

Little Mountain Elementary School  
692 Mill Street  
Little Mountain, SC 29075  
Phone: 803-945-7721  
Fax: 803-945-1058



## Request for Records

School Transferring From: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ has requested enrollment in \_\_\_\_\_ grade at Little Mountain Elementary School on the following date \_\_\_\_\_.

In order to provide an optimum teaching and learning situation, we would appreciate your forwarding to this school, as soon as possible, the following records on this student so we will be able to place him/her in the appropriate subjects/area placement. A prompt response will be appreciated.

Attendance	Birth Certificate	Discipline Record
Health Records	Home Language Survey	Immunization Record
Language Proficiency Assessment Results	MAP (Measures of Academic Progress Scores)	Report / Card / Interim Report
School Intervention Plan	Test Scores (PACT/PASS, HSAP, ACT Aspire, Standardized Test)	Withdrawal Grades

I, the undersigned, hereby authorize the release of all school records of my son/daughter to:

**LITTLE MOUNTAIN ELEMENTARY SCHOOL**  
**The School District of Newberry County**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



**School District of Newberry County**  
**PO Box 718, Newberry, SC 29108**  
**Phone 803.321.2611 FAX 803.321.5985**

**Parent Permission for Release of Information**

Student PowerSchool Name \_\_\_\_\_ D/O/B \_\_\_\_\_  
School of enrollment \_\_\_\_\_ First day of enrollment \_\_\_\_\_

\_\_\_\_\_ I request and authorize the School District of Newberry County to send or receive from the follow organization(s)/agency(ies) any and all records, information, or data concerning the child listed above in orde ensure an appropriate education program for him/her.

Organization	Address
--------------	---------

_____	_____
_____	_____
_____	_____

Copies of medical documents, psychological records, educational information, or data as contained in any of those specified below:

- |  |  |
|--|--|
| <input type="checkbox"/> Educational records                               | <input type="checkbox"/> Vision and Hearing Screening/Evaluation results |
| <input type="checkbox"/> Psychological records                             | <input type="checkbox"/> Speech Language Screening/Evaluation results    |
| <input type="checkbox"/> Social Development History                        | <input type="checkbox"/> Special education records                       |
| <input type="checkbox"/> Special Education Parent Consent<br>for placement | <input type="checkbox"/> IEP   |

Other (please specify) \_\_\_\_\_

I give permission for The School District of Newberry County and/or any of the specified organizations/agencies to obtain/release and use the reports and information for Special Education evaluation, eligibility, educational placement and program planning.

\_\_\_\_\_  
Signature of Parent/Guardian/Age of majority Student

\_\_\_\_\_  
Date

I am the  parent  guardian  surrogate parent  age of majority student.

Please send special education records specified above to  
**Office of Special Services**  
**School District of Newberry County**  
**P.O. Box 718 Newberry, SC 29108**  
**Attention: Special Services Record Clerk**

**EVERYONE** will be required to submit 3 proofs of residency for entry into Little Mountain Elementary. Following are the **ONLY** items we can accept. If you are not able to provide 3 of the items listed below please contact Student Services at 321-1363.

**REQUIRED – ONE of these (NO EXECPTIONS):**

- Current Tax Notice on the HOME, not auto, land, etc. (must include physical address)
- Lease Agreement (must include physical address)
- Mortgage Agreement (must include physical address).
- Notarized Statement - If an individual is living with someone without a lease agreement, then a notarized written statement from the individual with whom they are living will be required.

A post office box will not suffice for an address. (In the case of parents that own additional property in the district, the definition of Residency as defined by the Board of Trustees will apply.)

**Any TWO of these: (Must show the service address)**

- Current phone bill
- Current electrical
- Current water bill
- Current Federal Tax Return
- Current cell phone bill
- Satellite TV / cable bill
- SC Drivers License
- Automobile Tax / Automobile Registration Card



# Student Enrollment Form

Please print answers to ALL questions.

Student Information

Student Last Name (as indicated on birth certificate) \_\_\_\_\_ Student First Name (as indicated on birth certificate) \_\_\_\_\_ Middle Name (as indicated on birth certificate) \_\_\_\_\_ Suffix (Jr., III, etc.) \_\_\_\_\_ Name Called \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Preferred Phone Number \_\_\_\_\_  
NOTE: The phone number listed above will receive automated messages from the school. This can be a home or cell number.

Mailing Address, if different: \_\_\_\_\_ Preferred Email \_\_\_\_\_

<p style="text-align: center;"><b>Ethnicity and Race</b></p> <p>1) Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) Race: (check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black</p> <p><input type="checkbox"/> White</p> <p>3) What is your student's reporting ethnicity? (check one)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black</p> <p><input type="checkbox"/> Two or more races <input type="checkbox"/> White</p>	<p style="text-align: center;"><b>Place of Birth</b></p> <p>City, State OR country (if not US) _____</p> <hr/> <p style="text-align: center;"><b>Birthdate</b></p> <p>_____</p> <p style="text-align: center;"><b>Student Support Services (Special Education) Information:</b></p> <p>Does your student have the following?</p> <p>IEP <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>504 Accommodation Plan <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has student ever attended another school in the School District of Newberry County? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, name school in blank below: _____</p> <p>Is this the first school the student has attended in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, date of entry into US School? _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><b>Grade Level</b></td> <td style="width: 50%; text-align: center;"><b>Gender</b></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input type="checkbox"/> Male</td> </tr> <tr> <td style="text-align: center;">Has the student been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Female</td> </tr> </table>	<b>Grade Level</b>	<b>Gender</b>	_____	<input type="checkbox"/> Male	Has the student been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female	<p style="text-align: center;"><b>Transportation</b></p> <p><b>AM:</b></p> <p><input type="checkbox"/> Car <input type="checkbox"/> Bus _____</p> <p><input type="checkbox"/> After School</p> <p><input type="checkbox"/> Day Care _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Driver: _____</p> <p><b>PM:</b></p> <p><input type="checkbox"/> Car <input type="checkbox"/> Bus _____</p> <p><input type="checkbox"/> After School</p> <p><input type="checkbox"/> Day Care _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Driver: _____</p>
<b>Grade Level</b>	<b>Gender</b>								
_____	<input type="checkbox"/> Male								
Has the student been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female								

