



## Enrollment Information for Parents

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**Please note: To start the enrollment process a parent or legal guardian must be present and two proof of residency documents must be provided.**

*For School Checklist See Board Policy/Refer to Policy AR JFAA/JFAB-R  
Admission of Resident and Non Resident Students*

> **Please bring the following information with you to enroll the student:**

> **Photo ID** from any state or country

> **Two current "proof of residency" documents** (all must contain property address)

These can be a combination of:

- Current bills – i.e. electric, gas, water, cable
- Current mortgage statement or current signed lease agreement with landlord's name and phone number

> **Birth Certificate**

> **Signed Certificate of Immunization**, Conditional Certificate of Immunization or Religious Exemption Certificate

> Completed **Student Enrollment Form** (available from school)

> **Withdrawal or transfer form** from your previous school, along with most recent report card or transcript, including attendance, and discipline.

> If applicable, the following will be needed:

- IEP or 504 Plan, if student receives any special accommodations
- Court-ordered guardianship document

Once enrollment has been initiated, you will be required to fill out other forms such as Student Emergency Information, Transportation Status, and Internet Permission Form. Enrollments involving unusual circumstances with residency or custody may require additional information and forms. Original documents are required at time of enrollment; photocopies and partial pages may be unacceptable.

### **Must Report to Office of Student Services to Process**

Colleton County School District  
500 Forest Circle  
P.O. Box 1947  
Walterboro, SC 29488

Updated January 2020



# COLLETON COUNTY SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Entry Date	
School Name	

*By completing this form, I attest that I have custody and educational authority for this child.*

### Student Information (Please print answers to all questions.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_ Gender  Male  Female  
 Student's Physical Address \_\_\_\_\_ Grade Level \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address, if different \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Ethnicity and Race

Is the student Hispanic or Latino?  Yes  No

**Race: (Select all that apply):**

- American Indian or Alaska Native
- Asian  African American  White
- Native Hawaiian or Other Pacific Islander

### Birth Information

Birthdate \_\_\_\_\_

Place of Birth (City, State or Country if not US) \_\_\_\_\_

### SPECIAL PROGRAM ENROLLMENT HISTORY

Has the student repeated a grade?  Yes  No If yes, what grade? \_\_\_\_\_

Student receives special services  Yes  No

- Self-Contained  Resource  Speech

Student has a current IEP (Individual Education Plan)

Yes  No If yes,  Reading  Math  Written Expression

Student has a 504  Yes  No

Student is currently enrolled in a Gifted and Talented

Program  Yes  No

if Yes,  State Identified  Academic  Artistic

### Parent/Legal Guardian Information (parent listed on child's birth certificate or court-issued custody document)

Parent/Legal Guardian #1  Mother  Father

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

Home Address \_\_\_\_\_ Check Box if same as student address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Parent/Legal Guardian #2  Mother  Father

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

Home Address \_\_\_\_\_ Check Box if same as student address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Does Parent/Legal Guardian #2 have custody?  Yes  No If no, please explain and show appropriate court documentation to school.

**Parent/Legal Guardian Information (parent listed on child's birth certificate or court-issued custody document) continued**

Please indicate who the student currently resides with  Both parents  Mother  Father  Stepparent\*  Foster Parent\*  Guardian  
 Other \_\_\_\_\_

\*appropriate documentation must be presented at time of enrollment if child lives with someone other than the parent/legal guardian. Please complete the information below if child lives with someone other than the legal parent/guardian.

