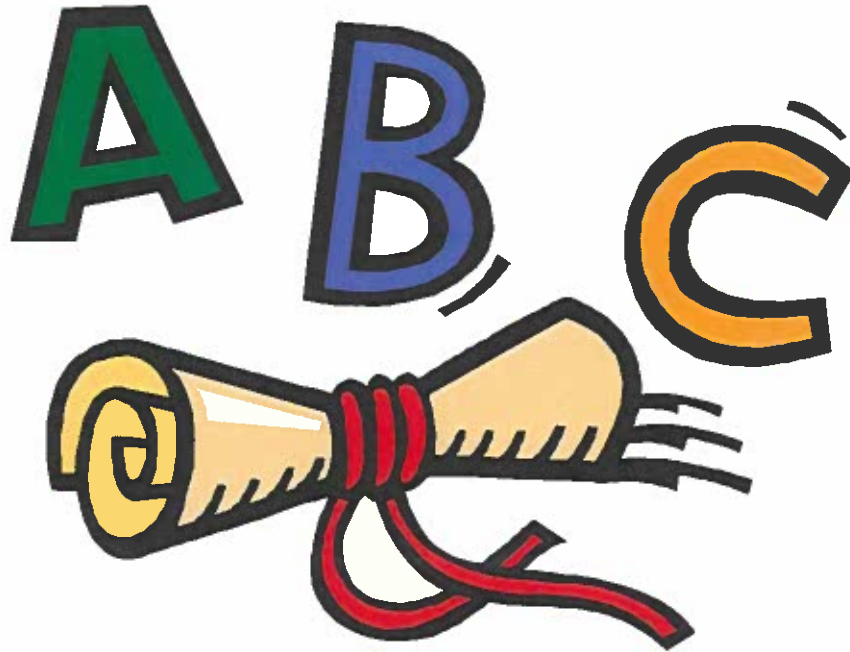# Calhoun County Public Schools
Child Development Program

CHILD'S AGE AT TIME OF ENROLLMENT _____

PROGRAM APPLYING FOR: _____ MONTESSORI
_____ REGULAR PRE-K

In Section 59-5-65, the SC Code of Laws requires districts to establish a half day program for four-year old students who are considered most "at risk" for future failure in school. In the past, The School District of Calhoun County has gone above the requirements of the law to provide a full-day program for all students; however, the district reserves the right to establish a program which satisfies the requirements of the law. This could mean that the length of the program may be modified. It could also mean that students are ranked based on the results of their Dial Assessment scores and placed accordingly as long as there is space in the program. If all spaces are filled, a waiting list will be maintained.

CHECKLIST OF ITEMS NEEDED FOR
CHILD DEVELOPMENT APPLICATION PACKET

PLEASE RETURN COMPLETED APPLICATIONS to District Office)

Before completing a packet, read items 1-2 below:
1.   YOUR CHILD MUST BE AGE 4 ON OR BEFORE SEPTEMBER 1
2.   YOUR CHILD MUST BE TOILET TRAINED AT TIME OF ENROLLMENT

PLEASE PROVIDE THE FOLLOWING FOR YOUR CHILD:
-   **Official Birth Certificate**
-   **S.C. Certificate of Immunization**
-   **Social Security Card**
-   **Insurance Card or Medicaid Card**
-   **Residency Verification**

To verify residency, a parent/guardian of a student must provide the school district with copies of at least two (2) of the following five items:

1.   **Property tax records which indicate the location of the homestead;**
2.   **Mortgage documents or property deed;**
3.   **Apartment or home lease or rent receipt with address;**
4.   **Current utility bill showing residence address;**
5.   **Voter registration card;**

-   **$40.00 fee for snacks (we will collect fees in August)**

ITEMS NEEDED FOR APPLICATION PACKET
- _____ COMPLETE Application (will not be accepted unless all items are filled in)
- _____ PAGE 1 Checklist of Items needed for Application Packet
- _____ PAGE 2,3 Student Information Sheet
- _____ PAGE 4 Consent for Treatment (Medicaid)
- _____ PAGE 5 Residency Verification Form
- _____ PAGE 6 Calhoun County School Health Form
- _____ PAGES 7, 8, 9 SC Early Childhood Registration Form
- _____ PAGE 10 Early Childhood Parent/Guardian Consent Form
- _____ PAGE 11, 12 Home Language Survey Form