Parent/Legal Guardian Information

**Student Lives With:** (check all that apply)  Both Parents  Mother  Father  Step Parent\*  Foster Parent\*  Legal Guardian\*  Other\*

**\*Who has legal custody?** \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are there copies of legal guardianship/custody papers on file at school?  Yes  No  Not Applicable

<p><b>Legal Mother of Student:</b> (Parent listed on student's birth certificate or court-issued custody document)</p> <p>Last Name _____ First Name _____ Middle Name _____</p> <p>Street Address (if different from student's) _____ City _____ Zip Code _____</p> <p>Home Phone _____ Work Phone _____ Cell Phone _____</p> <p>DOB _____ Email Address _____</p> <p>Employer _____ Occupation _____</p> <p>Is contact allowed at work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single</p>	<p><b>Legal Father of Student:</b> (Parent listed on student's birth certificate or court-issued custody document)</p> <p>Last Name _____ First Name _____ Middle Name _____</p> <p>Street Address (if different from student's) _____ City _____ Zip Code _____</p> <p>Home Phone _____ Work Phone _____ Cell Phone _____</p> <p>DOB _____ Email Address _____</p> <p>Employer _____ Occupation _____</p> <p>Is contact allowed at work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single</p>
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**STATEMENT OF RESIDENCY**

I am the undersigned and the parent OR legal guardian of the student being registered. This student resides with me and my place of residence is within the boundaries of the School District of Newberry County and the attendance area for this school. By my signature below, I am affirming that all information provided is accurate and truthful.

**IMAGE/TECHNOLOGY USE  
PARENT PERMISSION**

Information about the School District of Newberry County is routinely made available to the public through a wide range of mass media. This includes local newspapers, television and radio stations, district/school newsletters, student newspapers and the Internet. In order to protect a student's privacy while also providing opportunities for student recognition, the School District of Newberry County requires that parental permission be obtained before any student's image or name is used.

*I give permission for my student to appear in a photograph, videotape, or slide. This includes individual school pictures, videos of programs, yearbook and classroom activities, athletics and extracurricular activities, local news media (newspapers, radio and television) district/school newsletters and the district website. In addition, I give permission for the school to release directory information (name, address, phone number). This request is used most frequently for high school students (academic teams, athletics, band/music).*

Yes  No

Technology is a vital part of the education and curriculum of the School District of Newberry County. Computers and the Internet are available to all students thereby allowing them access to educational materials worldwide. Your permission is required before students are allowed to use this equipment.

*I give permission for my student to use the technology resources the district has provided and will read and encourage my student to follow the terms of the Acceptable Use Policy posted on the district website.*

Yes  No

Regarding **Student/Athletic Insurance**, I understand the following:

- Accidents/injuries should be reported to school authorities immediately.
- Treatment must begin within 60 days from the date of injury.
- All claim forms are to be submitted no later than 90 days from date of injury.
- Policy benefits are payable for one (1) year from date of injury.

Yes  No

**For middle and high school students only:**

*I give permission for my student to have a district email address.*

Yes  No

**Last Three Schools Attended (list most recent first):**

**Student Name:** \_\_\_\_\_

Name of School #1 \_\_\_\_\_ Address of School \_\_\_\_\_ Grade \_\_\_\_\_  Public  Private

Alternative

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Dates of Attendance \_\_\_\_\_ District \_\_\_\_\_

Name of School #2 \_\_\_\_\_ Address of School \_\_\_\_\_ Grade \_\_\_\_\_  Public  Private

Alternative

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Dates of Attendance \_\_\_\_\_ District \_\_\_\_\_

Name of School #3 \_\_\_\_\_ Address of School \_\_\_\_\_ Grade \_\_\_\_\_  Public  Private

Alternative

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Dates of Attendance \_\_\_\_\_ District \_\_\_\_\_

**Siblings: List all other children living in the home**

Last Name	First Name	Middle Name	Grade/Age	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Emergency Contacts: Please provide information for people allowed to pick up student or whom we could call in an emergency if we are unable to reach the parents.**

Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Student Last Name                      Student First Name                      Middle Name                      Suffix (Jr., III, etc.)                      Birthdate

\_\_\_\_\_  
 Physician/Doctor                      Phone                      Dentist                      Phone                      Grade                      Teacher

\_\_\_\_\_  
 Insurance Company                      Name of Insured                      Policy Number

**Corrective Treatment**

Does your student have any of the following corrective treatments/equipment?

Glasses    Contacts    Hearing Aids    Other \_\_\_\_\_

**Medical Conditions**

Does your student have any of the following medical conditions?