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Employer \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Academic Information (if applicable)**

Last school attended  Public  Private  Home  Charter  
 Name of School \_\_\_\_\_ Address of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Dates of Attendance \_\_\_\_\_ Current Grade \_\_\_\_\_

None  Family Child Care Center (Home-Based)  Home with Family Member  Home with Non-Family Member  Head Start  Center Based Care

**High School Students ONLY List all other high schools the student has attended, beginning with the most recent.**

Name of School \_\_\_\_\_ City, State \_\_\_\_\_ Grades \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
 Name of School \_\_\_\_\_ City, State \_\_\_\_\_ Grades \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

**Home Language Survey. Please review the following questions about the student's language background.**

1. What is the first language your child learned to speak? \_\_\_\_\_
2. What is the language your child speaks more often? \_\_\_\_\_
3. What language is spoken most often in your home? \_\_\_\_\_
4. Has the student ever received support in learning English?  Yes  No
5. What is the date your child first entered a U.S. school? \_\_\_\_\_

Do the parents/guardians read and speak English?  
 Mother  Yes  No  
 Father  Yes  No  
 Guardians  Yes  No

**Siblings: List all other children in this family who currently attend Colleton County School District.**

Last Name	First Name	Middle Name	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Emergency contacts: List contact information below for people we would call in an emergency IF WE ARE UNABLE TO REACH THE PARENT/LEGAL GUARDIAN**

Emergency Contact	Home Phone	Work Phone	Cell Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Additional Information**

Does the student live in a foster home?  Yes  No      Are the student's parents migrant workers?  Yes  No

Is either parent or legal guardian on active duty in the military?  Yes  No

Is either parent or legal guardian on active duty in the reserves or national guard?  Yes  No

**Medical Information**

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Does the student have any medical problems, take medications or have a special diet, etc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any allergies the student may have.**

**Parent Acknowledgement and Signature**

Colleton County Schools uses an automated phone messaging system for parent notifications to include unexpected school closings, early dismissals, or emergencies. Out of respect for our families' schedules, phone calls are made between 8:00 a.m. and 8:00 p.m. This system can also be utilized to send text alerts in the event of unexpected school closings, early dismissals, or emergencies. Text alerts can be sent at any time of day, but are only utilized in unusual or emergency situations, such as an early morning decision to delay or close school due to weather. Please indicate below which phone number you would like to utilize for parent messages. If you want to receive texts as described above, this number must be assigned to a text-enabled cell phone: \_\_\_\_\_

**By signing this form, I attest that I have custody and educational authority for this child and have provided appropriate documentation.**

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

**For 4K, K5, and 1st Grade Enrollment Only**

I am aware that the entrance requirements for 4K, 5K, and 1st grade students are as follows:  
*My child must be four years of age if enrolling in 4K program, or five years of age if enrolling in K5 program; or six years of age if enrolling in First Grade on or before September 1st of the applicable school year.*

**FOR SCHOOL USE ONLY**

<b>Date Enrolled:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Address Verification</b>	<b>Student Number</b>	<b>State ID Number</b>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Birth Certificate</b>	<input type="checkbox"/> Utility Bills(s)	<input type="checkbox"/> Phone
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Immunization</b>	<input type="checkbox"/> Gas	<input type="checkbox"/> Water
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Transcript Request</b>	<input type="checkbox"/> Property Tax Receipt	<input type="checkbox"/> Mortgage Deed
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Transcript Received</b>	<input type="checkbox"/> Registration Complete	<input type="checkbox"/> Rental
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<b>Verified by</b>	
				<b>Date</b>	



## 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
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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.*

# COLLETON COUNTY MIDDLE SCHOOL

1379 Tuskegee Airmen Dr.

Walterboro, SC 29488

School: 843-782-0040 Fax: 843-782-0041

E-mail: [acarson@colleton.k12.sc.us](mailto:acarson@colleton.k12.sc.us)

## RECORD REQUEST FORM

Previous School Name: \_\_\_\_\_

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

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

Please send the completed transcript for \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth \_\_\_\_\_, who has enrolled at Colleton County Middle School.

- Please include:
1. Date student entered and withdrew from your school
  2. Current grades and historical grades
  3. Test Scores
  4. Copy of Birth Certificate
  5. Copy of most recent Immunization Record
  6. Copy of Discipline Report
  7. Copy of Attendance Record
  8. Copy of: IEP, Gifted/Talented or Section 504 plan
  9. ESL Services and WIDA/Access Scores

I \_\_\_\_\_, give permission for the release of this child's school records.

