



GEORGETOWN COUNTY SCHOOL DISTRICT

Registration Form Pre-K – 12th Grade

Homeroom: _____
(check if completed)
☐ Registration Form
☐ Emergency Card
☐ SC Health Dept. Certification
☐ Lunch Form
☐ Transcript Request

Please Print

Birth Certificate Number: _____

Last Name First Name Middle Name () Name Called

Date of Birth: ____/____/____ Sex: _____ Grade Level: _____

Place of Birth: _____
City State Country

Ethnicity: () Yes () No Is the Student Hispanic or Latino?

Race Code: _____ (AI=American Indian/Alaskan Native; AP= Asian or Pacific Islander; B= Black; W=White)

Date of Entry in U.S. Schools*: _____ Name of Former School: _____
*If not born in the United States

(Optional) Provider of early learning experience before entering school: _____

Dates Attended: _____

911 (Street) Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Family Information

Father's Name: _____

Father's Place of Birth: _____

Education Level of Father: _____

Occupation: _____

Place of Employment: _____

Father's Date of Birth: ____/____/____

Home Telephone Number: _____

Cell Phone Number: _____

Work phone number: _____

Email Address: _____

Mother's Name: _____

Mother's Place of Birth: _____

Education Level of Mother: _____

Occupation: _____

Place of Employment: _____

Mother's Date of Birth: ____/____/____ -

Home Telephone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

(Optional) Marital Status () Married () Single () Divorced

With whom does child live? _____

Relationship _____

TURN OVER TO COMPLETE



Names of brothers/sisters attending Georgetown County Schools:

Name	School

Home Language

What language did the child learn to speak first (i.e., native language)? _____

What is the primary language spoken in the home? _____

What language does the child use most? _____

Needs

Name problems that might affect your child's schooling: _____

Alternate Person to Notify

Name: _____ Telephone: _____

Relationship to child: _____

Name of person(s) picking up your child if not a bus rider: _____ Telephone: _____

Bus Information

Do you desire bus transportation? () Yes () No Directions to your house: _____

Parent's Signature: _____ Date form completed: _____

Office Use Only:

Copies of 3 proofs or residency are attached () Yes () No

Annual Verification of Residency (AVOR) () Yes () No

Signature of office personnel who registered student and verified proofs of residency:

_____ Date: _____



ADDITIONAL VERIFICATION OF RESIDENCY

Vehicle Information

I understand that, unless special arrangements have been made, my child's primary residence must be in Georgetown County, South Carolina, in order for me to register

_____ (Child's Full Name), in
_____ School.

The license plate numbers and state of registration for vehicles owned by our family members which may be driven or parked on school grounds are as follows:

License Number	State of Registration	If vehicle is registered in S.C., is it registered in Georgetown County?
_____	_____	___ Yes. ___ No: registered in _____ Co.
_____	_____	___ Yes. ___ No: registered in _____ Co.
_____	_____	___ Yes. ___ No: registered in _____ Co.
_____	_____	___ Yes. ___ No: registered in _____ Co.

My street address (a P.O. Box address is not acceptable), work address, and telephone number(s) are as follows:

Street address: _____
City, State, Zip: _____
Home telephone: _____

Work address: _____
City, State, Zip: _____
Work telephone: _____

I understand that the foregoing information may be used by Georgetown County Schools or shared with appropriate state or county agencies for purposes of determining residency and for complying with South Carolina statutes.

Signature: _____
Date: _____

PARENT/STUDENT/SCHOOL PROMISE OF COMMITMENT

Optimal learning opportunities are available to students when parents, students, and the school work as a team. This contract is for the parents, students, and the school to affirm their responsibilities and goals for the student's education in the coming school year.

The student agrees:

1. to attend school regularly.
2. to comply with Policy JF: Student Rights and Responsibilities (the student code of behavior).
3. to comply with Policy IJND: Acceptable Use (regarding computers/Internet access)
4. to assume the responsibility for learning as is appropriate for the student's level.
5. to respect the rights and property of others.
6. to apply himself/herself to his/her studies.
7. to read and abide by the rules in the student handbook.

The parent agrees:

1. to support the student in the student's school work and activities.
2. to provide enough time and a place for study.
3. to be available for conferences with student's teachers.
4. to participate in student's education process.
5. to support, encourage, and actively promote the commitments made by the student in the above section.

The school agrees:

1. to respect the person and property of student.
2. to notify parent in a timely fashion of absences, of behavior problems, and/or lack of academic achievement on student's part.
3. to provide the best education for student's benefit.
4. to support, encourage, and actively promote the commitments made by students and the parents/guardians in the above section.