Heart    Asthma    Diabetes    Seizures    Other \_\_\_\_\_

**Allergies**

Allergy	If yes, list	Describe reaction	List medication to treat allergy
<b>Medication</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Food</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Environment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Other</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Medication**

Please list any medication (prescription, over-the-counter, or herbal) that your student takes on a regular or as needed basis. Also indicate if medication is given at home or school.

Name of Medication	Taken at Home	Taken at School	Will be required during DAY field trips	Will be required during OVERNIGHT field trips
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If your student will need to take any medication while at school, please ask for our medication policy and required medication permission forms.**

**RELEASE OF INFORMATION AND MEDICAL TREATMENT CONSENT**

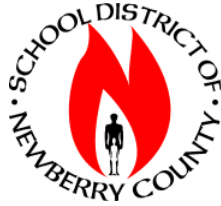
I hereby give the School District of Newberry County permission to use this information where necessary to benefit my student. I also give the School District of Newberry County permission to provide health related services to my student. In case of an emergency, if a parent/guardian or alternate person(s) cannot be reached, I give permission for my student to be transported by EMS for emergency medical treatment to the nearest hospital. In such cases, the parent/guardian will be responsible for payment of costs.

**FIELD TRIP HEALTH CHANGES/MEDICATION REQUIREMENTS**

I understand it is my (parent/guardian) responsibility to notify the school nurse at least two weeks prior to the field trip, whether overnight or day, of any health changes/ concerns/medications needed on trip that are different from above. If medication is needed on field trip other than medication already at school, I (parent/guardian) am responsible for completing a School District of Newberry County Medication Form and bringing medication to the school nurse at least two (2) weeks prior to the field trip.

If my child attends school in a designated Emergency Planning Zone (EPZ), which is a 10-mile zone to protect communities near a nuclear facility from radiation exposure in the event of an accident, I give permission for my child to receive KI (Potassium Iodide) to be supplied by DHEC in the event of an accident. Receiving KI within four hours of radiation exposure will decrease chances of damage to the thyroid.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_



**CONSENT FOR TREATMENT, RELEASE OF INFORMATION, AND  
REIMBURSEMENT FOR NON-IEP NURSING SERVICES**

By my signature below, I **consent for The School District of Newberry County** (the District) to:

- provide Non-IEP Nursing services to my child;
- release and exchange the following information from my child’s record to the Department of Health and Human Services (Medicaid Agency) for the purpose of billing for the Non-IEP Nursing services provided to my child – information about the service provided, my child’s name, date of birth, Medicaid or health insurance number, gender, and my contact information;
- bill the Medicaid Agency for the Non-IEP Nursing services; and
- receive payment from the Medicaid Agency for the Non-IEP Nursing services that the District provides to my child.

I understand that:

- Medicaid reimbursement for Non-IEP Nursing services provided by the District will not affect any other Medicaid services for which my child is eligible.
- The District will continue to provide required Non-IEP Nursing services for my child at no cost to me even if I refuse to allow billing for services.
- Granting consent is voluntary on my part and may be revoked at any time. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).
- The District will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child’s treatment and provision of Non-IEP Nursing services.

Student’s Name \_\_\_\_\_

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**(only if 18 or older)**

Student’s Date of Birth \_\_\_\_\_

Student’s Medicaid # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

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: \_\_\_\_\_



## HOME LANGUAGE SURVEY FOLLOW-UP 7-15

Complete this form at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian and kept in the student's file. This form will be used only for informational purposes and will not be used for immigration matters or reported to immigration authorities.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

1. Date of birth of student \_\_\_\_\_

2. Place of birth of student \_\_\_\_\_

3. If not born in the USA, date of arrival to USA \_\_\_\_\_

4. Date student entered US schools, if appropriate \_\_\_\_\_

5. Previous place of residence, prior to arriving in Newberry:

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

6. Father's name \_\_\_\_\_

7. Mother's name \_\_\_\_\_

8. Phone number \_\_\_\_\_

9. If your native language is Spanish, please indicate which dialect:

Akateko (Guatemala & Mexico)

Chuj (Guatemala & Mexico)

K'iche' (Guatemala)

Mixtec (Mexico)

Poqomam (Guatemala)

Q'anjob'al (Guatemala & Mexico)

Not applicable

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **USE OF TECHNOLOGY RESOURCES STUDENT CONSENT FORM**

The district strongly believes in the educational value of technology resources and recognizes their potential to support curriculum and student learning by facilitating resource sharing, innovation and communication. Therefore, the district is pleased to offer our students access to district technology resources, including its computers, network, Internet access, e-mail and other technology, to further the educational experience of our students.

Parents/Legal guardians and students are advised that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While the district strives to ensure that its students using its technology resources are not exposed to information that is harmful to minors or otherwise inappropriate for the educational setting, the district cannot guarantee that filtering software and reasonable supervision will, in all instances, successfully prevent access to inappropriate materials. Therefore, to have access to the Internet and e-mail, sources of information over which the district has limited control, the district requires parental consent and the student user's acknowledgment that he/she will comply with school and district policies, rules and procedures while using district technology resources.

Parents/Legal guardians and student users are advised to read carefully policy IJNDB and administrative rule IJNDB-R, Use of District Information Technology Resources. Student users must be familiar with and comply with these documents. Noncompliance may result in discipline, a loss of the privilege of using the district's technology resources and other consequences, including the involvement of law enforcement.