Calhoun County Public Schools
Student Information Sheet
2025-2026

Student's Name: _____ School _____

Age: _____ **Birthday:** _____ **Telephone Number:** _____

Address: _____

_____

How does your child get to and from school?   **(Please check one)**

Bus _____   **Car** _____

Parent's Information

Mother's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Place of Work: _____ **Work Phone:** _____

Mother's Email address: _____

Work Address: _____

_____

Father's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Place of Work: _____ **Work Phone:** _____

Father's Email address: _____

Work Address: _____

_____

PLEASE CHECK HERE ( ) IF THERE ARE ANY CUSTODY ISSUES THAT WE NEED TO KNOW ABOUT, PLEASE EXPLAIN ON BACK. IF THERE IS A COURT ORDER, WE NEED A COPY FOR OUR FILES

IN CASE OF EMERGENCY IF PARENTS(S)/GUARDIAN(S) CANNOT BE REACHED, CALL:

Name: _____

Phone #: _____

Relation: _____

PERMISSION TO PICK UP STUDENTS

Student's Name: _____ **grade:** _____

The following persons have my permission to pick up the above student from school

Name: _____ **Relationship:** _____

Phone: _____

Name: _____ **Relationship:** _____

Phone: _____

Name: _____ **Relationship:** _____

Phone: _____

Name: _____ **Relationship:** _____

Phone: _____

_____   _____

Parent/Guardian Signature   **Date**

Medicaid General Consent

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

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

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

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

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

Student's Name: _____ DOB: _____ Medicaid#: _____

_____   _____
Signature of Parent/Guardian   Date

Calhoun County Public Schools
Residency Verification Form

DATE _____

I. Student Information

Student's Name _____ Grade_____ Race _____

Name of Parent/ Guardian _____ Phone Number _____

- *Are you the parent of the student you are enrolling?*   Yes   No
   If you answered no, are you the legal guardian of the student you are enrolling?   Yes   No
- *Is your child serving a current expulsion?*   Yes   No
- *Is your child receiving Special Education Services?*   Yes   No
- *Does your child have an IEP?*   Yes   No
- *Does your child have a 504 Plan?*   Yes   No
- *Is your child receiving any type of therapy?*   Yes   No

Home address where Student resides with parent/guardian:

_____
Address   City   State   Zip Code

Name of Last School Attended:

_____

City and State of Last School Attended:

_____

Calhoun County Public School District requires that parents/guardians of students demonstrate their residency in their child's school zone. To verify residency, a parent/guardian of a student must provide school district personnel with copies of at least **two of the following** items when registering a student or moving to another attendance zone:
1. Property tax records that indicate the location of the nighttime residence;
2. Mortgage documents or property deed;
3. Apartment or home lease or rent receipt from the residence;
4. Current utility bill showing the residence's address;
5. Voter precinct information card;
6. Driver's License.

In the event of a student living with a legal guardian, a court decree declaring the district's resident to be the legal guardian of the student must be provided in addition to two of the six items previously listed in order for the student to enroll in the school. In addition, the parent/guardian must sign a notarized statement attesting that the address they provide on the enrollment form is the one where the student spends the majority of their nights and weekends. **Parents/guardians must inform school officials of any change in address within thirty (30) days of the change. When it is learned that a student is living out of the attendance zone, the student will be removed from school and required to attend school in the attendance zone of the primary residence.**

II. Parent Certification
I/We, _____, parents(s)/guardian(s) of

_____, Student, attest that the address listed in
Block I above is the address where the student and I reside.

Parent Signature _____ Date _____

III. School Assignment (For Official Use Only)

Based on the information provided by the parent/guardian on this form, the student should proceed to

_____ School

Signature of School Official _____ Date _____

Contact information – St. Matthews K-8 or
Contact information – Sandy Run K-8
(circle one above)

Student contact information for SNAP
Health Center Parent Portal

Calhoun County Public Schools will be going to paperless Health Room Forms and Over the Counter Medication Administration Permissions. You will be emailed an invitation to join the portal. In order to make sure we have your email, please complete the form below.