Parent/Guardian Signature

Records Requested by: \_\_\_\_\_ Title: \_\_\_\_\_

School Official

Thank you,

Colleton County Middle School

### Office Use Only

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_





### Student Sign-Out Card

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_  
Student's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
911 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_ Home: \_\_\_\_\_  
Mother's Cell Number: \_\_\_\_\_ Mother's Work Number: \_\_\_\_\_  
Father's Cell Number: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_

#### EMERGENCY CONTACT

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

#### STUDENT TRANSPORTATION

Please check your child's method of transportation in the morning and afternoon. If your child rides the bus, please indicate the bus number.

AM Car \_\_\_\_\_ Bus # \_\_\_\_\_  
PM Car \_\_\_\_\_ Bus # \_\_\_\_\_

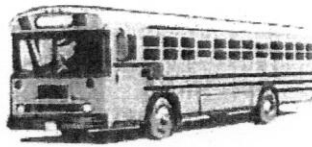
#### NAME OF PERSON(S) THAT ARE PERMITTED TO SIGN YOUR CHILD OUT OF SCHOOL

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

#### NAME OF PERSON(S) THAT ARE NOT PERMITTED TO SIGN YOUR CHILD OUT OF SCHOOL

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**ANY CHANGES TO THE SIGN-OUT-CARD WILL REQUIRE SUBMITTING A NEW CARD**



# Colleton County Middle School Bus Transportation Form

- New Request     
  Change in Pick-Up Location     
  Change in Drop-Off Location  
 Court Ordered (Must submit court order)     
  Different Stop (same bus)

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Address must match PowerSchool)

My child will be an AM: \_\_\_\_\_ Bus rider or \_\_\_\_\_ Car rider

And/or PM: \_\_\_\_\_ Bus ride or \_\_\_\_\_ Car rider

Contact Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ / \_\_\_\_\_  
Print Signature

Please allow a minimum of two (2) school days for processing.

\*\*\*\*\*

**Requested Alternate Pick-Up Location (MUST BE DIFFERENT FROM HOME ADDRESS)**

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Requested Alternate Drop-Off Location (MUST BE DIFFERENT FROM HOME ADDRESS)**

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)



# Health History Form

<b>Student's Last Name:</b>	<b>Student's First Name:</b>	<b>Middle Initial:</b>	<b>Date of birth:</b>
<b>Mother/Guardian:</b>		<b>Father/Guardian:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>		<b>Cell Phone:</b>	
<b>Emergency Contact Name (Other than Parent):</b>		<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Student's Primary Doctor:</b>		<b>Student's Dentist:</b>	<b>Office Phone:</b>

**Check the problem that your child has been diagnosed with:**

<b>No Medical Problems</b>	<b>No Daily Medications</b>	<b>Multiple Sclerosis</b>	
ADD / ADHD	Migraines	Rheumatoid Arthritis	
Asthma <input type="checkbox"/> Active <input type="checkbox"/> History of Asthma	Psychiatric Disorders	Kidney Disease	
Cancer	Sickle Cell Disease	Gastrointestinal Disorder	
Diabetes	Heart Disease	Depression	
Epilepsy (Seizures)	Orthopedic Disability	Other:	
Hemophilia (bleeding disorders)	Liver Disease		

**List any medications your child takes daily or as needed: (even if he/she only takes at home)**

**If your child needs medication at school, you must have your doctor complete medication forms from the nurse. Please call the nurse for information as soon as possible.**

**Does your child wear glasses?**    Yes    No    **Does your child wear a hearing aid?**    Yes    No

**Does your child have any of the following allergies: (please describe the reaction)**

**Food allergies or Diet Restrictions:** \_\_\_\_\_  
If so, parent needs to provide a statement from a doctor for the cafeteria to provide special meals (see nurse for forms)