### **Student Internet/computer use agreement**

I understand that the district may provide me with access to e-mail and the Internet, as well as other technology resources, and that this access is provided to me only for educational purposes.

I agree that I will not utilize district technology resources without permission from the responsible teacher or other district personnel. I understand that my computer use is not private and that my teacher and others may be able to access and view files I store on district computers and servers. I also understand that the district may monitor my activity on the computer system.

I understand that I may not disclose personal information about myself, such as my home address or telephone number, while using district technology resources.

I understand that I have no right to use the district's technology resources. I am only given a limited privilege to use these resources, and as a condition of such use, agree to abide by policy IJNDB, administrative rule IJNDB-R, and other school or district instructions with respect to the use of these resources. I understand that my failure to do so may result in disciplinary action, a loss of computer access privileges and other consequences.

Print student name:

Student signature:

Date:

Print grade:

### **Student PED use agreement**

I understand and will abide by the Personal Electronic Device Agreement (JNDB-R). I understand that if I do not comply with the agreement that my privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken.

Print student name:

Student signature:

Date:

Print grade:

### **Parent/Legal guardian PED/Internet use agreement**

As the parent/legal guardian of this student, I have read the Internet/computer and PED agreements. I understand that these privileges are designed for educational purposes.

I understand the School District of Newberry County has taken precautions to prevent controversial Internet material. However, I also recognize that it is impossible to restrict access to all controversial materials and will not hold the the district responsible for controversial materials accessed on school grounds.

I hereby give permission to my child to access the Internet and to use a PED on school grounds.

Print Parent/Legal guardian name:

Parent/Legal guardian signature:

Date:

**Failure to sign the letter of agreement will result in the loss of PED and Internet privileges for that student.**

# SC Department of Education Kindergarten Questionnaire

## Child's Prior Care/Education Provider

Last year my child's care was provided by the following *public provider* (Check one):

- Unknown
- Head Start
- Child Development Education Program (CERDEP)
- Prekindergarten

My child attended the program (check one)  full day  partial day

Name of provider:

Last year my child's care was provided by the following *private provider* (Check one):

- Military Child Care Center
- Registered Faith-Based Center
- Registered Family Home Center
- Group Home
- Exempt Provider
- First Steps (CERDEP)
- Other Provider

My child attended the program (check one)  full day  partial day

Name of provider:

Last year my child's care was provided by an informal child care provider (at home, other family member, or non-family member)

## Family Literacy Services

Who in your family has participated in a school district Family Literacy Program, such as adult literacy, adult education (GED, High School Diploma, ESL), parent education, child development, or parent and adult/child interactive literacy?

Both Parents  Mother  Father  Guardian/Grandparent  No One

Did your child ever participate in school district Family Literacy Services?  Yes  No

If "yes," please check how long:  1 Year  2 Years  3 Years  4 or more years

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**The School District of Newberry County  
PowerSchool Parent Portal Acceptable Use Policy**

*Parent/Guardian Signature Page*

The School District of Newberry County provides parents/guardians access to student information through the Parent Portal. Access to the system is available through the Internet and accounts are created by using web access information furnished by the school. Users must protect their login information in order to maintain security and are required to adhere to the Parent Portal Acceptable Use Policy.

A signature page must be completed for each student.

Student (Full Name): \_\_\_\_\_

Parent/Guardian name (please print clearly)

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Additional Access for the following persons:

\_\_\_\_\_ Relationship to student: \_\_\_\_\_

\_\_\_\_\_ Relationship to student: \_\_\_\_\_

\_\_\_\_\_ Relationship to student: \_\_\_\_\_

\_\_\_\_\_ Relationship to student: \_\_\_\_\_

**As parent/guardian by signing this form I have read and agree to the access use policy for The School District of Newberry County and understand that access to Parent Portal is designed for the educational support of my child's education.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

Office Use Only:

\_\_\_\_\_ Initial of school staff. Date: \_\_\_\_\_



**LITTLE MOUNTAIN ELEMENTARY SCHOOL**  
**Title I School-Parent Compact**  
**2018 -2019**

Under *No Child Left Behind*, each Title I school jointly develops with parents a school-parent compact that outlines how parents, the entire school staff and students will share the responsibility for improved student academic achievement and the way in which the school and parents will build and develop a partnership to help children achieve South Carolina's high standards. Please assist the school by providing additional suggestions on its parent-school compact.

**Principals and Teachers**

Schools have a responsibility to provide a positive, safe environment that is open to parents and to set high expectations for learning in order to educate students to become successful citizens of tomorrow. Therefore, I pledge that I will be a positive role model, reward and recognize good behavior, provide consistent, fair discipline, and encourage parental involvement in my school. I also pledge to maintain an open-door policy for parents at all times and to establish open lines of communication with parents concerning their child's school performance.

**Parents (guardians)**

Involvement in my child's school is of paramount importance to improved learning and student conduct. Therefore, as a parent (guardian) I pledge that I will be actively involved in my child's learning, attend conferences with teachers, support school programs, and maintain open, honest communication with the school. I also pledge that I will communicate positive values and model honesty, trust, integrity, compassion and fairness. I further pledge to provide a supportive home environment in order to ensure success at school.

**Students**

Success in school is determined in part by accepting responsibility for good behavior in the school as well as the community. Therefore, I pledge that I will respect others, accept responsibility for my behavior, come to school prepared to learn, set high goals for myself, and practice personal and academic honesty.

