



Calhoun County Public Schools Enrollment Verification

My name is _____

My address is _____

My mailing address is _____

Home phone number _____ Cell phone number _____

Child's name _____

Child's relation to me _____

Verifying documents: _____ Birth Certificate _____ Court Records
_____ DSS Records

The child resides with me and is qualified to attend school in this district for the specified reason:

- ___ I am the birth parent or legal guardian (Birth certificate or court documents required).
- ___ I am the child's foster parent, licensed by the Department of Social Services (Agency documentation required).
- ___ The child lives at _____, which is a facility licensed or operated by the Department of Social Services or the Department of Youth Services (circle one) (Agency documentation required).
- ___ The child is emancipated from his/her parents (Court documentation required).

By enrolling this child in Calhoun County Public Schools, I understand and agree to uphold the parental responsibilities listed, but not limited to the following:

- Making certain that the child attends school regularly
- Accepting notices about the child's behavior and taking part in any required meeting with school officials
- Signing report cards and other important communications
- Cooperating with the teachers and school and District administrators to benefit the child's academic progress
- Notifying the school if the child moves to another person with legal custody

Student's Parent/Guardian: (Father)

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

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

Student's Parent/Guardian (Mother)

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

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

Please Select the School You Are Registering Your Child/Children

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

Migrant

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

Emergency Contacts

Name	Telephone Number	Relationship to Student
Name	Telephone Number	Relationship to Student
Name	Telephone Number	Relationship to Student

Medical Alerts

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

Medical Providers

Dentist

Telephone Number

Physician

Telephone Number

Special Programs/Situations

Has student previously been served in a Special Education Program? Yes () No ()

Does he/she have a current Individual Education Plan (IEP) Yes () No ()

If yes, list programs, school and dates: _____

Did student have a 504 Plan? Yes () No ()

Has student been identified as Gifted and Talented? Yes () No ()

Did student leave previous school due to special problems? Yes () No () Discipline _____ Attendance _____
Academic _____

Has student ever been expelled or recommended for expulsion from another school? Yes () No ()

If yes, please explain, include school(s) and dates: _____

Night time residence (McKinney-Vento)

Please indicate if the student's night time residence is any of those listed:

Shelters, transitional housing, awaiting foster care? Yes () No ()

Double up – sharing the housing of other persons due to economic hardship, loss of housing
or other reasons such as domestic violence? Yes () No ()

Unsheltered – car, park, campground, temporary trailers including FEMA trailers, abandoned or sub-standard
buildings? Yes () No ()

Hotel/Motel? Yes () No ()

Previous School Attended

Most recent school _____ Telephone #: () _____

Other _____ Telephone #: () _____

Other Information

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

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

What is the primary language spoken in your home? _____

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

Name

Relationship to Student

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

Printed Name

Signature

Date



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 and 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 first-time enrollment in South Carolina public schools and is not 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 free 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 free 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.

Policy IJNDB Use of Technology Resources In Instruction

Issued 10/18

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

Electronic Technology and Instruction

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

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

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

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

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

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

Legal References:

Federal Law:

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

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

S.C. Code, 1976, as amended:

Section 10-1-205 - Computers in public libraries; regulation of Internet access.

Section 16-3-850 - Encountering child pornography while processing film or working on a computer.

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

Calhoun County Public Schools

INTERNET NETWORK ACCESS AGREEMENT

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

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

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

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

Student signature: _____ Date: _____

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

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

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

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

Parent/Legal guardian signature: _____ Date: _____

CALHOUN COUNTY PUBLIC SCHOOLS PUBLICITY PERMISSION

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

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

Photograph/Videotape Permission Form

Please indicate below your preference for Photograph/Videotape Publicity Permission

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

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

 I DO NOT grant Calhoun County Public Schools permission to use and/or reproduce photographs, likenesses, name, or the voice of my child in any legal manner and for the internal or external promotional and informational activities and website of Calhoun County Public Schools.

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

JRA-E

FERPA DIRECTORY INFORMATION OPT-OUT FORM

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

First Name (Printed): _____

Last Name (Printed): _____

NOTICE OF DIRECTORY INFORMATION OPT OUT

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

TO: [School Name] _____

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

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

or

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

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

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