**Medication allergies:** \_\_\_\_\_

**Insect allergies:** \_\_\_\_\_

**EpiPen?**     Yes     No

**PERMISSION FOR SERVICES**

I give my permission for my child to receive first aid treatment as deemed necessary by the school nurse. I consent for health information to be shared with others on a need-to-know basis if my child may become ill during school hours and emergency care is needed. I give permission for the school nurse to consult with my child's physician(s) about the above medical condition(s) or any condition that may require a physician's release for return to school. If my child is ill during the school day, attempts to reach parents/guardians will be made first. In an emergent situation, I permit District Officials to take whatever action they deem necessary for the health and safety of my child. I will not hold the School District of Colleton County responsible for my child's emergency care/ and or transportation. I will update the school nurse in writing if my child's medications or health status changes. Permission of services will remain valid from the date signed unless I revoke services in writing.

I give my permission for my child to participate in grade-appropriate health screenings as set forth by DHEC.

I give my permission for the licensed school nurse to enter my child's information and immunizations as provided by the parent, school records, or health care provider into the SC Immunization Registry as indicated for securing an SC Certificate of Immunization Record required for school attendance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



OFFICE OF SPECIAL SERVICES  
500 Forest Circle, P. O. Box 1947  
Walterboro, SC 29488  
Telephone: 843-782-0022, Facsimile: 843-782-0026  
www.colletonsd.org

### Medicaid General Consent

The Colleton County School 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



Colleton County School District  
 Department of Special Services  
 500 Forest Circle  
 Walterboro, SC 29488  
 843-782-0022 Voice ♦ 843-549-7633 Fax

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

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

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

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

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

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

Student's Name: \_\_\_\_\_ Medicaid \_\_\_\_\_

## **STUDENTS ACCEPTABLE USE AND INTERNET SAFETY POLICY**

Students are encouraged to use telecommunications to explore educational topics, conduct research, and communicate with others to enhance their educational experience. Access to networked information resources (email, the Internet, computers, software, etc.) is a privilege extended to students for educational purposes. The Colleton County School District requires that each student sign this form prior to using any networked information resources.

Students will not engage in the following activities while using networked information resources, including the Internet.

- accessing Proxy servers (those web sites designed to bypass the district's web filter)
- sending, displaying or requesting offensive messages or pictures
- using obscene language
- harassing, insulting, or attacking others (cyberbullying)
- physically damaging computers or any vandalism of computer systems or computer networks
- violating copyright laws
- using others' passwords
- trespassing in others' folders, work or files
- intentionally wasting limited resources
- intentionally using the Internet for non-instructional purposes
- employing the network for commercial purposes
- purchasing something which obligates the school or another party without prior approval
- any other activities prohibited by the district, school or teacher

Staff is required to immediately report any of the above violations by staff or students to the building administrator.

Staff is required to verify the status of a student's AUP prior to allowing student access to network resources.

Sanctions may include the loss of access to computers, removal from a class/course which requires computer access, disciplinary action for inappropriate language or behavior consistent with school board policies, and notification of law enforcement agencies when criminal conduct is suspected.

### **Network/Internet Terms and Conditions of Use**

#### *Acceptable use*

Access to computer systems and networks owned or operated by the Colleton County School District imposes certain responsibilities and obligations on users and is subject to Colleton County School District policies and local, state, and federal laws.

#### *Privileges*

The use of the networks and their resources is a privilege, not a right, and inappropriate use may result in the severe restriction of privileges. The district technology center will deem what is inappropriate use and this decision is final. The contents of any material created in conjunction with the use of this network should not interfere with educational purposes and may be reviewed by district staff members responsible for the network.



*Warranty*

The Colleton County School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Colleton County School District will not be responsible for any damages suffered. This includes loss of data resulting from delays, non-deliveries, misdirected deliveries or service interruptions obtained via the Internet.

The Colleton County School District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

*User privacy*

The Colleton County School District reserves the right to examine, restrict, or remove any material that is on district property or passes through the district's network, just as it does any other work or material generated or brought to school by students. Access to electronic information related to any student or staff member will be governed by the same policies that would apply to that information if it were not in electronic form. The district's technology center, as well as the South Carolina CIO office, will scan and monitor all network/Internet traffic. The technology center is required to block any network traffic on the network it deems as inappropriate.