*Required

1   **Parent Name***

2   **Student Name (list all students attending SMSK-8 if more than one).**

3   **Parent Email***

4   **Phone Number**

5   **Please list any medical conditions here. You will add them later to the portal.**

SNAP HEALTH PORTAL | Student Health Records Online

Dear Parent or Guardian:

Calhoun County Public Schools will continue to use the SNAP Health Portal to better connect you with your child's school health and wellness information. This web-based system provides an easy, secure, and green way for you to update and review important school health information and medical documents throughout the year. With 24-hour access over the web, you will be able to:

- Electronically sign and submit all health forms safely over the internet

- Review and update new health information such as vaccinations, health conditions, and screening results throughout the school year

- Receive immediate notifications when there are changes in your child's health status

- Easily message the school health clinic to expedite communication

In order to access the SNAP Health Portal, please make sure your school nurse has your up to date email address. Sandy Run K8 contact information can be added by emailing me at mmack@ccpsonline.net.

Make sure to add noreply@studentehr.com to your email address book now to ensure proper delivery.

If you already have a login, go to studentehr.com to login and update all information for the school year.

MEDICATION PERMISSIONS ARE ONLY GOOD FOR THE SCHOOL YEAR IN WHICH THEY ARE GIVEN. IF YOU WOULD LIKE FOR YOUR STUDENT RECEIVE ANY OVER THE COUNTER MEDICATIONS WE OFFER, PLEASE GO IN AND GIVE PERMISSIONS FOR THE 24-25 SCHOOL YEAR. ALSO REMEMBER THAT STUDENTS ARE NOT ALLOWED TO BRING OR CARRY ANY MEDICATION AT SCHOOL. IT MUST COME THROUGHT THE NURSE.

Sincerely,

Melissa Mack, RN
Calhoun County Public Schools Lead Nurse

Please double check all information areas below to ensure that everything is up to date for this school year. Remember, all permissions for over the counter medications must be updated each year.

Demographics: Most information will be pulled from PowerSchool, so if you see something that needs to be updated, you can update it through the Portal for the nurses, but please also contact the school to let the front office know to update the information in PowerSchool as well. You can update most of the information on this page. You will not be able to change the permissions for treat and transport (you will sign this on a later form). Once you have reviewed and updated any information needed under Demographics, the next section will be Contacts.

Contacts: Again, most of this information is pulled from PowerSchool. You can add additional emergency contacts here along with their name and phone numbers. We don't need mailing addresses for emergency contacts. If anyone's telephone number changes during the school year, please log back in and update it here.

Health Conditions: Please list any health conditions your student has. You may see some things already listed as those would have been reported on a previous Health Form. Please don't list seasonal allergies as an Allergy. Be as specific as possible with any conditions so that we have an accurate health history in case of emergencies. ** IF YOU WOULD LIKE TO BE CONTACTED VIA THE PORTAL FOR MINOR VISITS TO THE HEALTH ROOM (stomachache, headache, etc that can be taken care of at school and does not require the student go home), please type an exclamation mark in the conditions field and will take you to the option to add this to your student's record.) NOTE: All major injuries that occur at school (head or body injury other than minor scrapes, scratches, etc) and any illness/symptom on the DHEC exclusions list or School Policy (Vomiting, fever, etc) will require a phone call to a parent or emergency contact.

Vaccines: You are only able to upload proof of vaccinations to this section since we do not list individual vaccines in SNAP. Because of this, it will show that your student is non-compliant. I will reach out to you if that is, in fact, the case. If your student receives a vaccination, you will not need to bring a copy to school. You can scan it with your phone or computer and upload it here.

Medications: Please click on the OTCs button to approve any over the counter medications you would like for your student to be able to receive at school. If your student will require a prescription medication at school, you can go to the Forms section to get a copy of the Prescription Medication Permission Form that must be filled out and signed by a parent and a doctor. It can then be uploaded to the Portal. Remember, we are not able to give any medications without the proper paperwork on file. Please also review the Health Room Procedures in the Forms section for information on how medication can be brought to school. Medication cannot be sent with a student. It must be given to the nurse and counted.

