors SC, 29687



STUDENT FULL NAME: (as it appears on his/her birth certificate)

First: _____ **Middle:** _____ **Last:** _____

DOB:(Month/Day/Year) _____ / _____ / _____

Grade Level For Which You Are Applying: (_____)

Street Address: _____

City, State, and Zip Code : _____

RACE: _____ **Gender:** _____

PARENT INFORMATION:

Mother's First Name: _____ **Mother's Last Name:** _____

Mother's Home Phone: _____ **Mother's Work Phone:** _____

Mother's Cell Phone: _____ **Mother's Email:** _____

Mother's Employer: _____

Father's First Name: _____ **Father's Last Name:** _____

Father's Home Phone: _____ **Father's Work Phone:** _____

Father's Cell Phone: _____ **Father's Email:** _____

Father's Employer: _____

Are there any custody issues regarding the child in which "SQI" should be made aware? Yes ___ No ___
If so, We will need a copy of any custody and or court agreement that you may have to put on file.

STUDENT INFORMATION:

Last School Attended:(Name of School) _____

(City and State of School) _____

Does the child have a sibling who is currently attending or concurrently applying to SQI? Yes ___ No ___

If yes, name and grade of each sibling(s) _____

Does the child have an IEP? Yes ___ No ___

Does the child have any behavioral needs? Yes ___ No ___

Please describe behavioral needs _____

Does the child receive ESOL services? Yes ___ No ___

Does the child have a 504? Yes ___ No ___

Does your child participate in a gifted and talented program? Yes ___ No ___

With whom is the student living? (Name) _____ (Relationship) _____

Polo Shirt Size (Please indicate youth or adult size & either small, medium, large, or XL) _____

Transportation Form 2022-2023
PLEASE PRINT ALL INFORMATION

School Name: San Quesse Institute of Success
Student Name: _____
Student's Street Address: _____
Student's City, State _____
Zip Code _____

Arrival Method: (Circle One)

Car	Regular Bus
Walk/Bicycle	Day Care Bus

Departure Method: (Circle One)

Car	Regular Bus
Walk/Bicycle	Day Care Bus

Parent/Guardian Name: _____

Parent/Guardian Contact Numbers _____:

1. Number to receive automated/text messages/emergency/attendance information
2. Phone _____ Other _____
3. Phone _____ Other _____
4. Phone _____ Other: _____

School Use Only:

Entered in Database : _____ Employee Initials _____ Date: _____

After the start of school, and during the school year, it may take upto 5 school days to establish transportation.

Parent: Return this completed form to school

School: After entry in School System , give to appropriate Transportation Service Provider
Transportation Service Provider:
Route within 3-5 school days-Contact Parent/Guardian



STUDENT EMERGENCY CONTACT INFORMATION

CHILD'S NAME:	PARENT/GUARDIAN'S NAME:
DATE OF BIRTH:	HOME PHONE:
AGE:	WORK PHONE:
GRADE:	CELL PHONE:
TEACHER:	PARENT/GUARDIAN'S NAME:
MEDICAL CONDITION:	HOME PHONE:
ALLERGIES:	WORK PHONE:
CURRENT MEDICATION(S):	CELL PHONE:
FAMILY DOCTOR:	Alternate CONTACT'S NAME & RELATIONSHIP:
DOCTOR'S PHONE:	HOME PHONE:
INSURANCE PROVIDER:	WORK PHONE:
INSURANCE ID NUMBER:	CELL PHONE:
INSURANCE PHONE:	AM CAR RIDER OR BUS RIDER: YES/NO
	PM CAR RIDER OR BUS RIDER: YES/NO

*A NEW EMERGENCY CONTACT SHEET MUST BE SUBMITTED YEARLY AND EVERY TIME INFORMATION CHANGES.



AFTER SCHOOL PROGRAM APPLICATION

DATE: _____

Please complete ALL Information for EACH student in your family that you are enrolling:

First Name	MI	Last	Age	M/F	DOB	Grade

Guardian/Mother's Name: _____ Father's Name: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____



Emergency and Pickup Contacts (three numbers are required)

please write yes or no beside the name of those authorized to pick up your child

Name	Relationship To Child	Number	Has Permission To P/U your Child (yes/no)

Is there anything that you would like to share with us that will help us to better assist your child/children?

Does your child have any Allergies, Medical Conditions and or concerns that we should be made aware of etc? If so please list list and or describes said conditions and or concerns :

Your signature below indicates that you are giving San Quesse Institute of Success , School Personnel and the Afterschool Program Staff and or Volunteers permission to assist your child in any learning activity deemed suitable and age appropriate to benefit the learning ability of your child. You also acknowledge that you will receive a copy of the SQI Afterschool Program Guidelines, Procedures and Policies and will be held to its statements thereof.

Parent Print Name _____ Signature _____

Parent Print Name _____ Signature _____



Home Language Survey

The home language survey must be completed for all students initial enrollment in school. This form must be signed and dated by the parent/guardian. It must be kept in the student's permanent file. This form will be used only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities. The purpose of collecting home language surveys is to make sure that all students receive the education services they need, the law requires us to ask questions about student's language backgrounds.

School Name: _____

Student Name (Last,First, Middle): _____

Date of Birth: _____ Grade Level: _____ Date _____

English

1. Is a language other than English spoken in your home? No Yes
_____ (specify language)
2. Does your child communicate in a language other than English? No Yes
_____ (specify language)
3. Which language did your child learn first? _____ (specify language)

Español (Spanish)

1. ¿Se habla otro idioma además del inglés en su hogar? No si
_____ (especifique idioma)
2. ¿Se comunica su hijo en un idioma que no sea inglés? No si
_____ (especifique idioma)
3. ¿Qué idioma aprendió su hijo primero? _____ (especifique idioma)

Français (French)

1. Est-ce qu'une langue autre que l'anglais est parlée à la maison? Non Oui
_____ (préciser la langue)
2. Votre enfant communique-t-il dans une langue autre que l'anglais? Non Oui
_____ (préciser la langue)
3. Quelle langue votre enfant a-t-il appris en premier? _____ (préciser la langue)

Home Language Survey (continued)

Tiếng Việt(Vietnamese)

1. Là một ngôn ngữ khác ngoài tiếng Anh nói trong nhà của bạn? __Không __ Có giới thiệu
2. Con bạn có giao tiếp bằng một ngôn ngữ khác ngoài tiếng Anh không? __Không __ Có giới thiệu
3. Con bạn đã học ngôn ngữ nào trước?

Chinese

1. 您家中使用的是英语以外的语言吗？__没有__是的
_____ (指定语言)
2. 您的孩子是否使用英语以外的语言进行交流？__没有__是的
_____ (指定语言)
3. 您的孩子首先学习哪种语言？_____ (指定语言)

Amharic

1. በቤትዎ ውስጥ ከእንግሊዝኛ ውጭ ሌላ ቋንቋ ይነገራል? __አይ __አዎ።
_____ (ቋንቋውን ይግለጹ)
2. ልጅዎ ከእንግሊዝኛ ውጭ በሌላ ቋንቋ መነጋገር ይችላል? __አይ __አዎ።
_____ (ቋንቋውን ይግለጹ)
3. ልጅዎ በመጀመሪያ የተማረው የትኛውን ቋንቋ ነው? _____ (ቋንቋውን ይጥቀሱ)

Parent Name _____

Parent Signature _____

Staff Name _____