*I have read and understand and will have my child abide by the Colleton County School District Acceptable Use Policy. I am aware that district technology, including the Internet and network access, is designed for educational purposes. I further understand that any violation of this policy may constitute a criminal offense. Should my child commit any violation, his/her access privileges may be revoked and he/she may be subject to other disciplinary actions prescribed by law or school board policy. **I understand that the district's web filter can NOT block all unacceptable Internet traffic and I will not hold the district responsible for materials accessed on the network.***

Student's full name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_

*This form must be on file at the student's media center.*

**This form MUST be signed each year and turned into the school.**

# Colleton County Middle School

## 2022-2023 Supply List

- Clear Backpack
- Loose Leaf Notebook Paper
- 3 Ring Binder
- Pencils
- Handheld Pencil Sharpener
- Dry Erase Markers
- Colored Markers
- Colored Pencils
- Ruler
- Scissors
- Glue Sticks
- 4 Black & White Composition Notebooks
- Earbuds

Note: Supplies listed above are for your student's personal use throughout the day and cannot be shared with others. Please make sure your student brings their supplies every day. Please also keep in mind that supplies will need to be replenished throughout the school year.

## Policy JICA Student Dress, Articles, and Displays

Issued 7/18

Purpose: To establish the basic structure for determining appropriate dress standards for students.

Students are expected to dress and be groomed in such a way as to not distract or cause disruption in the educational program or orderly operation of the school. Students should dress for the educational setting and not the recreational one. To maintain an educational environment that is safe and conducive to the educational process, students in all grades will abstain from wearing or possessing specified items during the school day.

### Purpose

The district has determined that reasonable regulation of school attire can further important educational interests, including the following:

- reducing distractions and loss of self-esteem caused by teasing or competition over clothing
- minimizing disruptions from wearing inappropriate clothing or possessing inappropriate items at school
- providing an environment where students can focus more on learning
- enhancing school safety by making it more difficult to conceal weapons or contraband
- enhancing school safety by helping teachers and administrators identify individuals who are not enrolled in the school when they encounter them on school grounds
- enhancing school safety by prohibiting gang colors and paraphernalia
- reducing the cost of school clothing
- providing an educational environment where financial disparities between students, as reflected in clothing, are minimized
- creating a greater sense of community and school pride among the students
- instilling discipline in students
- helping students and parents/legal guardians to avoid peer pressure
- helping prepare students for further roles in the workplace
- creating an atmosphere reflecting seriousness of purpose about education

### General Guidelines

- Clothing will not be so extreme or inappropriate to the school setting as to disrupt the educational process as determined by the administration.
- Hair styles, hair colors, or hair adornments will not be so extreme or inappropriate to the school setting as to disrupt the educational process as determined by the administration.
- Garments, jewelry, or articles of clothing will not display emblems related to alcohol, illegal or abusive substances, gangs, violence, sex, or obscenities.
- Tops and bottoms deemed as distracting, revealing, overly suggestive, or otherwise disruptive will not be permitted. Garments will assure modesty when the student is seated or engaged in school activities.
- No sweat pants, running shorts, spandex, or cargo pants are permitted.
- Tights, leggings, jeggings, or joggling-style pants cannot be worn as bottoms.
- Shirts and blouses must cover shoulders and torso, be neither too tight nor too loose as to be revealing or pose a safety hazard.
- Wearing accessories or clothing that could pose a safety threat to one's self or others is not allowed. This includes heavy chains not made as jewelry, fishhooks, multiple finger rings (rings welded together resembling brass knuckles or rings that can be used as a weapon), studded/spiked bracelets or collars, nose/lip to ear chains, etc., will not be allowed.
- Body piercing and/or body art that is disruptive to the order of the school or is a distraction to the learning environment will not be allowed.
- Students may not wear large pendants, large medallions, or large dangling earrings or any other distracting or unsafe jewelry. School administrators will make determination based on grade levels (primary, elementary, middle school, high school).