Charts: At this time we do not use this part of SNAP. We may in the future, but you can skip this section for now.

Screenings: You can upload proof of your student's physical or any other screenings from a doctor as needed. You may see screening results here if your student has been screened for hearing or vision.

Letters: Any letters created in SNAP and sent directly to you can be found here. Most students will not have anything in this section and there is nothing you need to do.

Messages: You can send a secure message to your student's school nurse or the nurse can send a message to you.

Forms: This section gives you the forms that we used to print and hand out each year. The Billing Permission and Health Room Procedures and HIPPA Information forms need to be signed by everyone. You can download them to print, sign, and upload, or sign electronically.

If you have any questions, please feel free to contact your school nurse.

School: **Circle one**	**St. Matthews K-8**	**Sandy Run K-8**

Child Information

Last Name: First Name: Middle Name:

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

Date of Birth *(mm/dd/yy)*: __/__/__   Social Security number *(Preferred but optional)*: _____-__-_____
Sex: ☐ M ☐ F   Federal Race/Ethnicity: Is the student Hispanic or Latino? ☐ Yes ☐ No
What is the student's race?   Check all appropriate.
☐ Black or African American   ☐ White   ☐ American Indian or Alaska Native   ☐ Asian
☐ Native Hawaiian or Other Pacific Islander   ☐ No response

Child lives with: ☐ both parents   ☐ mother ☐ father ☐ grandparent ☐ other (specify):

Home Address:

City:

County: South Carolina   Zip Code:

Mailing Address (if different from Home Address):

City: County: South Carolina   Zip Code:

Parents/Guardians ☐ both parents   ☐ mother ☐ father   ☐ other (specify):

Mother's/Guardian'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)* ☐ Less than high school diploma ☐ GED ☐ H.S. Diploma ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

Mother's/Guardian's email:

Father's/Guardian'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/Guardian's email:

Emergency Contact Information (other than parent/guardian information already provided)

Primary Contact Name:	Cell Phone:
Relationship to Child:	
Daytime Street Address:	Daytime Phone:
City: South Carolina	Zip Code:
Second Contact Name:	Cell Phone:
Relationship to Child:	
Daytime Street Address:	Daytime Phone:
City: South Carolina	Zip Code:

Child's Prior Care/Education Provider *Definitions of providers and full day/partial day are attached (K5 students only)

Last year my child's care was provided by the following *public provider* (Check one):
☐ Head Start
☐ Prekindergarten at a public school
☐ Unknown
My child attended the program **(check one)** ☐ full day ☐ partial day
Name of provider:

☐ Last year my child's care was provided by a *private provider* (see attached examples of private providers)
My child attended the program **(check one)** ☐ full day ☐ partial day
Name of provider:

Last year my child's care was provided in a home by an informal child care provider (Check one):
☐ Parent or relative
☐ Non-relative

Child's healthcare information

Did your child weigh less than 5.5 pounds at birth? ☐ Yes ☐ No
My child receives regular medical care from: ☐ Health Clinic (Health Department)
☐Emergency Room ☐Family Doctor ☐Other

Name: Phone:

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:

Family Income Range

Number of persons in family or household:

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

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

Child's Special Needs

Does your child have a current Individual Education Program (IEP) or Section 504 plan? ☐ Yes   ☐ No

Student's Disability Status: ☐ None   ☐ Emotional   ☐ Learning   ☐ Speech   ☐ Physical   ☐ Other

Child's Transportation

How do you anticipate your child will get to school? ☐ School Bus ☐ Car
☐ Child Care or Day Care Transportation   ☐ Walk ☐ Bicycle   ☐ Not applicable

How do you anticipate your child will travel from school? ☐ School Bus to home address
☐ School Bus to different location ☐ Car ☐ Child Care or Day Care   ☐ Walk   ☐ Bicycle
☐ Not applicable   ☐ After School Program at School

Definitions of Full Day and Partial Day Care
Full Day – A full day program is one in which students attend for 6.5 hours or more a day.
Partial Day – A partial day program is one in which students attend for less than 6.5 hours a day.