Failure to return this promise of commitment will not relieve a student or the parent(s) from responsibility to know the contents of School Board policies JF: Student Rights and Responsibilities; IJND: Acceptable Use; and instruction policies regarding promotion/retention, grading, and graduation; and will not excuse the student's non-compliance with these policies.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

PRINCIPAL SIGNATURE

DATE

Procedures for Establishing Residency

Annual Verification of Residency Form (AVOR)

Parents establishing Residency must provide ALL OF THE FOLLOWING:

1. AVOR form, signed by the parent and the person whose name is on the power bill. ***If parent or guardian cannot provide three forms of identification as follows then they must have this form notarized.
2. Current power bill with current home address.
3. Two other forms of identification with address from the following:
 - Driver's License.
 - Water/Sewer Bill.
 - Telephone Bill.
 - Cable Bill.
 - Financial Source Document (i.e. – recent payroll check/stub, social security check/statement, unemployment check/stub or child support payment from court house).
 - Automobile Insurance Policy or Automobile Registration.
 - Current Personal Property Tax Bill or Receipt.
 - Deed, escrow papers, mortgage book or statement.
 - Lease Agreement/Rental Contract and current rent receipt – (Lease Agreement and Rental Contract must be notarized).
 - Health or Dental Insurance Correspondence.

The address on all of the above requirements must match the address on the power bill and must be recently dated. (Please black out any personal information except for the date, name and address BEFORE copying).

PLEASE PHOTOCOPY AND GIVE ADDITIONAL COPIES OF THESE FORMS FOR CHILDREN IN OTHER SCHOOLS. ALL CHILDREN LIVING IN THE HOUSEHOLD SHOULD BE LISTED ON THE AVOR FORM.

All residency concerns that do not meet the residency requirements WILL be referred to the Office of Attendance.



OFFICE USE ONLY

Approved by: _____

Date: _____

GEORGETOWN COUNTY SCHOOL DISTRICT
ANNUAL VERIFICATION OF RESIDENCY (AVOR) 20__ - 20__
School Approving Enrollment: _____

The information requested here is for *verification of residency* in the Georgetown County School District attendance area. If the Parent/Guardian cannot provide three forms of identification the residence must complete this form and have it notarized.

Current Address: _____
Street Address City/State Zip Code

Current Phone: _____

Previous Address: _____
Street Address City/State Zip Code

Previous Telephone: _____

This section to be filled out by parent/guardian

This is to verify that I, _____, am the parent/guardian for LIST ALL CHILDREN

CHILD'S NAME

GRADE

SCHOOL

<u>CHILD'S NAME</u>	<u>GRADE</u>	<u>SCHOOL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE LIST
ADDITIONAL
CHILDREN
ON BACK**

My child(ren) and I are residing full-time, seven days a week at the home of _____
at the following street address, _____, city _____, which is
located in _____ (subdivision).

- I understand that submission of this document does not guarantee acceptance of my child in Georgetown County School District schools.
- I understand that Georgetown County School District will verify all of the information provided through means including, but not limited to, home visits, telephone inquiries, etc.
- I understand that should I change my place of residence, I must notify the school immediately.
- I understand that if I have provided false information in this affidavit, I am guilty of a misdemeanor and upon conviction, may face fines in the amount of but not to exceed two hundred dollars or imprisonment for not more than 30 days or both. I will also be required to pay to the Georgetown County School District an amount equal to the cost for educating my child during this period of enrollment in addition to court costs. Repayment does not include funds paid by the state.

A current full page power bill provided by the owner/lease holder must accompany this form. Additionally, three different items to verify residency must accompany this form.

Signature of Parent/Guardian _____

Signature of Owner/Lease Holder _____

Date _____

Date _____

SWORN TO AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA

My commission expires: _____



2017-2018

Teacher/Parent/Student Agreement

We know that learning can take place only where there is a combination of effort, interest, and motivation. Because we are all committed to your child's progress, we are going to do our best to promote his or her achievement. This agreement is a promise to work together. Together we can improve teaching and learning. Please read and sign the parent/guardian section. Read the student section with your child(ren) and send back one signed agreement with each child tomorrow. We look forward to a productive and successful school year.

The teachers will:

- Believe that each student can learn.
- Show respect for each child and his or her family.
- Help each child grow to his or her fullest potential.
- Provide a safe and productive learning environment.
- Come to class prepared to teach and learn.
- Model a professional behavior and a positive attitude.
- Ensure fairness and equity in adherence to school, district, and classroom rules.
- Provide a variety of opportunities for parents to become involved in school activities.
- Schedule conferences that are considerate of parent schedules.
- Provide parents reasonable access to the school and classroom.
- Provide parents with appropriate resources.
- Provide meaningful and appropriate homework.
- Recognize and celebrate the cultural diversity of the students.
- Consult and coordinate with other teachers about specific needs of each student.
- Report frequently the progress of the student to parents/guardians.

