



2024-2025 Student Application

SanQuesse Institute Of Success

Greenville 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 SIOS 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 SOAR? 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__

Does the child receive ESOL services? Yes__No__

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

San'Quesse Transportation Form
2024-2025

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

Walk/Bicycle

Regular Bus

After School Program

Departure Method: (Circle One)

Car

Walk/Bicycle

Regular Bus

Afterschool

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
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 at (least 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 SOAR Academy, 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 SOAR 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 _____

DRESS CODE

What is the dress code for SanQuesse students?

THIS IS A UNIFORM SCHOOL

All students are expected to wear neat, acceptable and clean clothing which includes pants, shorts, shirts, dresses, skirts, polo shirts, and footwear at all times.

1. Short shorts or pants that do not cover undergarments. (No sagging pants at any time).
2. Clothing that does not cover the torso. (The bottom of shirts, blouses, and sweaters must overlap the top of pants so that the body is not exposed).
3. See-through or revealing clothing.
4. No muscle shirts, tank tops, or midriff tops.
5. Caps, hats, visors, bandanas, scarves, bonnets or any other head covering are not to be worn inside the building.
6. No clothing with profanity, insignias, sexual implications, or advertising of drug, alcohol or tobacco products.
7. Jewelry worn in pierced body parts shall be limited to the ear.
8. No sunglasses unless prescribed by a doctor.
9. No flip-flops, CROCS cleats, or roller skate shoes are permitted. In addition, all students must wear shoes of some type while at school, and students will wear belts when the clothing calls for them. In the event a student fails to follow this dress code,

Pants - Khaki or blue

Shirts - Navy blue or red (Polo style only) Must have School logo

Belt color - black

Parent Signature
