



# Richland One

South Carolina's Capital Schools

District Hearing Office

Lyon Street Student Services Center

## STUDENT INFORMATION SHEET

DATE: \_\_\_ / \_\_\_ / \_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student currently have an **IEP (served in Special Education)**? \_\_\_\_\_

If yes, please list classification: \_\_\_\_\_

Has the student ever been recommended for **expulsion**? \_\_\_\_\_

If yes, list the **school district** and **school name**? \_\_\_\_\_

What **year** was student expelled? \_\_\_\_\_

If student is not currently enrolled in school, please check  all that apply.

\_\_\_\_\_ Department of Juvenile Justice (DJJ)

\_\_\_\_\_ Wilderness Camp

\_\_\_\_\_ Midlands Evaluation Center

\_\_\_\_\_ Drop Out

\_\_\_\_\_ Other, please explain

**\*\*\*NOTE: Parent/Guardian will need to contact Hearing Office at 231-6926 to schedule a reinstatement appointment.**

For Hearing Office Use ONLY: \_\_\_\_\_

Recommended Placement: \_\_\_\_\_

CONTRACT:  Yes  No