The parent/guardian will:

- Encourage my child to be independently responsible.
- Communicate regularly with my child's teacher.
- Be provided reasonable access to school staff.
- Provide a home environment that encourages my child to learn.
- Recognize that I am my child's first teacher.
- Review my child's progress report.
- Strive to develop the skills needed to help my child.
- If possible, volunteer in my child's school.
- Provide educational opportunities for my child during the summer.
- Attend parent-teacher conferences.

The student will:

- Be an active participant in school and community service.
- Obey school and bus rules.
- Be respectful at all times.
- Attend school regularly and be punctual.
- Be provided access to all school staff as needed.
- Come to school prepared with homework and supplies.
- Do my best in my work and in my behavior.
- Read aloud or silently every day.
- Assume responsibility for my actions.

TURN OVER TO COMPLETE



General Computer and Internet Acceptable Use – Student Form

Georgetown County School District students may have access to the Internet and other electronic networks. However, access is a privilege and not a right and carries with it responsibilities for all involved.

The following actions are prohibited:

- Knowingly loading or creating viruses
- Loading or attempting to load software or files onto a school computer or District network without permission
- Accessing or modifying data or passwords without authorization
- Computer vandalism (any malicious/unauthorized attempt to harm or destroy equipment, data, files, or other electronic information not belonging specifically to the user)
- Using another user's password(s) without their knowledge or consent

Internet Usage

Access to the internet is made available to authorized users for educational and District operational purposes. All authorized users will receive instruction on proper use of the District's internet system. School personnel will educate minors about appropriate online behavior, including interacting with other individuals on social networking websites, in chat rooms, with e-mail and other direct electronic communications, as well as cyberbullying awareness and response. The District prohibits the use of its internet system to intentionally or repeatedly access, view, download, store, transmit, or receive any information that contains material which is in violation of any District policy or administrative rule, or any local, state and/or federal laws or regulations. Prohibited material includes, but is not limited to:

- Obscenity or pornography
- Threatening or bullying messages or pictures of any kind
- Material that is intended, or could reasonably be perceived, to be harassing or discriminatory
- Material that is copyrighted or protected by trade secret
- Material used to further any commercial business, product advertising, virus transmission or political activity
- For student use, materials that are inappropriate for or harmful to minors.

The District utilizes technology protection measures to block and/or filter Internet access to images that are obscene, depict child pornography, and, for computers utilized by students, are otherwise harmful to minors. Although the District does not routinely monitor the online activities of minors, they reserve the right to do so as appropriate, when students are utilizing District computers, District email, and the internet system. Therefore, users should not have any expectation of privacy in any information accessed, viewed, downloaded, stored, transmitted, or received on the District's systems. The District recognizes that it is impossible to control access to all inappropriate or controversial materials and prevent all unauthorized activities of users. Appropriate disciplinary action will be taken for unauthorized access, including so-called "hacking," other unlawful activities utilizing the District internet system, and violations of user policies.

Violations

All authorized users of District research and communication resources are expected to report any use that is believed to be unauthorized, excessive or otherwise in violation of this administrative rule. District employees who witness, experience, or otherwise learn about a suspected violation should report the matter to their immediate supervisor. Students who witness, experience or otherwise learn about a suspected violation should report the matter to a school administrator. Other authorized users who witness, experience, accidentally access, or otherwise learn about a suspected violation should report the matter to a teacher/District administrator. All suspected violations will be investigated thoroughly. If it is determined that a violation of this administrative rule has occurred, the following disciplinary and/or corrective actions may be taken:

- Review of and possible changes to the level of supervision and the circumstances under which use is allowed limitation, suspension and/or termination of the violator's use privileges.
- For students: Disciplinary measures consistent with the District's student discipline code, up to and including expulsion.
- For employee violators: Disciplinary measures determined to be appropriate based on the seriousness of the violation, up to and including termination.
- Report to law enforcement when the violation is believed to constitute harassment, bullying, or a violation of a Federal or State law or regulation and/or Board policy.

