



# 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<br><small>NOTE: The phone number listed above will receive automated messages from the school. This can be a home or cell number.</small> |             |
| Mailing Address, if different:                        |  |   | Preferred Email  |             |

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

Parent/Legal Guardian Information

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>Student Lives With:</b> (check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent* <input type="checkbox"/> Foster Parent* <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Other* |  |  |  |  |  |
| <b>*Who has legal custody?</b> _____<br>Printed Name Relationship  |  |  |  |  |  |
| Are there copies of legal guardianship/custody papers on file at school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  |  |  |  |  |  |
| <b>Legal Mother of Student:</b> (Parent listed on student's birth certificate or court-issued custody document)  |  |  | <b>Legal Father of Student:</b> (Parent listed on student's birth certificate or court-issued custody document)                                      |  |  |
| Last Name First Name Middle Name   |  |  | Last Name First Name Middle Name   |  |  |
| Street Address (if different from student's) City Zip Code   |  |  | Street Address (if different from student's) City Zip Code   |  |  |
| Home Phone Work Phone Cell Phone   |  |  | Home Phone Work Phone Cell Phone   |  |  |
| DOB Email Address  |  |  | DOB Email Address  |  |  |
| Employer Occupation  |  |  | Employer Occupation  |  |  |
| Is contact allowed at work? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  | Is contact allowed at work? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single   |  |  | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single |  |  |

**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><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |              |                   |                                  |
| <b>Food</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No        |              |                   |                                  |
| <b>Environment</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |              |                   |                                  |
| <b>Other</b><br><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.

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

## HOME LANGUAGE SURVEY 7-15

Complete this home language survey 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 determining whether the student needs English learner services and will not be used for immigration matters or reported to immigration authorities.

Date\_\_\_\_\_

School\_\_\_\_\_

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

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

1. Is a language other than English spoken in your home? ☐ No ☐ Yes\_\_\_\_\_ (specify language)
2. Does your child communicate in a language other than English? ☐ No ☐ Yes\_\_\_\_\_ (specify language)
3. Which language did your child learn first? \_\_\_\_\_ (specify language)
4. In which language do you prefer to receive written school communications? \_\_\_\_\_ (specify language)
5. In which language do you prefer to receive oral school communications? \_\_\_\_\_ (specify language)
6. What is your relationship to the child? ☐ Father ☐ Mother ☐ Guardian ☐ Other\_\_\_\_\_ (specify)

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

\_\_\_\_\_  
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



**CONSENT FOR TREATMENT, RELEASE OF INFORMATION, AND  
REIMBURSEMENT FOR TITLE V NURSING SERVICES**

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

- provide health-related 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) or my child's health insurance carrier for the purpose of billing for the health-related 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 and other insurance carriers for the health-related services; and
- receive payment from the Medicaid Agency and other insurance carriers for the health-related services that the District provides to my child.

I understand that:

- Medicaid reimbursement for health-related 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 health-related 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 anytime. 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 health-related services.

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

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Medicaid #

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

\_\_\_\_\_  
Date



# South Carolina Child Development Program (CDEP)

## 4-K Registration Form

2016-2017 School Year

☐ CDEP   ☐ Half Day Non-CDEP   ☐ Full Day Non-CDEP

### SCHOOL and DISTRICT

School: \_\_\_\_\_ School District: \_\_\_\_\_

### CHILD

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Check if Applicable: ☐ II   ☐ III   ☐ IV   ☐ V   ☐ Jr.   ☐ Sr.

Date of Birth (*mm/dd/yy*): \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security number (*Preferred but optional*): \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Sex: ☐ M   ☐ F   Did your child weigh less than 5.5 lbs. at birth? ☐ Yes   ☐ No

Federal Race/Ethnicity: Is the student Hispanic or Latino? ☐ Yes   ☐ No

What is the student's race?