Definitions of Public Child Care Providers
Head Start – A program of the US Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low income children and their families. Locate your local Head Start: https://www.benefits.gov/benefits/benefit-details/1938

Prekindergarten program in a public school – A state, district, or federally-funded, developmentally-appropriate program for 4-year-olds in a public school adhering to best practice, using research-based curriculum and assessment that must adhere to district and/or federal guidelines.

Unknown – Self-explanatory

Examples of Private Child Care Providers[1]
Military Child Care Centers – On-post child care centers that offer full-day, partial day, or hourly child care services to military families that must be registered with DSS. Locate your local military child care centers: http://www.militaryonesource.mil/-/military-child-care-programs

Registered Faith Based – Faith based care for 13 or more children that are sponsored by a religious organization that must be registered with DSS. Locate your local registered faith based providers: http://www.scchildcare.org/

Registered Family Home – A family home that provides care for up to 6 children at any given time within the home of the child care provider that maintains a registration or license if a person provides care to more than one unrelated family of children on a regular basis (more than four hours day or more than two days a week). Locate your local registered family home providers: http://www.scchildcare.org/

Registered Group Home Provider – Group Homes provide care for 7 to 12 children in the home of the child care provider. They may care for up to 8 children without an additional caregiver. For details on registered group homes: http://www.scchildcare.org/providers/become-licensed/licensing-requirements/licensed-group-child-care-home.aspx

Exempt Provider – A child care provider that operate less than 4 hours a day or less than 2 days a week or care for children from only 1 unrelated family. It is not inspected by DSS Child Care Licensing and monitored only because they volunteer for ABC Quality. For details on exempt providers: http://scchildcare.org/providers/become-licensed/licensing-exemptions.aspx

First Steps – A private state-funded, income based, developmentally appropriate education program adhering to best practice, using research-based curriculum and assessment that must adhere to DSS regulations and SCDE Guidelines. It is housed in a private, registered child care facility. Contact your local First Steps: https://scfirststeps.org/who-we-are/local-partnerships/

Definitions of Informal Child Care
Relative: Informal Child Care – Unregulated or licensed care provided by family that is not subject to regulations or formal guidelines.

Non-Relative: Informal Child Care – Unregulated or licensed care provided by another caregiver (non-relative) that is not subject to regulations or formal guidelines.

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[1] On the registration form, you do not have to provide the specific type of private childcare; these examples are listed as reference.
Amended January 2025

SC Child Development Education Project
Parent/Guardian Consent Form (CERDEP Only)

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 Early Reading and Development Education Program (CERDEP) 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 CERDEP. If my child is placed in CERDEP, 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 confidentially. 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: _____

South Carolina Child Early Reading and Development Education Program
Additional 4K Options (CERDEP only)

South Carolina has a statewide partnership between public and private 4K providers. The private domain of this partnership is the Office of First Steps to School Readiness. First Steps serves four-year-old children in the counties in South Carolina.

The South Carolina Department of Education's Office of Early Learning and Literacy believes that children deserve an opportunity to participate in four-year-old kindergarten. In an effort to ensure that as many students are served in 4K as possible in South Carolina, please be advised that your contact information may be shared with other local 4K providers in a non-public setting. If your child is not placed in the Child Early Reading and Development Education Program (CERDEP) 4K in your local public school district, please understand that your contact information will be shared with the Office of First Steps to School Readiness and you may be contacted for opportunities for your child to attend the 4K program in a non-public school setting.

However, if you do not want your contact shared information with the Office of First Steps, check the box below.
☐   I do not want my contact information shared with the Office of First Steps.

Enrollment Survey: Section I

Section I: This portion of the Enrollment Survey (ES) must be completed for *all* students upon first-time enrollment in South Carolina public schools <u>and</u> at registration each year.

Information collected within the ES is strictly for educational and program purposes. A local educational agency (LEA) must comply with Family Educational Rights and Privacy Act (FERPA) guidelines. Under federal law, all children, regardless of their citizenship or residency status, are entitled to equal access to free public education.