As parent or legal guardian of the student named below, I give my permission for him/her to access the school network services, including District student email, District provided student file storage, District programs, and the Internet. I have read and understand the content of this form, as well as the consequences of misuse:

Print Student Name: _____ Student Signature: _____

Date: ____/____/____

Print Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: ____/____/____

School: _____ Grade: _____

TURN OVER TO COMPLETE



GEORGETOWN COUNTY SCHOOL DISTRICT

Consent to Bill Private Insurance and Medicaid

The Georgetown County School District (GCSD) and the South Carolina Department of Education (SCDE) have my permission to provide services to my child and release and exchange medical, psychological, and other personally-identifiable confidential information, as necessary, to the South Carolina Department of Health and Human Services (SCDHHS) and any applicable third-party insurer regarding billable services provided to my child. I understand the purpose of this consent is to bill Medicaid and/or private third-party insurer for services under the Individuals with Disabilities Education Act (IDEA).

By signing this form, I give the District and the SCDE my permission to bill and receive payment from Medicaid and any third-party insurer for diagnostic and psychological evaluation services, behavioral health services, nursing services, and other health-related screenings and treatment services billable to Medicaid or a third-party insurer with or without the requirement of an individualized education program (IEP). The District provided me written notification consistent with the IDEA regulation at 34 C.F.R. §§ 300.154(d)(2)(v) and 300.503(c), prior to my signing this consent to release information to bill Medicaid or any third-party insurer and prior to accessing Medicaid or my child's third-party insurance benefits.

I further understand that the District must provide me annual written notification of my rights relative to Medicaid or any third-party insurer accessing my child's information and before the District and the SCDE access my benefits to pay for services under the IDEA. This consent for release of information to bill Medicaid and any third-party insurer is a one-time consent and is not required annually thereafter, unless there is a change in the type or amount of services to be provided to my child or a change in the cost of the services to be charged to Medicaid or a third-party insurer. I understand that Medicaid and third-party insurance reimbursement for billable services provided by the District and the SCDE will not affect any other Medicaid services or insurance benefits for which my child is eligible. I understand that my child will receive the services listed in the IEP regardless of whether my child is covered by public or private insurance programs and regardless of whether I provide consent to access those benefits. I understand that my refusal to consent to the SCDHHS or any third-party insurer accessing my child's personally-identifiable information does not relieve the District of its responsibility to ensure that all required services in my child's IEP are provided at no cost to me.

I understand that this consent is voluntary on my part and may be revoked at anytime. If I later revoke consent, the revocation is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked).

I also understand that the District and the SCDE will operate under the guidelines of the IDEA and the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child's treatment and provision of services.

Student's Name: _____ DOB: _____

Medicaid #: _____

Signature of Parent/Guardian _____ Date _____



GEORGETOWN COUNTY SCHOOL DISTRICT

Notification of Use of Public Benefits (Medicaid) or Private Insurance To Pay For Services Under the IDEA

This notification is to inform you of the intent of the Georgetown County School District and the South Carolina Department of Education (SCDE) to bill Medicaid and/or third party insurance and receive payment from Medicaid and/or any third party insurer for services, as permitted under the Individuals with Disabilities Education Act (IDEA), and as set forth in your child's individualized education program (IEP). The District and the SCDE may bill Medicaid for diagnostic and psychological evaluation services, behavioral health services, nursing services, and other health-related screenings and treatment services billable to Medicaid or a third-party insurer with or without the requirement of an IEP. The District must provide this notice to you prior to requesting your consent to bill Medicaid and/or any third party insurer once a year for services that the District will provide in the future.

This document also serves as notice that the District and the SCDE will release and exchange medical, psychological, and other personally-identifiable confidential information, as necessary, to the South Carolina Department of Health and Human Services and any applicable third-party insurer regarding services provided to your child.

Medicaid and third-party insurance reimbursement for billable services provided by the District will not affect any other Medicaid services or insurance benefits for which your child is eligible. The District cannot bill Medicaid or your child's insurance program if it will decrease available lifetime coverage or any other insurance benefit, result in the family paying for services that would otherwise be covered, increase your insurance premiums, or risk loss of eligibility for waived programs. You are not responsible for paying any outstanding deductibles, co-payments, or co-insurance related to the District billing Medicaid or your child's insurance program for services provided by the District. Your child will receive the services listed in the IEP regardless of whether your child is covered by public or private insurance programs and regardless of whether you provide consent to access those benefits. Your refusal to provide consent to release personally-identifiable information to Medicaid or any third-party insurer does not relieve the District of its responsibility to ensure that all required services are provided at no cost to you.

Any previous, current, or future consent to bill Medicaid or third-party insurance was voluntary and you may revoke your consent at any time. If you choose to revoke consent, that revocation is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked).

The District and the SCDE will continue to operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding your child's treatment and provision of services.