I have been provided the Little Mountain Elementary Parent/Student handbook that is included in my student's planner. I understand that this handbook discusses many of the policies and procedures of Little Mountain Elementary. I will read / discuss this handbook with my child.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Going Green! Email Notification

### Sign Up for Email Notification of Little Mountain Elementary Newsletters and Events.

Little Mountain Elementary is moving one step forward to going green! If you would like to receive email versions of our school newsletter, teacher weekly newsletters, special event flyers, etc. via email please complete the information below. Once added to our system, you will no longer receive paper copies.

**Student Name:** \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

I DO NOT wish to sign up for email notifications at this time.

**Parent Signature:** \_\_\_\_\_



Little Mountain Elementary School  
692 Mill Street  
Little Mountain, SC 29075

Kimberly S. Mack, Principal  
Telephone (803) 945-7721  
Fax (803) 945-1058

## LITTLE MOUNTAIN ELEMENTARY PTO

Dear Parent(s) & Teachers:

Another summer has come and gone and we are very excited about this school year. We look forward to working with the faculty, staff, and parents of Little Mountain Elementary to continually bring about new improvements to the community on which our children live.

The PTO is beginning its annual membership drive for the current school year. The cost of membership is \$5.00 per family. Please encourage your friends and neighbors to join the PTO as well as your own family. We are planning to work with the school to purchase needed items this year.

We will be closing the membership drive on September 28, 2018.

Once again, we are looking forward to working with each of you this year.

Thank you,

THE LITTLE MOUNTAIN PTO

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**Please complete and return this form along with your \$5.00 to your child's teacher. Checks should be made payable to: LME PTO**

NAME: \_\_\_\_\_

CHILD(REN)	TEACHER	GRADE

CHECK \_\_\_\_\_ CASH \_\_\_\_\_

The classroom with the highest percentage of membership will receive a **\*\*PIZZA PARTY\*\***

**THE DEADLINE FOR JOINING THE PTO IS SEPTEMBER 28, 2018.**

**CAPTAINS OF LEADERSHIP**

Leader in Me ••• Title One ••• Lighthouse School





## School District of Newberry County Contract for Regular Route Bus Riders Only

I will always have a responsible adult at the bus stop if I am unavailable to get my elementary child off the bus.

I will have my child ready at the bus stop 5 minutes before the bus arrives.

I will be responsible to pay for any damages that my child commits while riding the bus.

I understand if my child does not ride the bus for 5 days, and I do not notify the bus office, that the bus will no longer stop for my child until I notify the bus office.

I understand that my child will receive safety instructions at school during the school year.

I will instruct my child to sit in his or her assigned seat every day.

If my child gets off the bus at an unassigned stop, I will have to pick him up and my child will be suspended from the bus.

I understand that my student will not be allowed to go home with another student without a written note.

I will have to sign another contract if I move during the school year and have to ride a different bus.

I have read and I fully understand the transportation offenses and consequences.

(Please Print Legible)

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

Student's Grade Level \_\_\_\_\_

Student's AM Pick-Up Address \_\_\_\_\_

Student's PM Drop-Off Address \_\_\_\_\_

Is this address different from your home address? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



# VOLUNTEER/CHAPERONE FORM

## School District of Newberry County

**PLEASE PRINT LEGIBLY**

**COMPLETE IN FULL**

<b>\$26.00</b>
----------------

School Name:		Teachers Name:	
Students Name:		Volunteer/Chaperone's Social Security Number:	
Last Name:	First Name:	Middle Name:	(Maiden Name):
Street Address:		Date of Birth:	Sex: (Please circle one) Female      Male
City:		Email Address:	
State:		Home Phone: (with area code)	
Zip:		Cell Phone: (with area code)	
Have you lived out of state within the last ten years? (Please circle one)    Yes    No    If yes, which state(s) _____			

*Please read the following statement and sign the bottom of the form indicating you have read and agree with the statement regarding Volunteering in the School District of Newberry County:*

- I wish to volunteer in the School District of Newberry County and do hereby certify that I have no medical issues which would prohibit my ability to serve as a volunteer.
- I also certify that I have no arrest history/legal issues which would concern the school district and that I understand that I am subject to background investigation.
- I also understand that while serving as a volunteer/chaperone I am responsible for the children under my care and I will refrain from smoking, drinking, profanity, possession of a weapon, and other behaviors not appropriate for the care of children.
- I understand that while serving as a volunteer/chaperone I am obligated to participate with the entire group for the duration of the specific activity.

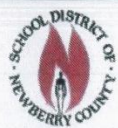
Volunteer/Chaperone Signature:	Date:
Principal Signature: <i>Kimberly S. Mack</i>	Date:

## Permission for School Administration of Medication

**Important Information:** Please read this prior to completing the "Permission for School Administration of Medication" form.