☐ American Indian   ☐ Black   ☐ Hawaiian-Pacific Islander   ☐ Asian   ☐ White   ☐ No response

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

City: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ South Carolina Zip Code: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ South Carolina Zip Code: \_\_\_\_\_

### PARENTS/GUARDIANS

Mother's Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

*If different from child's information:*

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

City: \_\_\_\_\_ County: \_\_\_\_\_ South Carolina Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother's Education (*highest level*) ☐ No H.S. Diploma   ☐ GED   ☐ H.S. Diploma   ☐ Associate   ☐ Bachelor   ☐ Master   ☐ Ph. D

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

*If different from child's information:*

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

City: \_\_\_\_\_ County: \_\_\_\_\_ South Carolina Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Education (*highest level*) ☐ No H.S. Diploma   ☐ GED   ☐ H.S. Diploma   ☐ Associate   ☐ Bachelor   ☐ Master   ☐ Ph. D



**EMERGENCY CONTACT INFORMATION**

Primary Contact Name:

Cell Phone:

Daytime Street Address:

Daytime Phone:

City:

State:

South Carolina Zip Code:

Second Contact Name:

Cell Phone:

Daytime Street Address:

Daytime Phone:

City:

State:

South Carolina Zip Code:

**CHILD'S BASIC CARE**Child's living arrangements: ☐ both parents ☐ mother ☐ father ☐ other\_\_\_\_\_Child's legal guardian: ☐ both parents ☐ mother ☐ father ☐ other(specify)\_\_\_\_\_☐ Last year my child attended a child care center. (*Name of Center:* \_\_\_\_\_ )☐ Last year my child attended a Head Start center. (*Name of Center:* \_\_\_\_\_ )☐ Last year my child attended a home day-care facility. (*Name of Facility:* \_\_\_\_\_ )☐ Last year my child was at home with a family member.☐ Last year my child was at home with a non-family member.**CHILD'S PRIMARY HEALTH SOURCE**My child receives regular medical care from: ☐ **C**=Free Health Clinic (Free Health Dept.)☐ **E**=Emergency Room ☐ **F**=Family Doctor ☐ **O**=Other

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FAMILY/HOME INFORMATION**

Income Range of Family:

☐ \$0-\$10,000 ☐ \$10,001-\$20,000 ☐ \$20,001-\$30,000 ☐ \$30,001-\$40,000☐ \$40,001-\$50,000 ☐ \$50,001-\$60,000 ☐ \$60,000 and above**LANGUAGE BACKGROUND**What is the child's English proficiency? ☐ English speaking ☐ Very little English ☐ No English

What is the child's primary language? \_\_\_\_\_

If non English speaking, what language did the child first learn? \_\_\_\_\_

What language is primarily spoken in the home? \_\_\_\_\_

**FAMILY LITERACY SERVICE**

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 ☐ No OneDid your child ever participate in school district Family Literacy Services? ☐ Yes ☐ NoIf, Yes, Check how long? ☐ Under 1 Year ☐ 1-2 Years ☐ 2-3 Years ☐ 3-4 Years

**CHILD'S SPECIAL NEEDS**

List any long-term health concerns, illnesses, and/or allergies: \_\_\_\_\_

List any medication(s) prescribed for continuous long-term use: \_\_\_\_\_

List any special accommodation(s) that may be required to meet my child's needs most effectively while he or she is at the school: \_\_\_\_\_

Student's Disability Status: ☐ None ☐ Emotional ☐ Learning ☐ Speech ☐ Physical ☐ OtherDoes your child have an Individual Education Plan (IEP)? ☐ Yes ☐ NoHow do you anticipate your child will get to and from school? ☐ School Bus ☐ Car ☐ Child Care or Day Care Transportation ☐ Walk**Below is for District/State Use Only****ALL CHILDREN PARTICIPATING IN A CDEP CLASSROOM MUST BE CODED WITH A CDEP PROGRAM SERVICE CODE**Early Childhood Placement: ☐ 3 yr Class ☐ 4 yr Class ☐ 5 yr Class ☐ Multi-Age Classroom