Student's Name: _____

Medicaid #: _____

Revised 7/25/2016

Form 92

Two-Sided Form: Please Turn Over 

Denial of Release to Media of Student Information

School: _____

The Georgetown County School District and its individual schools often have the opportunity for positive media coverage of students while they are participating in school-sponsored events. The school district encourages media coverage so that the citizens of Georgetown County may learn about the awards and accomplishments of students.

With your permission, your child may be included in such media activities at your child's school. This coverage may include the student's name, picture (video or still), art work, written work, voice, and verbal statements to appear in school publicity/publications, newspapers, the educational access TV channel, or on the school's or district's web page. **If you want to grant permission for your student to participate in media coverage, you do not have to complete this form.**

If you **do not** wish to grant permission for your child to participate in media coverage associated with your child's school, please complete the information below and return it to your child's school.

I **do not** grant permission for _____
(Please print the full name of Student.)

to be included in any type of media released for media coverage of school sponsored events.

Parent's/Legal Guardian's Signature: _____

Date: _____

(This form needs to be returned to your child's school by the 30th day of school.)

General Computer and Internet Acceptable Use – Student Form

Georgetown County School District students may have access to the Internet and other electronic networks. However, access is a privilege and not a right and carries with it responsibilities for all involved.

General Computer Usage

The following actions are prohibited:

- Knowingly loading or creating viruses
- Loading or attempting to load software or files onto a school computer without the permission of the school's media specialist
- Loading or attempting to load software or files onto the District network without the permission of the Information Technology Department
- Accessing or modifying data without authorization
- Modifying passwords without authorization
- Computer vandalism, defined as any malicious or unauthorized attempt to harm or destroy equipment or data, files, or other electronic information not belonging specifically to the user

Internet Usage

Access to the internet is made available to authorized users for educational and District operational purposes. All authorized users will receive instruction on proper use of the District's internet system. The District will educate minors about appropriate online behavior, including interacting with other individuals on social networking websites, in chat rooms, and with e-mail and other direct electronic communications, as well as cyberbullying awareness and response.

The District prohibits the use of its internet system to intentionally access, view, download, store, transmit, or receive any information that contains material which is in violation of any District policy or administrative rule, or any local, state and/or federal laws or regulations. Prohibited material includes, but is not limited to:

- Obscenity or pornography
- Threats
- Material that is intended, or could reasonably be perceived, to be harassing or discriminatory
- Material that is copyrighted or protected by trade secret
- Material used to further any commercial business, product advertising, virus transmission or political activity
- For student use, materials that are inappropriate for or harmful to minors

The District utilizes technology protection measures to block and/or filter Internet access to images that are obscene, depict child pornography, and, for computers utilized by students, are otherwise harmful to minors. In addition, the District will monitor the online activities of minors, as appropriate, when utilizing District computers and internet system. However, the District recognizes that it is impossible to control access to all inappropriate or controversial materials and prevent all unauthorized activities of users. Therefore, the District will take the

appropriate disciplinary action against students and personnel for unauthorized access, including so-called “hacking,” other unlawful activities utilizing the District internet system, and violations of this policy.

The District reserves the right to monitor and/or review all uses of the District internet system and users should not have any expectation of privacy in any information accessed, viewed, downloaded, stored, transmitted, or received on the District’s internet system.

Violations

All authorized users of District research and communication resources are expected to report any use that is believed to be unauthorized, excessive or otherwise in violation of this administrative rule. District employees who witness, experience, or otherwise learn about a suspected violation should report the matter to their immediate supervisor. Students who witness, experience or otherwise learn about a suspected violation should report the matter to a school administrator. Other authorized users who witness, experience, or otherwise learn about a suspected violation should report the matter to a District administrator.

All suspected violations will be investigated thoroughly. If it is determined that a violation of this administrative rule has occurred, the following disciplinary and/or corrective actions may be taken:

- Review of and possible changes to the level of supervision and the circumstances under which use is allowed
- Limitation, suspension and/or termination of the violator’s use privileges
- For student violators, disciplinary measures consistent with the District’s student discipline code, up to and including expulsion
- For employee violators, disciplinary measures determined to be appropriate based on the seriousness of the violation, up to and including termination
- Report to law enforcement when the violation is believed to constitute a violation of a Federal or State law or regulation and/or Board policy.

I have read this form understand the consequences of misuse:

Student Name: _____

School: _____ Grade: _____

Student Signature: _____ Date: _____

As parent or legal guardian of the student named above, I give my permission for him/her to access the school network services, including the Internet:

Parent/Guardian Signature: _____ Date: _____

* For more information, see Georgetown County Board of Education Policy IJND-R