

What Do I Need to Register My Child for School?

1. **Two Proofs of address** – These documents may be a current lease agreement, utility bill, telephone bill (can be a contracted cell phone bill), cable bill, correspondence from DSS or SS or pay stub.
2. **SC immunization certificate**
3. **Long Form Birth Certificate**
4. **SS Card (Optional)**
5. **Medicaid Card (If Applicable)**
6. **Picture ID of parent or guardian**
7. **Most recent transcript for middle and high schools, if available.**
8. If someone other than the parent is enrolling a student, you must provide **LEGAL documentation** that shows you are the legal guardian. This document must be issued by DSS, family court or an attorney. Notarized, typed or hand-written statements are not acceptable.

¿Qué necesito para inscribir a mi hijo en la escuela?

1. **Dos comprobantes de domicilio: estos documentos pueden ser un contrato de arrendamiento actual, una factura de servicios públicos, una factura telefónica (puede ser una factura de teléfono celular contratada), una factura por cable, una correspondencia de DSS o SS o un recibo de pago.**
2. **Certificado de inmunización SC**
3. **Certificado de Nacimiento de Forma Larga**
4. **Tarjeta SS (opcional)**
5. **Tarjeta de Medicaid (si corresponde)**
6. **Identificación con foto del padre o tutor**
7. **Transcripción más reciente para escuelas intermedias y secundarias, si está disponible.**
8. **Si alguien que no sea el padre está inscribiendo a un estudiante, debe proporcionar documentación LEGAL que demuestre que usted es el tutor legal. Este documento debe ser emitido por el DSS, el tribunal de familia o un abogado. Declaraciones notariadas, mecanografiadas o escritas a mano no son aceptables.**

Calhoun County Public Schools Student Enrollment Form

For Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Long Form Birth Certificate | <input type="checkbox"/> SC Immunization Certificate |
| <input type="checkbox"/> SS Card (Optional) | <input type="checkbox"/> Medicaid Card (If Applicable) |
| <input type="checkbox"/> Picture ID of parent or guardian | <input type="checkbox"/> HS Transcript (If Available) |
| <input type="checkbox"/> Two (2) Proofs of residency | |

Student's Legal Name as appears on birth certificate

Last	First	Middle	(Jr. II, III, etc.)
Grade _____	Male () Female ()	_____	_____
Last Year	Entering	Birthdate	Social Security #

Student's Mailing Address

Number	Street	Apt	City	Zip Code

Student's Residence Address

Number	Street	Apt	City	Zip Code

Guardianship _____ Is this the legal guardian? Yes No

Child lives with _____

Home Telephone _____

Transportation

AM Transportation _____

PM Transportation _____

*If your child will be picked up or delivered to an address other than home, please identify approved residence.

Name: _____ Address: _____ Telephone # _____

Race: Check all that apply. Can be more than more.

- | | |
|--|---|
| American Indian or Alaska Native (I) () | Native Hawaiian or other Pacific Islander (P) () |
| Asian (A) () | White (W) () |
| Black or African American(B) () | |

Ethnicity: Select only one

- | | |
|---------------------------|-----------------------------------|
| American Indian (I) () | Hawaiian-Pacific Islander (P) () |
| Asian (A) () | White (W) () |
| African American(B) () | Hispanic (H) () |
| Two or More Races (M) () | |

Is student Spanish or Latino? Yes No

Student's Parent/Guardian: (Father)

Natural Parent () Grandparent () Step Parent () Legal Guardian () Foster Parent () Other : _____

_____/_____/_____
Last First Middle
Address (if different from student)
_____/_____/_____/_____/_____
Number Street Apt. City Zip Code
_____/_____/_____
Day Phone Evening Phone Cell Phone

Student's Parent/Guardian (Mother)

Natural Parent () Grandparent () Step Parent () Legal Guardian () Foster Parent () Other : _____

_____/_____/_____
Last First Middle
Address (if different from student)
_____/_____/_____/_____/_____
Number Street Apt. City Zip Code
_____/_____/_____
Day Phone Evening Phone Cell Phone

Please Select the School You Are Registering Your Child/Children

- St. Matthews K-8
- Sandy Run K-8
- Calhoun County High

Migrant

Has your family moved in the last 36 months to seek or obtain agricultural or fishing-related work? Yes () No ()