### Dress Code Requirements

Shirts, vests, sweaters, and sweatshirts (tops)

For the purpose of this policy, shirts, vests, sweaters, and sweatshirts are referred to as tops. To that end, tops may be solid

- Students will wear plain shirts with a collar or school (where the student attends) sponsored t-shirts.
- Shirts may have school-approved/manufactured logos.
- Shirts may not exceed one size larger than necessary as determined by the school administrator.
- White or approved colored t-shirts or turtle neck shirts (long or short sleeve) may be worn under shirts.

Pants, jeans, skirts, skorts, jumpers, capri length pants, and shorts (bottoms)

For purposes of this document pants, jeans, skirts, skorts, jumpers, capri pants, and shorts are referred to as bottoms. To that end, bottoms must be solid khaki, black, or navy.

- Denim jeans without holes and rips are permitted.
- Bottoms must be free of graphics and embroidery. With the exception of small labels, bottoms may not have insignias, words, or pictures.
- Shorts, skirts, skorts, and jumpers will be no shorter than 2 ½" above the knee when standing.
- Cargo-style pants or shorts are not permitted.
- Clothing will not exceed one size larger than necessary as determined by the school administrator.
- Baggy or sagging pants or shorts are not permitted.
- "Low rise" clothing is not permitted.
- Bottoms (excluding jumpers) will be worn at the natural waistline and properly fitted to prevent sagging.
- Belts will be worn in pants, skirts, skorts, or shorts that have belt loops. Exceptions may be made for preschool and kindergarten students as needed by administration. Belts must be buckled and tucked in loops. Belt buckles must not be oversized, computerized, or have any writing that is considered offensive.

Shoes, sneakers, and boots (footwear)

- Footwear will be worn at all times, and, as needed, shoes will conform to special requirements, i.e., PE class, ROTC, science labs, culinary arts, etc.
- Laces on shoes or sneakers will match the shoe color and be tied.
- Flip flops, plastic shoes, slippers, and stiletto heeled shoes are not permitted.
- "Heelies" styled shoes with wheels in the soles are not permitted.

Coats, jackets, vests, sweaters, and sweatshirts

Coats and jackets may not be more than one size larger than necessary. Coats that present a distraction as determined by the school administration (e.g., characters, large logos, advertisements) will be banned. No hoods are to be worn inside buildings. Students may wear vests, sweaters, or sweatshirts that do not exceed one size larger or smaller than necessary as determined by the school administrator.

Other clothing items and accessories

- Student IDs must be worn at the middle school and high school.
- Any adornment that could be perceived as, or used as, a weapon such as chains, spikes, etc., is not permitted.
- Gang-related clothing, accessories, symbols, or intimidating items of dress, as maybe identified by local law enforcement agencies, are not permitted.
- Head coverings of any kind including, but not limited to, hats, caps, bandanas, curlers, masks, visors, kerchiefs, athletic sweatbands, earmuffs, sunglasses, and hoods are not permitted. Head coverings will not be worn, carried, hung on belts or around the neck, or kept in classroom during regular school hours. Exemptions can be made by the school administration for inclement weather. If there is a medical/religious reason for a student to wear one of the above listed items, see the section entitled Exceptions to Dress Code.

Other dress code requirements

Students will dress according to the dress code standards at all times when school is in session. Students who are taking classes that require a special dress code, such as ROTC or career and technical education internships, may wear that uniform to other classes. Principals may make exceptions to the dress code policy for special events, such as picture day, dress down days, and field trips, and may allow a different standard for athletic teams or other school clubs or activities. Clothing designated for school athletic events, i.e., cheerleader outfit, that does not meet the above guidelines will not be worn during the instructional day unless appropriate additional garments are worn with the outfit.

**Enforcement**

Students will be informed that they have violated the dress code policy. They will be given an opportunity to change into acceptable clothing by using available clothes at school or by calling a parent/legal guardian to bring clothes. If the violation is corrected within a reasonable time, a warning will be issued. If neither of these options is used, students may be placed in an alternative setting, if available, for the remainder of the day.