Student Identification Number: \_\_\_\_\_

Program Entry Date: \_\_\_\_\_ Program Exit Date: \_\_\_\_\_ Reason for exit: \_\_\_\_\_

**Income Verification Method (☐ Medicaid, ☐ Free or Reduced Lunch, ☐ W2 forms, ☐ Pay Stubs, Other Income Verification Documented):** \_\_\_\_\_**Meals: Free or Reduced Lunch** ☐ Yes ☐ No ☐ N/A if District enrolled in Community Lunch Program

Classroom Type:

- ☐ **DSF** District / School Based Full-Day  
☐ **DSH** District / School Based Half-Day  
☐ **HSF** Head Start Full-Day  
☐ **HSH** Head Start Half-Day  
☐ **OH** Other Half-Day

**Was child served by Head Start any time from birth to age 4?** ☐ Yes ☐ No**First Steps Funded 4K (CDEP in private child care center) :** ☐ No ☐ Yes ☐ Info not available**DIAL 3 or 4: (Indicate which)** \_\_\_\_ **Screening Date:** \_\_\_\_\_**Scores: Language:** \_\_\_\_ **Concepts:** \_\_\_\_ **Motor:** \_\_\_\_ **Self-Help:** \_\_\_\_ **Social:** \_\_\_\_**Classroom Curriculum:** ☐ High Scope ☐ Montessori ☐ Creative Curriculum ☐ Opening the World of Learning ☐ Other \_\_\_\_\_**Readiness Assessment:** ☐ myIGDIs ☐ PALS- Pre-K ☐ Teaching Strategies GOLD ☐ Other**Medicaid:** ☐ Yes ☐ No **Medicaid number** \_\_\_\_\_ **Medicaid Active** ☐ Yes ☐ No**\* Copy of Medicaid Card attached** ☐**Migrant/Immigrant:** ☐ Yes ☐ No **Birth County:** \_\_\_\_\_ **State Id #:** \_\_\_\_\_

**SC Child Development Education Project**  
**PARENT/GUARDIAN VERIFICATION AND CONSENT**

**I verify that the information I have provided on this registration form is true and accurate. I hereby grant permission for this information to be distributed to the Child Development Education Program (CDEP) and other state agencies, which include, but are not limited to, the South Carolina Education Oversight Committee (EOC).**

**I understand that my completion of this form does not guarantee the placement of my child in a South Carolina Child Development Education Program. If my child is placed in the Child Development Education Program, I agree that he or she will attend the class for 6.5 hours each day, five days a week, for the 180-day school year. I understand that my child's failure to meet this attendance requirement could result in his or her being dropped from the program. I further understand that I cannot register my child in the program without the appropriate documentation of his or her age and eligibility, and I have therefore attached to this registration form a copy of the necessary documentation.**

I understand that information about my child, \_\_\_\_\_, and about the school will be used in a comprehensive, multiyear longitudinal research and evaluation project to determine the relationship between the student and school data and student success in school. The evaluation may include individual child assessment during a child's 4-year-old pre-kindergarten and 5-year-old kindergarten and other basic non-identifying educational information. All data collected are subject to the provisions of the Family Educational Rights and Privacy Act (FERPA) as well as South Carolina statutes and regulations protecting individual privacy and confidentiality. Analyses of the data collected will be conducted only by individuals approved by the EOC. Individual student names will not be used.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

[PHOTOGRAPH/VIDEOTAPE RELEASE](#)

The CDEP will occasionally take photographs and makes videotapes of children in the program. Such photographs and/or videotapes may appear in printed materials such as brochures, in teacher training videos, and on the South Carolina Department of Education's Web site.