Student Name: _____
Date of Birth: _____
Today's Date: _____

Right to Translation and Interpretation Services

All families have the right to information about their student's education in a language they understand. An interpreter and translated documents **must** be provided by the district, free of charge when needed.

In what language(s) would your family prefer to communicate with the school?
Oral Communication Language(s): _____
Written Communication Language(s): _____

Title I, Part C: Education of Migratory Children & Youth

The Education of Migratory Children/Youth (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA), as amended by Every Student Succeeds Act (ESSA) of 2015. The MEP provides various educational services to families who work in agriculture and their children between the ages (0-21). This program is **free** to all eligible families and may include tutoring, free lunch eligibility, summer programs, parental involvement activities, and referrals to other services as needed.

In the last three (3) years, has anyone in your family moved from another school district, state, city, or country? Yes ☐ No ☐

In the past six (6) years, has anyone in your family worked in any of the following occupations? This includes work related to logging, timber planting/growing, harvesting, food processing plant (such as poultry, pork, beef, or vegetable), packing houses (fruits and vegetables), dairy farms, or other general farm work not listed. Yes ☐ No ☐

McKinney-Vento

This survey complies with the McKinney-Vento Act, U.S.C. 42 11431 *et seq.* Your answers will help determine if the student meets eligibility requirements for **free** services and educational rights provided under the McKinney-Vento Act, including immediate school enrollment, even if lacking required documents. Based on the residency option selected, this survey will be submitted to the district McKinney-Vento Liaison to determine eligibility.

What best describes where you live now?

☐ Single-family house/apartment/trailer
☐ Transitional Housing
☐ Living with others due to loss of housing or economic hardship
☐ Moving from place to place/couch surfing
☐ Car, park, or similar location
☐ Motel
☐ Camping grounds

☐ In a residence with inadequate facilities (no water, no heat, no electricity, no plumbing, overcrowded, infested, etc.)
☐ Agricultural camp
☐ Shelter
☐ Displaced by a natural disaster (hurricane, flood, etc.) Disaster: _____
☐ Displaced due to COVID-19
☐ Other: _____

Enrollment Survey: Section II

Section II: This portion of the Enrollment Survey must be completed for *all* students upon <u>first-time enrollment</u> in South Carolina public schools and is <u>not</u> completed annually at registration.

Title III, Part A: Multilingual Learner Program (MLP) and Immigrant Children and Youth
The MLP program complies with Title III, Part A of the ESEA, as amended by ESSA. The MLP program provides various educational services to multilingual learners (MLs) and immigrant children and youth who may speak languages other than English. This program is <u>free</u> to all eligible students and provides support for language acquisition.

Home Language Survey (HLS)
School districts and charter schools are required to determine the language(s) spoken in each student's home to identify their specific language needs. The purpose of the HLS is to determine the primary or home language of the student and is given to all students one time at initial enrollment in a South Carolina public school district or charter school and should remain in the student's permanent record.

Information about the student's language helps to identify students who qualify for <u>free</u> support to develop the English language skills necessary for success. English language proficiency (ELP) testing may be necessary to determine if the student is eligible for language supports if a language other than English is recorded for any of the three HLS questions below. If the student qualifies, they will be entitled to services as an ML and will be assessed annually to determine their English language proficiency.

Families must fully understand the purpose and intent of the HLS and MLP program. **If you have any questions, you may contact your district's Title III/MLP Coordinator before completing the HLS.**

1. What is the language(s) that the **student** first acquired? _____
2. What language(s) is spoken most often by the **student**? _____
3. What is the **primary language(s) used in the home**, regardless of the language(s) spoken by the student? _____

Prior Education
In accordance with *Plyler v. Doe*, this form does not inquire about the immigration status of the student or family. The purpose of this form is to collect information about your student's prior education and pre-existing knowledge and skills.

Has the **student** received English language development support in a previous school? Yes ☐ No ☐ Don't Know ☐

In what country was the **student** born? _____

If born outside of the United States, District of Columbia, or the Commonwealth of Puerto Rico, when did the **student** first attend a school in the United States?

Month	Day	Year

Parent/Guardian Name: _____

Parent/Guardian Signature: _____
Your signature certifies you have read the Title III, Part A information above and completed it to the best of your knowledge.