### Important Information About Medications in School Settings

1. When possible, medications should be given at home by the parent/guardian.
2. Initial doses of a medication that a child has never taken before should not be given at school.
3. A written prescription is **REQUIRED** for Prescription, Herbal, Homeopathic, or OTC Medications with dosage outside of manufacturer's recommendations to be given in South Carolina's school settings. The "Permission for School Administration of Medication" form, when signed by an authorized prescriber, may serve as the written prescription.
4. A parent's/legal guardian's authorization/signature is also required.
5. A separate form must be completed for each medication.
6. Space for medication storage in school settings is limited; therefore, to the extent possible medication quantities to be stored at school should be limited.
  - a. Controlled substances must be limited to no more than a 31-day supply.
  - b. If it is necessary to store an over-the-counter medication at school, small containers of the medication should be purchased and provided to the school.
7. Prescriptions, if needed, for over-the-counter medications:
  - c. should be for specific conditions that a child is known to experience (e.g. menstrual cramps, headache not due to injury),
  - d. should be a medication that the prescribing health care practitioner has deemed appropriate based on the child's medical history, and
  - e. the substitution permitted box must be checked by the authorized prescriber if generic medication is to be administered.
8. Prescriptions must be renewed, at a minimum, at the beginning of each school year.
9. Schools may decline to administer certain medications if deemed inappropriate for a school setting. In that event, the parent and the health care practitioner will be notified.
10. Medications for the purpose of treating a fever, defined as a body temperature elevation, will only be administered at school as part of an emergency response for students with certain chronic health conditions.
11. Medications that make students drowsy and unable to participate in educational activities may not be appropriate for school administration.
12. For over-the-counter medication use, a school nurse may use her/his clinical judgment with regards to whether it is best to administer the over-the-counter medication or provide non-medicinal interventions.
13. A responsible adult should deliver the medicine and the permission form to the school. The medicine must be in the original container with the pharmacy label or in the case of over-the-counter medications the manufacturer's label on it.
14. After school programs operated by third parties (e.g. the Boys and Girls Club) will not have access to medications provided to the school under the "Permission for School Administration of Medication" form. All necessary medications, including emergency medication (e.g. epi-pens, inhalers, etc.) must be provided separately to the after school program operator.



**Permission for  
School Administration of Medication**  
School District: NEWBERRY COUNTY SCHOOL DISTRICT

For school use only:

- Routine  
 PRN (As needed)

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

Medications should be administered by a parent or guardian before or after school hours, when possible. Initial doses of a medication that a child has never taken before should not be given at school. Medication to be given at school should be accompanied by this form, complete with the prescribing physician's signature if required, and provided to the school in the original labeled container. "Sample" medications must be provided in a container that appropriately identifies the medication and must be accompanied by a note signed and dated by the prescribing health care provider that includes the student's name and directions for proper administration.

**This section to be completed by the prescribing health care provider:**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Medication: <input type="checkbox"/> Substitution permitted		Dosage:
Purpose of Medication:		Route:
Time medication to be given at school (Lunch times vary: 10:30a – 1p)	Frequency (e.g., daily)	Note special storage requirements <input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other (please specify)
Anticipated number of days medication will be given at school:  <input type="checkbox"/> until end of current school year <input type="checkbox"/> ___ weeks <input type="checkbox"/> ___ days <input type="checkbox"/> ___ overnight field trip only	Is child allergic to any food, medicines, or other items? <input type="checkbox"/> No <input type="checkbox"/> Yes (List allergies.)	
	Is this medication a controlled substance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Possible Side Effects:		

**PLEASE LIST ICD-10 DIAGNOSIS CODE FOR THIS STUDENT'S CONDITION: ICD-10 CODE \_\_\_\_\_**

<b>Prescribing Health Care Provider's Signature</b>	<b>Date</b>
<b>REQUIRED for Prescription, Herbal, Homeopathic, or OTC Medications with dosage outside of manufacturer's recommendations.</b>	
Stamp, Print or Type Health Care Provider's Name & Address	Office Phone Number
	Office Fax Number

**This section to be completed by child's parent or guardian:**

I give permission for my child, \_\_\_\_\_, to be given the above medication as prescribed. I give permission for the school nurse or school administrator to contact the health care provider named above or the pharmacist who filled the prescription to discuss this medication and my child's health. I give permission for the health care provider named above, the pharmacist, and/or their designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I also give permission for this "Permission for School Administration of Medication" form to apply if I transfer my child to another school in this same school district during the current school year. I understand that the school may require that I agree to the school district's rules about medications before this medicine will be given at school. I further understand that any after school program not operated by the school or school district (e.g. the Boys and Girls Club) will not have access to the medications described above, and that it is my responsibility to provide the operator of the after school program with any necessary medication and training, including emergency medication, for my child. I will not hold the school, school district, or school personnel liable for any adverse drug reactions when the medication is administered according to the prescribed methods. I will notify the school if my child's medications change. I give permission for a trained Unlicensed Assistive Personnel (UAP) to assist my child with medication in the absence of the school nurse.

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

Print or Type Name of Parent / Guardian \_\_\_\_\_ Day Phone Number \_\_\_\_\_

**Notification of Rights under FERPA  
For Elementary and Secondary Schools**

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

- (1) The right to inspect and review the student's education records within 45 days of the day the school receives a request for access.

Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

- (2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the school to amend a record should write the school principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

- (3) The right to privacy of personally identifiable information in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the school has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent, student, or other volunteer assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses educational records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

- (4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the school to comply with the requirements of FERPA. The name and address of the office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

### Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

Consent before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is funded in whole or in part by a program of the U. S. Department of Education (ED)-

1. Political affiliations or beliefs of the student or student's parent;
2. Mental or psychological problems of the student or student's family;
3. Sexual behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with who respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program ELIGIBILITY.

Receive notice and an opportunity to opt a student out of –

1. Any other protected information survey, regardless of funding;
2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under state law; and
3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

Inspect, upon request and before administration or use –

1. Protected information surveys of students;
2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
3. Instructional material used as part of the educational curriculum.