Please put a checkmark in one of the following boxes:

- ☐ I authorize the reproduction of any photographs, videos, or slides of my child or their work for use by the SCDE and / or CDEP.
- ☐ I do not authorize the reproduction of any photographs, videos, or slides of my child or their work for use by the SCDE and / or CDEP.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

South Carolina Department of Social Services  
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION  
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address – no Post Office Boxes City, State, Zip

Child's Name: \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

**1. Person responsible if parent/guardian unavailable for emergency medical services:**

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

**2. Person responsible if parent/guardian unavailable for emergency medical services:**

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old) ☐ Yes ☐ No

My Child will regularly attend this facility FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

Check all days Child will regularly attend this facility: ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Check all meals Child will receive daily: ☐ Meals are not offered ☐ Breakfast ☐ Morning Snack ☐ Lunch

☐ Afternoon Snack ☐ Dinner ☐ Evening Snack

**HEALTH INFORMATION:** (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization: ☐ Yes ☐ No ☐ N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

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

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

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

I certify that to the best of my knowledge \_\_\_\_\_

Child's Name

is in good mental and physical health and able to participate in the child care program at

\_\_\_\_\_  
Name of Child Care Facility

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

Parent or Guardian

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

Director/Operator/Staff Designee

South Carolina Department of Social Services  
Child Care Licensing  
**AUTHORIZATION FOR INTERVENTION, THERAPY AND  
EXTRACURRICULAR ACTIVITIES**

I authorize \_\_\_\_\_ to remove  
Name of Person/Entity Providing Activity

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

from \_\_\_\_\_ and/or its programs from  
Name of Child Care Facility

\_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
Time Time Dates/Period of Service (See instructions below)

for the purpose of participating in \_\_\_\_\_. I am aware that  
Type of Activity

while participating in \_\_\_\_\_, my child will not be supervised  
Type of Activity

by a qualified staff person employed by \_\_\_\_\_.  
Name of Child Care Facility

I am also aware that, \_\_\_\_\_ and its employees  
Name of Person/Entity Providing Activity

are not required to adhere to laws governing \_\_\_\_\_.  
Name of Child Care Facility

including, but not limited to laws governing staff to child ratios, supervision, background checks, and educational training.

\_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Child Care Facility Director's Signature Date

\_\_\_\_\_  
Person Providing Activity's Signature Date

**Instructions:**

***This form must be completed and signed by all parties before providing services or activities. Beginning and ending dates should be used to show when the service or activity is being provided. If the service or activity continues for more than a year from the date it is signed, the form must be renewed.***



# **LITTLE MOUNTAIN ELEMENTARY SCHOOL**

## **Title I School-Parent Compact**

### **2016-2017**

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: \_\_\_\_\_

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**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 (IJNDB-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 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.**



**School District of Newberry County - Contract for Bus Riders**

**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 Address \_\_\_\_\_

Student's PM Address \_\_\_\_\_

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

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Transportation – 1 copy Parent – 1 copy**

## Transportation Offenses and Penalties

Students have the privilege of riding a school bus to and from school. The bus is considered an extension of the school building. Proper behavior is expected. Students who refuse to behave in an acceptable manner and who refuse to follow the bus rules will be subject to disciplinary actions.

It is the parent's responsibility to provide transportation when a child is denied the privilege of riding the bus. If the student is absent from school, the absences will be considered unlawful absences and subject to attendance policy reporting regulations. Parents are required to make sure that your child is at the designated bus stop when the bus arrives in the a.m. Parents of small children are required to have a responsible adult at the bus stop to get your elementary child off of the bus in the p.m. This is for their safety.