Emergency Contacts

_____/_____/_____ Name	_____/_____/_____ Telephone Number	_____ Relationship to Student
_____/_____/_____ Name	_____/_____/_____ Telephone Number	_____ Relationship to Student
_____/_____/_____ Name	_____/_____/_____ Telephone Number	_____ Relationship to Student

Medical Alerts

Please list any medical conditions or allergies that may affect your child at school:

Medical Providers

_____ / _____	_____
Dentist	Telephone Number
_____ / _____	_____
Physician	Telephone Number

Special Programs/Situations

Has student previously been served in a Special Education Program? Yes () No ()
Does he/she have a current Individual Education Plan (IEP) Yes () No ()
If yes, list programs, school and dates: _____
Did student have a 504 Plan? Yes () No ()
Has student been identified as Gifted and Talented? Yes () No ()
Did student leave previous school due to special problems? Yes () No () Discipline _____ Attendance _____
Academic _____
Has student ever been expelled or recommended for expulsion from another school? Yes () No ()
If yes, please explain, include school(s) and dates: _____

Night time residence (McKinney-Vento)

Please indicate if the student's night time residence is any of those listed:
Shelters, transitional housing, awaiting foster care? Yes () No ()
Double up – sharing the housing of other persons due to economic hardship, loss of housing
or other reasons such as domestic violence? Yes () No ()
Unsheltered – car, park, campground, temporary trailers including FEMA trailers, abandoned or sub-standard
buildings? Yes () No ()
Hotel/Motel? Yes () No ()

Previous School Attended

Most recent school _____ Telephone #: () _____
Other _____ Telephone #: () _____

Other Information

Name of sibling(s) currently attending this school district: _____

Note: According to requirements of Title VI of the Civil Rights Act of 1964, if a language other than English is spoken at home, the following questions must be asked at the time of registration. For students whose primary language is other than English, a copy of this completed enrollment form must be forwarded to ESL Coordinator in the Office of Academic Development & Enhancement at the time of enrollment.

What is the primary language spoken in your home? _____

If English is not the primary language spoken in your home, is there a family member in the residence who understands English?

_____ / _____	
Name	Relationship to Student

I certify that I am the legal guardian of this student. This student resides with me in the Calhoun County Public School District. All information provided is correct.

_____ / _____ / _____		
Printed Name	Signature	Date



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district/charter school. The HLS is administered one time, upon initial enrollment in South Carolina, and remains in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____
4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

Policy IJNDB Use of Technology Resources In Instruction

Issued 10/18

Purpose: To establish the board's vision and the basic structure for the use of technology resources in instruction.

Electronic Technology and Instruction

The technology mission of Calhoun School District is to incorporate technology into the educational program in order to improve instruction, prepare students to become productive members of a changing society, provide continuous access to information for all, and provide efficient, effective information management.

The district believes that this educational opportunity also demands personal responsibility and an understanding of the acceptable use policy for the Internet by students, parents/legal guardians, and staff. Failure to follow acceptable use rules will result in the loss of the privilege to use this educational tool.

It must be recognized that while the district has established acceptable use policies, there may be unacceptable material or communications that students can access due to the inability to control materials available on other computer systems. The district does not condone the use of such materials.

A district technology committee will annually review the status of the utilization of technology in achieving our mission statement. The committee will update the district technology plan, prepare recommended appropriate policies, and make recommendations to the superintendent.

See IJNDB-E(1) for Parent Permission Letter and IJNDB-E(2) for Internet Network Access Agreement. Adopted

9/16/96; Revised 10/15/18

Legal References:

Federal Law:

Children's Internet Protection Act of 2000, [47 U.S.C.A. Section 254\(h\)](#).

The Digital Millennium Copyright Act of 1998, [17 U.S.C.A. Section 512](#) - Limitations on liability relating to material online.

S.C. Code, 1976, as amended:

[Section 10-1-205](#) - Computers in public libraries; regulation of Internet access.

[Section 16-3-850](#) - Encountering child pornography while processing film or working on a computer.

[Section 16-15-305](#) - Disseminating, procuring or promoting obscenity unlawful; definitions; penalties; obscene material designated contraband.