These rights transfer from parents to a student who is 18 years old or an emancipated minor under state law.

The School District of Newberry County has developed and adopted policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. The School District of Newberry County will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. The School District of Newberry County will also directly notify, such as through U. S. Mail or email, parents of students who are schedule to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt out of participation of the specific activity or survey. The School District of Newberry County will make this notification to parents at the beginning of the school year if the district has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provide an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

\*Collection, disclosure, or use of personal information for marketing, sales or other distribution

\* Administration of any protected information survey not funded in whole or in part by ED.

\* Any non-emergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office

U. S. Department of Education

400 Maryland Avenue, SW

Washington, D. C. 20202-5901

## **Policy IJNDB Use of Technology Resources in Instruction**

Issued 5/17

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

The Internet can provide a vast collection of educational resources for students and employees. It is a global network that makes it impossible to control all available information. Because information appears, disappears, and changes constantly, it is not possible to predict or control what students may locate. The school district makes no guarantees as to the accuracy of information received on the Internet. Although students will be under teacher supervision while on the network, it is not possible to constantly monitor individual students and what they are accessing on the network. Some students might encounter information that is not of educational value.

The board recognizes that the district's technology resources provide a valuable means of access, transfer, and communication of information that is essential to today's learning environment. The board is supportive of the responsible use and provision of technology resources to promote learning and expand educational resources for students, faculty, and staff.

### **Accessing Inappropriate Sites**

Student Internet activities will be monitored by the district to ensure students are not accessing inappropriate sites that have visual depictions that include obscenity, child pornography, or are harmful to minors. The school district will use technology protection measures to protect students from inappropriate access.

The district will provide reasonable notice of and at least one public hearing or meeting to address and communicate its Internet safety measures.

### **Reporting**

District and school computer technicians who are working with a computer and come across sexually explicit images of children must report this to local law enforcement. The report must include the name and address of the owner or person in possession of the computer.

In order to ensure that technology resources are used in a manner consistent with district objectives and appropriate to the educational environment, the board authorizes the superintendent or his/her designee to prepare appropriate administrative rules and other guidelines for implementing this policy and for reviewing and evaluating its effect on instruction, student achievement, employees, and other aspects of the school environment. Such rules will set forth that the use of district technology resources is a privilege, rather than a right, that may be revoked where users (including students, faculty, and staff) fail to comply with applicable school or district policies, rules or procedures.

### **Online Behavior**

The district will educate minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyberbullying awareness and response. The superintendent or his/her designee will develop a program to educate students on these issues.

### **Off-Campus Conduct**

Students, parents/legal guardians, teachers, and staff members should be aware that the district may take disciplinary actions for conduct initiated and/or created off-campus involving the inappropriate use of the Internet or web-based resources if such conduct poses a threat or substantially interferes with or disrupts the work and discipline of the schools, including discipline for student harassment and bullying.

Adopted 8/19/96; Revised 10/22/01, 1/26/09, 7/23/12, 5/22/17

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.

## AR IJNDB-R Use of Technology Resources in Instruction

Issued 8/17

**Please read the following carefully before signing the attached documents.**

Technology is a vital part of the education and the curriculum of the School District of Newberry County. In an effort to promote learning and expand educational resources for students, the district is making available computers, computer networks, and Internet access for all students, faculty, and staff. The district's goal in providing this service is to promote the educational use of technology to access and utilize information effectively. Access to these computers and networks will allow students to be successful in accomplishing this goal by allowing them to communicate with others on a global level and access educational materials worldwide.

With this access comes the availability of materials that may not be considered to be of educational value in the context of the school setting. However, on a global network, it is impossible to control all the materials and an industrious user may discover controversial information. We firmly believe that the valuable information and interaction available on these networks far outweigh the possibility that users may locate materials that are not consistent with the educational goals of the district. In compliance with the Children's Internet Protection Act (CIPA), [47 USC Section 254\(h\)](#), the district uses technological devices to filter and block obscene materials, child pornography, or "harmful to minors" materials as defined by the CIPA.

Access to the computers, networks, technology, and Internet is a privilege, not a right. With this privilege, there is also the responsibility to use the technology solely for educational purposes and not to access inappropriate materials. These guidelines are provided so that users are aware of their responsibilities when using the network. Any violations of these guidelines will subject users to appropriate disciplinary actions and possible denial of access to the network.

Prior to accessing information technology resources, parents/legal guardians will be provided with a copy of the policy and administrative rule to review with their student. If after reading the policy and administrative rule, parents/legal guardians agree that they understand the policy and administrative rule, that their student will comply with the guidelines set forth herein and that they understand the consequences for violating these guidelines, their agreement will be assumed without a written response. If the parents/legal guardians **do not** agree that their student will access information technology resources in accordance with the policy and administrative rule, the parents/legal guardians will sign a statement of opting out. The Technology Use Opt-Out Agreement will be placed in the student's permanent record and the student will not have access to school/district information technology resources.

### Terms and Conditions for Use

The following conditions for the acceptable use of computers and networks will apply to all district administrators, faculty, staff, and students. All technology equipment will be used under the supervision of the site technology coordinator or classroom teacher.