#### Second offense

A second infraction of the dress code will be considered as failure to comply. In addition to the disciplinary actions available for a first offense, a parent/legal guardian conference will be held.

#### Third offense and subsequent offenses

A third or subsequent violation of the dress code will be categorized as a Level II – Disruptive Conduct offense as outlined in Policy JICDA-R, Code of Student Conduct, and a student will be subject to the consequences outlined therein, including, but not limited, to out-of-school suspension. Disciplinary action may vary when a student has a record of other student conduct violations during a current school year.

#### Administrative determination

In all cases of questionable dress code violations, the principal has the authority to make the final determination as to whether a particular style or garment violates this policy. If the principal determines that a student has violated the policy, the student will receive the appropriate disciplinary consequence.

### **Exceptions to Dress Code**

#### Exemption procedures

Reasonable consideration will be made for those students who, because of a sincerely held religious belief or a medical reason(s), request a waiver of a particular guideline for dress or appearance.

- The waiver request will be submitted to the principal in writing from the parent/legal guardian and approved or disapproved by the principal and/or his/her designee on an annual basis or for a specified period of time.
- In considering a waiver request, the principal and/or his/her designee has the right to request documentation from medical officials and/or religious leaders.

### **Transfer Students**

New students to the school will be given a two-week grace period from enrollment to obtain and comply with the proper school dress code.

Adopted 3/15/11; Revised 11/19/13, 7/19/16, 7/17/18

# **Policy JICJ Student Possession/Use of Wireless Electronic Devices**

*Issued 12/21*

The board recognizes that, depending on how they are used, wireless electronic devices, as defined herein, can be either valuable learning tools or a source of disruption in the learning environment. In order to maintain a secure and orderly learning environment, student use and possession of wireless electronic devices shall be subject to the limitations and regulations as set forth in this policy.

“Wireless electronic device” means a handheld electronic device having the ability to receive and/or transmit voice, text, or data messages without a cable connection and may include, but is not limited to, mobile cellular telephones, smart phones, smart watches, tablets, pagers, and computer (unless school/district issued) and communications devices currently in existence. This also includes any current or emerging wireless technologies or portable information technology systems developed for similar purposes.

This policy applies to all district property, school grounds, school buildings, personal vehicles on school property, buses, district owned vehicles during the instructional day.

The “instructional school day” is defined as the time from the arrival bell until the final dismissal bell. The instructional school day includes, but is not limited to, study halls, lunch break, class changes, and any other structured or unstructured activities.

## **Student Possession and Use**

Students may possess wireless electronic devices as described as long as the students adhere to the regulations set forth herein. Any unauthorized use, activation, and/or visibility of wireless electronic devices during the instructional school day is prohibited as it can disrupt the instructional program and/or distract from the educational environment.

Students will not use wireless electronic devices to capture video, audio, or photos of other people at school. The posting of those photographs, audio, and/or video will result in disciplinary consequences.

Earbuds and/or headphones may only be worn in the classroom for instructional purposes with permission of the teacher. Earbuds and/or headphones shall not be worn at any other time during the instructional school day.

Activated (i.e. turned “on”) wireless electronic devices are permitted on all district owned and state owned buses as long as their use and/or activation does not disrupt the safe operation of the buses, the safety of students boarding/disembarking buses, violate student/staff privacy rights, or violate any other district policies. The bus driver may confiscate any wireless electronic device deemed to be causing a disruption.



Students may possess wireless electronic devices as described provided such devices are not visible, used (unless authorized by this policy), or activated (i.e. turned "on") and are kept in the "off" position throughout the instructional school day. Students shall keep such devices stored in a locker, backpack, or other non-visible secure location during the instructional school day.