| Offense   | Penalty  |
|---|--|
| 1. Bullying Level 1   | 1 <sup>st</sup> offense warning  |
| 2. Disobeying driver  | 2 <sup>nd</sup> offense warning  |
| 3. No loud, boisterous behavior, including singing, clapping, stomping, yelling, or laughing  | 3 <sup>rd</sup> offense three (3) days   |
| 4. Failure to sit in assigned seat  | 4 <sup>th</sup> offense five (5) days  |
| 5. Excessive sagging pants  | 5 <sup>th</sup> offense ten (10) days  |
| 6. Eating or drinking on bus  | 6 <sup>th</sup> offense indefinite   |
| 7. Sitting with feet/legs blocking the aisle  |  |
| 8. Standing/moving while bus is moving  |  |
| 9. General misbehavior  |  |
| 1. Profanity and ugly gestures  | 1 <sup>st</sup> offense warning  |
| 2. Ride bus to which you are assigned unless you have prior permission from the bus office.   | 2 <sup>nd</sup> offense three (3) days   |
| 3. Getting off the bus at an unauthorized stop.   | 3 <sup>rd</sup> offense five (5) days  |
| 4. Usage of cell phone, iPod, MP3 or other device that causes a disruption on the bus or distraction to the driver is not allowed.        | 4 <sup>th</sup> offense ten (10) days  |
| 5. The placement of any body part outside of the bus  | 5 <sup>th</sup> offense indefinite   |
| 6. Smoking, dip, possession of cigarette lighters or matches  |  |
| 7. Throwing objects out of windows (cans, bottles, balls, etc.)   |  |
| 8. No spraying of cologne, deodorant, body spray or use of lotion while on the bus (allergic reactions)                                   |  |
| 1. Bullying Level 2   | No Warning   |
| 2. Fighting   | ten (10) days  |
| 3. Any profanity or disrespect addressed directly at the driver   |  |
| 4. Tampering with emergency doors/windows or other emergency equipment  |  |
| 5. Cutting or writing on seats, intentionally damaging any part of the bus (Restitution if seat covers or bus parts have to be replaced.) |  |
| 1. Bullying Level 3: Cyber bullying (sexting, texting, cyber stalking, slap happy, etc.) Harassment, etc.                                 | Suspended for ten (10) days from the bus with a recommendation to the school administration for expulsion. |
| 2. Indecent exposure  |  |
| 3. Possession of any weapon   |  |
| 4. Threats directed toward the Bus Driver or assaulting driver  |  |
| 5. Possession of drugs and/or alcohol   |  |
| 6. Any actions that are determined to be threatening to the safety and wellbeing of the other passengers and/or driver                    |  |
| 7. Participating in Gang Activity, Gang graffiti, Gang colors, Gang symbols   |  |

\*Attention: All referrals are mailed home to the parent.

\*Students involved in fights or expulsion offenses on the bus may also be suspended from school.

\*Misbehavior puts everyone on the school bus in danger.



# **VOLUNTEER/CHAPERONE FORM**

## **School District of Newberry County**

**PLEASE PRINT LEGIBLY**


**COMPLETE IN FULL**

**\$26.00**

|   |                         |                              |  |
|---|-------------------------|------------------------------|--|
| School Name:  |                         | Teachers Name:               |  |
|   |                         | Social Security Number:      |  |
| Last Name:  | Birth Given First Name: | Birth Given Middle Name:     | (Maiden Name):                               |
| Street Address:   |                         | Date of Birth:               | Sex: (Please circle one)<br>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:<br> | Date: |

# 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 29, 2016.

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 29, 2016.**

# HAPPY BIRTHDAY CUPCAKES



Safety concerns have eliminated outside food from being brought into the classroom for celebrations. There is still a way to preserve this age old tradition! Wholesome Whole Grain Cupcakes from Super Bakery can be pre ordered through your food service department. These Fantastic Fun Foods meet the requirements for Alliance for a Healthier Generation & Healthier US School Challenge. Simply fill out the form below and submit to the food service dept. Please order on Monday for Thursday delivery, may want to order a week in advance.