- Users will not erase, rename, view, or make unusable anyone else's computer files, programs, or disks.
- Users will not let other persons use their name, logon, password, or files for any reason (except for authorized staff members). Users will not reveal personal information about themselves as well as others (e.g., phone number and address).
- Users will not use or try to discover another user's password.
- Users will not use the computers or networks for any non-instructional or non-administrative purpose (e.g., games or activities for personal profit).
- Users will not use the computers for unlawful purposes such as illegal copying or installation of software.
- Users will not copy, change, or transfer any software or documentation provided by the district, teachers, or another student without permission from the site technology coordinator.
- Users will not write, produce, copy, or attempt to introduce any computer code designed to self-replicate, damage, or otherwise hinder the performance of any computer's memory, file system, or software. Such code is often called a virus.
- Users will not deliberately use the computers to annoy, bully, or harass others with language, images, or threats. Computers used to harass, intimidate, or bully are defined as electronic communication devices reasonably perceived to have the effect of either of the following:
  - harming a student emotionally or damaging a student's property, or placing a student in reasonable fear of personal harm or property damage
  - insulting or demeaning a student or group of students causing substantial disruption in, or substantial interference with, the orderly operation of the school



- Users will not deliberately access or create any obscene or objectionable information, language or images such as pornography; indecent, vulgar, profane, or lewd materials; or advertisements. Violation of this item may result in action by local, state, or federal authorities.
- Users will not intentionally damage the system, damage information belonging to others, misuse system resources, or allow others to misuse system resources.
- Users will not tamper with computers, networks, printers, or other associated equipment except as directed by the teacher or site technology coordinator.
- Users will not download files from the Internet except with the permission of the teacher or site technology coordinator.
- Users will not download or operate Internet chat programs without prior written approval from the technology director.
- Users will not install personal software on school computers.
- Users will report all violations of these guidelines to the teacher or site technology coordinator.

### **Consequences of Violations**

Use of the technology systems operating in the district is a privilege and not a right. Violation of the policy and administrative rule concerning the use of technology will result in disciplinary actions similar to other code of conduct violations.

- **Level 1 Warning:** Student would lose computer privileges/Internet access until a parent conference is held. Further loss of privilege and length of time will be determined by the administration.
- **Level 2 Pattern of abuse or flagrant violations:** Any student who, after a Level 1 warning, continues to engage in serious or persistent misbehavior by violating the district's previously communicated written standards of conduct may be removed from class and recommended for suspension.
- **Level 3 Expellable offense:** Student could be expelled from school if he/she engages in conduct that contains the elements of the offense of criminal mischief as defined by local, state and federal law. Expulsion may be considered in flagrant violations that blatantly corrupt the educational value of computers or the Internet or compromise another computer network.

### **Reporting**

District and school computer technicians who are working with a computer and come across sexually explicit images of children must report this to building level administration and local law enforcement. The report must include the name and address of the owner or person in possession of the computer.

### **Video Surveillance Cameras**

For security purposes, the district has installed video surveillance cameras on all campuses.

### **Personally-Owned Devices Policy**

The district currently has limited Internet bandwidth provided by the State of South Carolina and limited wireless access in the schools. When given permission by school staff/administration, students are allowed to bring personal electronic devices (PEDs) to school for educational purposes. These devices should be connected to the guest network (Internet access only).

Students should keep personal electronic devices (including laptops, eReaders such as Kindle and Nooks, tablets, smart phones, and cell phones) turned off and put away during school hours unless instructed by a teacher or staff that use is appropriate for educational purposes. A signed acceptable use policy must be on file with the school office before the student will be allowed to use a PED. Any violation of this agreement may result in suspension of this privilege and/or disciplinary action.

The following will apply to the use of a PED:

- A PED is to be used for educational reasons.
- A PED may only be used in the classroom with permission from the instructor.
- A PED may not be connected, or attempt to connect, to any networking resource through a standard network wall connection. PED devices may only connect to the guest network.
- The district will not provide any support to a PED at any time.
- The user will acknowledge that he/she has read the district's acceptable use policy and understands and agrees to abide by the acceptable use policy.

- The user assumes all responsibility for his/her PED and its use on district property. Neither the district nor the school is responsible for theft or damage to the PED.
- A PED may be confiscated at any time if these guidelines are not followed. Return of the device will be based on district policy.

Inappropriate use of a PED may include, but not be limited to, the following:

- accessing the Internet
- playing games
- listening to music
- watching video
- sending messages
- taking pictures
- recording (both sound and video)
- use of the device to cheat
- harassment or bullying

Consequences for misuse may include the following:

- verbal or written warning to the student
- device confiscation
- suspension of use of the device
- contact of the student's parents/legal guardians, SRO, or the police
- suspend or expel the student in accordance with the district's student discipline procedures

### **Email Usage**

The district's email is available to authorized users for educational and district related purposes. The district prohibits the use of its email system for unprofessional or inappropriate purposes including, but not limited to, the following:

- any use that violates local, state, and/or federal laws or regulations
- setting up or operating a commercial business
- email that could be perceived as harassing, offensive, threatening, obscene, sexual, racist, or discriminatory to the receiver

In compliance with the [Federal Rules of Civil Procedure sections 16, 24, 34 and 37](#), the district reserves the right to archive, monitor, and/or review all use of its email system. Users should not expect the right to privacy in any electronic message created, transmitted, or received on the district's email system. All emails transmitted on the district's email system are property of the district.

Issued 4/27/97; Revised 6/25/01, 1/26/09, 5/21/12, 5/22/17, 8/28/17

**School District of Newberry County**