



HCEC EAGLES  
HORRY COUNTY EDUCATION CENTER

2694 Highway 905, Conway, South Carolina 29526

Telephone: (843) 488-7500 FAX (843) 488-7501

Confidential

Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Base School: \_\_\_\_\_

\_\_\_\_\_  
Student's First Name                      Middle Name                      Student's Last Name

Special Ed. Placement: Resource or Self Contained    IEP: YES or NO

504 Plan: YES or No

Sex: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent's Cell Number: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Does your child have any physical limitations, allergies, or handicapping conditions in the school should know of? YES or NO

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Family Doctor's Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Please list one other person whom you give permission to transport your child in the case of an emergency:

\_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student lives with (circle one): Mother and Father    Mother Only    Father Only

Mother and Stepfather    Father and Stepmother    Legal Guardian    Grandmother

Foster Mother    Foster Father    Other: \_\_\_\_\_

Name & Relationship

Name of person who has custody of the student?

Is this student on probation? If so, please give the name of the probation officer:

\_\_\_\_\_

Is this student under a mandatory court order to attend school? YES or NO

I certify that all of the above information is correct, and that I am currently a legal resident of Horry County, South Carolina, and that I have legal custody of the above named student.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian

**Photographic Release: Please check one:**

\_\_\_\_\_ Yes, my child can be identified and/or photographed for publication or display by news reports and/or school district photographs.

No, I do not wish for my child to be identified and/or photographed for publication or display

**Emergency Authorization: Please check one**

In case of an emergency regarding the child named on this form and if the parent(s) cannot be contacted by telephone, I give permission for authorized personnel at the Horry County Education Center to take my child to the closest emergency exit. YES or NO

**IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR, PLEASE SEND THE CHANGES IN WRITING TO THE GUIDANCE COUNSELOR OR DATA QUALITY/ATTENDANCE OFFICE.**

**\*\*Mr. McCullough must approve any changes in bus transportation \*\***

**\*PARENTS PLEASE CALL NOW TO ARRANGE TRANSPORTATION TO HCEC. \***

**BUS SUPERVISOR #'S**    Aynor – Holly Bowen /843- 488-7125            Carolina Forest – Gloria Ridegway /843- 236-0705

Conway – Debbie Rabon /843- 488-6094    Green Sea Floyds – Sara Lewis / 843-392-3134

Loris – Anthony Hemingway /843- 390-6822            Myrtle Beach – Bubba Lewis /843- 445-2041

North Myrtle Beach – Ned Carmichael / 843-399-8575    Socastee – Donna Gramstad /843- 293-6941

St. James- Kimbrley Jordan -/843-293-6941

**Bus Stop Information:**

Servicing Transportation Area in the AM: \_\_\_\_\_

Bus Stop Location in AM: \_\_\_\_\_ Bus # \_\_\_\_\_ Time: \_\_\_\_\_

Servicing Transportation Area in the PM: \_\_\_\_\_

Bus Stop location in PM: \_\_\_\_\_ Bus # \_\_\_\_\_ Time: \_\_\_\_\_