Times of authorized use are limited to the following:

- before the beginning of the instructional school day
- after the dismissal bell at the end of the instructional school day

### **Consequences of Violation**

A student who violates this policy as to visibility, use alone, not accompanied by other misconduct, and/or activation of the wireless electronic device is subject to the following disciplinary/consequences:

**First Offense** – Device Confiscated, student warning; parent/legal guardian conference with administrator; device returned at conference.

**Second Offense** – Device Confiscated, one day out-of-school suspension; parent/legal guardian conference with administrator; device returned at conference; student is prohibited from possessing any wireless electronic device at school or on school property for the remainder of the school year.

**Third Offense** – Device Confiscated, three days out-of-school suspension; parent/guardian conference; device returned at conference; and student is prohibited from possessing wireless electronic device at school or on school property for one calendar year.

**Fourth Offense** – Discipline as determined by the district up to expulsion for the remainder of the school year.

In addition, students will be disciplined for their use of a device during certain misconduct as set forth below. Conduct infractions will follow the guidelines set forth in Student Code of Conduct. A student's possession, display, or use of a wireless electronic device as described above on school property contrary to the provisions of this policy shall be viewed as the unauthorized use of such device subjecting the student to disciplinary consequences when such possession, display, or use of the device in conjunction with misconduct that includes, but is not limited to:

- use that violates academic integrity, such as the reproduction of images of instructional materials or the communication of text or examination contents or answers, to provide access to unauthorized school information, or to provide assistance to students in any aspect of their instructional program

in a manner that violates school board policy or the Student Code of Conduct;

- the communication of the marks or grades assigned to students resulting from testing or evaluation or the actual contents, or parts thereof, of any test or evaluation or the actual contents, or parts thereof, of any test or evaluation activity being completed by an individual(s);
- use to commit a crime under federal or state law;
- violation of a student's or other person's reasonable expectation of privacy by using such device with image and/or sound recording capabilities in student locker rooms, restrooms, or any other student changing areas, or in the classroom, whether such use occurs during the instructional school day or any other time on school property;
- use of such devices as described above to take photographs or make video/audio recordings while on school property, while on school-sponsored transportation, or while a student is engaged in school-sponsored activities, except for classroom purposes as directed by the teacher;
- use in a manner that is profane, indecent, obscene, threatening, discriminatory, bullying, or harassing through language, pictures, or gestures;
- use of the device in the course of committing any act(s) which constitute a violation of district policy and/or the Student Code of Conduct; or
- Failure to turn over a wireless electronic device immediately when requested by a staff member.

### **Acceptable Uses**

Use of wireless electronic devices as described are permissible in the following circumstances:

*IEP, 504, or healthcare/medical plan*

Students may use such devices as described during class time when authorized pursuant to an individualized education program (IEP), a Section 504 accommodation plan, or a healthcare/medical plan with supportive documentation from the student's physician.

*Health, safety, or emergency reasons*

Principals may make exceptions to the restrictions in this policy, in part or in its entirety, for health, safety, or emergency reasons, provided as soon as possible the principal submits a written report of the exception and reasons to the superintendent.

#### *School trips or school-sponsored activities*

The use, display, or activation of wireless electronic devices as described during school trips or school sponsored activities may be permitted at the discretion of the principal or designee, but shall not be disruptive to the activity.

#### *Volunteer Service Organizations*

A student who is 18 years or older and wishes to participate as a member of a volunteer firefighter or emergency services organization may be authorized to carry a wireless electronic device with special permission from the school principal upon filing a written request from the volunteer organization.

#### **Responsibility/Liability**

Any student who chooses to bring to school a wireless electronic device as described shall do so at the student's own risk and shall be personally responsible for the security of the device. Neither the school personnel nor the district will assume any responsibility or liability for loss, theft, damage, or vandalism to such devices as described above brought onto school property or the unauthorized use of any such device.

Adopted 7/15/08; Revised 3/19/13, 10/18/16, 7/30/19, \_\_\_\_\_

#### Legal References:

S.C. Code of Laws, 1976, as amended:

Section 59-63-280 – Requires board to adopt a policy on student use of electronic devices.

Colleton County School District