Calhoun County Public Schools

INTERNET NETWORK ACCESS AGREEMENT

Name: _____ School: _____ Homeroom
teacher: _____ Grade: _____ Home address: _____

I accept responsibility to abide by the Internet Network Access policies of the Calhoun County School District as stated in this agreement. I agree to the following:

- to use the Internet and devices in support of education and research, consistent with the educational objectives of the Calhoun County School District
- to be considerate of others and use appropriate language for school situations as indicated by the school code of conduct
- to not knowingly degrade or disrupt network services or equipment, as such activity is considered a crime under state and federal law; this includes, but is not limited to, tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted (Jailbreak, root kits, etc.) or unauthorized services (social media, peer-to-peer file sharing, etc.), or violating copyright laws
- to immediately report any problems or breaches of these responsibilities to a responsible teacher
- to not divulge personal information over the Internet

I understand that any conduct that is in conflict with these responsibilities is unethical and will result in termination of access and disciplinary action.

Student signature: _____ Date: _____

As parent/legal guardian of this student, I have read the responsibilities for Internet Network Access.

I understand that access is designed for educational purposes and that Calhoun County School District has taken all available precautions to eliminate access to controversial material.

I understand that any conduct by the above named student that is in conflict with these responsibilities is unethical and such behavior will result in the termination of access and disciplinary action as indicated by the code of conduct.

I have reviewed these responsibilities with my child and I hereby give permission to the Calhoun County School District to provide Internet network access.

Parent/Legal guardian signature: _____ Date: _____

CALHOUN COUNTY PUBLIC SCHOOLS PUBLICITY PERMISSION

I grant Calhoun County Public Schools the unlimited right to use and/or reproduce photographs, likenesses, name, or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Calhoun County Public Schools. I also agree to allow my child's works and/or photograph to be published on the Calhoun County Public Schools websites. I waive any and all present or future compensation rights to the use of the above stated materials.

Student: _____ Parent/Legal guardian: _____ Date: _____

Calhoun County School District

Photograph/Videotape Permission Form

I give my permission for my child _____, who attends
_____ school, to have photographs or videotape taken that
may or may not be used in the newspaper, district publication, district website or for other purposes
such as those listed below:

JRA-E

FERPA DIRECTORY INFORMATION OPT-OUT FORM

Periodically, we receive requests for your child’s information from third-party representatives. If you do not want us to share this information, please check the opt-out box on the other side of this notification.

First Name (Printed): _____

Last Name (Printed): _____

NOTICE OF DIRECTORY INFORMATION OPT OUT

In accordance with the *Federal Educational Rights and Privacy Act of 1974 (FERPA)*, as amended, a student’s education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student’s prior written consent. The law, however, does allow schools to release student “directory information” without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information without your prior consent, you may choose to “opt-out” of this FERPA exception by signing the Form below. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged until the student requests that the flag be removed by completing and submitting a revocation of the opt out to the School.

TO: [School Name] _____

I request the withholding of the following personally identifiable information identified as Directory Information under FERPA. I understand that upon submission of this Form, the information checked cannot be released to third parties without my written consent or unless the School is required by law or permitted under FERPA to release such information without my prior written consent; and that the checked directory information will not otherwise be released from the time the School receives my Form until my opt- out request is rescinded. I understand that I may not opt out of use of my student ID number because it is necessary identifying information for the School. I further understand that if directory information is released prior to the School receiving my opt- out request, the School may not be able to stop the disclosure of my directory information. I understand that I may request and challenge how my directory information is used by contacting the School.

CHECK HERE TO OPT OUT OF ALL DIRECTORY INFORMATION IDENTIFIED BELOW (This means that the information listed below will not be shared with any third-party representatives)

or

CHECK THE INDIVIDUAL BOXES BELOW TO SELECTIVELY OPT OUT OF INFORMATION SHARING

- Name
- Telephone listing (s)
- Photograph
- Date of birth
- Place of birth
- Permanent or home address
- e-mail address
- Dates of attendance
- most recent institution attended
- Weight / height
- Enrollment Status (e.g. full-time/part-time)
- Class standing (e.g. sophomore)
- Most recent educational agency or institution attended
- Participation in officially recognized activities and sports
- Degree(s) received
- Awards and honors received

Signature: _____
If under 18, a parent or guardian must sign to opt the student out

