



# Barnwell County Career Center

5214 Reynolds Road

Blackville, South Carolina 29817

Phone (803) 259-5512 Fax (803) 541-4701

PLEASE PRINT CLEARLY

\_\_\_\_\_  
Last name First Name Middle Name Grade Gender High School

\_\_\_\_\_  
Mailing Address City State Zip Code

(\_\_\_\_)\_\_\_\_-\_\_\_\_ /\_\_\_\_/\_\_\_\_ -\_\_\_\_-\_\_\_\_  
Home Telephone Birth date Social Security Number

Race: (Circle one): Type answer below:

- African American
- American Indian
- Asian
- Hawaiian/Pac Isl
- White
- White/African Amer
- White/Amer Indian
- Other:

\_\_\_\_\_  
Parent e-mail Student e-mail

<b>Student Status:</b> (check one)    New <input type="checkbox"/> Returning <input type="checkbox"/> Course _____ Instructor: _____ Session: _____ A B
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### Parent/Guardian Information:

Relationship: Father Mother Guardian

Relationship: Father Mother Guardian

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

(\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Home Phone Work Phone

(\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Home Phone Work Phone

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell/Alternate Phone

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell/Alternate Phone

\*Please indicate whom student lives with: (circle one)  Father  Mother  Both  Guardian

**Emergency Information:**

Student's Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_\_

Known Health Problems: \_\_\_\_\_

Routine Medications: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

**I give permission for my child to receive the below medication as needed.**

Medication: (Please circle one or both to give permission.) Tylenol Motrin Benadryl None

Person to contact in case of emergency:			
First contact:		Second Contact:	
Name _____		Name _____	
( ) _____	_____	( ) _____	_____
Phone Number	Relationship	Phone Number	Relationship

In case Barnwell County Career Center cannot reach a parent or an alternate/emergency contact, I give permission for a BCCC School Representative to take student for medical services or to call EMS.

I certify that I have read the above information, and that all information provided is complete and accurate.

Student Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By checking this, the above agrees to use electronic signatures. Furthermore, they agree this is the equivalent of their manual/handwritten signature.