**No baking! No Running to the store! We do it all for you!**

- Whole Grain Goodness & Great Taste
- Individually Wrapped
- Peanut Free
- Fun Festive Wrapper

## Whole Grain Happy Birthday Cupcakes

School Name \_\_\_\_\_ Classroom \_\_\_\_\_  
Teacher Name \_\_\_\_\_ Date Needed \_\_\_\_\_  
Parent Name \_\_\_\_\_ Email / Phone \_\_\_\_\_

Individually Wrapped Cup Cakes in Boxes of 12 (order by the box)

\_\_\_\_\_ Happy Birthday Chocolate Cup Cakes

\_\_\_\_\_ Happy Birthday Vanilla Cup Cakes

Total Number of boxes \_\_\_\_\_ X \$5.00 = \_\_\_\_\_

Please pay cafeteria upon receipt...thank you!

**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 whom 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 scheduled 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 provided 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



## 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. Stamped signatures will not be accepted.
4. A parent’s/legal guardian’s authorization is also required. Stamped signatures will not be accepted.
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:
  - a. Should be for specific conditions that a child is known to experience (e.g. menstrual cramps, headache not due to injury),
  - b. should be a medication that the prescribing health care practitioner has deemed appropriate based on the child’s medical history, and
  - c. 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 nonmedicinal 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. epipens, 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<br><input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other (please specify)  |
| Anticipated number of days medication will be given at school:<br><br><input type="checkbox"/> until end of current school year<br><br><input type="checkbox"/> ____ weeks<br><br><input type="checkbox"/> ____ days |                         | Is child allergic to any food, medicines, or other items?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (List allergies.)<br><br>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 \_\_\_\_\_**

\_\_\_\_\_  
**Prescribing Health Care Provider's Signature**

\_\_\_\_\_  
**Date**

**REQUIRED** for Prescription, Herbal, Homeopathic, or OTC Medications  
with dosage outside of manufacturer's recommendations.

|  |                     |
|--|---------------------|
| 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Parent / Guardian

\_\_\_\_\_  
Day Phone Number



## USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

Code **IJNDB** *Issued* **07/12**

*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 provides 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 hold 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 rule(s) 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 rule(s) 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.

seSSA (see next page)

## **USE OF TECHNOLOGY RESOURCES IN INSTRUCTION**

*Code* **IJNDB** *Issued* **07/12**

### **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 cyber bullying 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"**

#### **Legal references:**

- A. Federal law:
  - i) 47 USC Section 254(h) -Children's Internet Protection Act.
  - ii) The Digital Millennium Copyright Act of 1998, Section 512 -Limitations on liability relating to material online.
- B. S.C. Code of Laws, 1976, as amended:
  - i) Section 10-1-205 -Computers in public libraries; regulation of Internet access.
  - ii) Section 16-3-850 -Encountering child pornography while processing film or working on a computer.
  - iii) Section 16-15-305 -Disseminating, procuring or promoting obscenity unlawful; definitions; penalties; obscene material designated contraband.
  - iv) Section 59-19-90 -General powers and duties of school trustees.
- C. Court cases:
  - i) *Pordham v. Fairfax Co. Sch. Bd.*, 637 F.3d 421, 427 (4th Cir. 2011).



## **USE OF DISTRICT INFORMATION TECHNOLOGY RESOURCES**

Code **IJNDB-R** Issued **5/12**

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**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 School District of Newberry County. In compliance with the Children's Internet Protection Act (CIPA), 47 USC Section 254(h), the SDNC 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.

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- 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.



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### **Consequences of violations**

Use of the technology systems operating in the School District of Newberry County 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 our 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 (PED) to school for educational purposes. These devices should not be connected to the school network.

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 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.



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- A PED will not be given access to the district's online resources or the Internet. A PED may not be connected, or attempt to connect, to any networking resource either through a standard wall connection or a wireless connection.
- 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

### **E-mail usage**

The district's e-mail is available to authorized users for educational and district related purposes. The district prohibits the use of its e-mail 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
- e-mail 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 School District of Newberry reserves the right to archive, monitor and/or review all use of its e-mail system. Users should not expect the right to privacy in any electronic message created, transmitted or received on the district's e-mail system. All e-mails transmitted on the district's e-mail system are property of the School District of Newberry.

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

**Newberry County Board of Education**