

What do I need to register my child for school?

1. **Two Proofs of address** – These documents may be a current lease agreement, utility bill, telephone bill (can be a contracted cell phone bill), cable bill, correspondence from DSS or SS or pay stub.
2. **SC immunization certificate**
3. **Long Form Birth Certificate**
4. **SS Card** (Optional)
5. **Medicaid Card** (If Applicable)
6. **Picture ID of parent or guardian**
7. **Most recent transcript for middle and high schools, if available.**
8. If someone other than the parent is enrolling a student, you must provide **LEGAL documentation** that shows you are the legal guardian. This document must be issued by DSS, family court or an attorney. Notarized, typed or hand-written statements are not acceptable.

¿Qué necesito para inscribir a mi hijo en la escuela?

1. **Dos comprobantes de domicilio:** estos documentos pueden ser un contrato de arrendamiento actual, una factura de servicios públicos, una factura telefónica (puede ser una factura de teléfono celular contratada), una factura por cable, una correspondencia de DSS o SS o un recibo de pago.
2. **Certificado de inmunización SC**
3. **Certificado de Nacimiento de Forma Larga**
4. **Tarjeta SS (opcional)**
5. **Tarjeta de Medicaid (si corresponde)**
6. **Identificación con foto del padre o tutor**
7. **Transcripción** más reciente para escuelas intermedias y secundarias, si está disponible.
8. Si alguien que no sea el padre está inscribiendo a un estudiante, debe proporcionar **documentación LEGAL** que demuestre que usted es el tutor legal. Este documento debe ser emitido por el DSS, el tribunal de familia o un abogado. Declaraciones notariadas, mecanografiadas o escritas a mano no son aceptables.

Student Enrollment Form

For Office Use Only

<input type="checkbox"/> Long Form Birth Certificate	<input type="checkbox"/> SC Immunization Certificate
<input type="checkbox"/> SS Card (Optional)	<input type="checkbox"/> Medicaid Card (If Applicable)
<input type="checkbox"/> Picture ID of parent or guardian	<input type="checkbox"/> HS Transcript (If Available)
<input type="checkbox"/> Two (2) Proofs of residency	

Student's Legal Name as appears on birth certificate

_____ / _____ / _____ / _____			
Last	First	Middle	(Jr. II, III, etc.)
Grade _____ / _____	Male () Female ()	_____ / _____	_____ / _____
Last Year	Entering	Birthdate	Social Security #

Student's Mailing Address

_____ / _____ / _____ / _____				
Number	Street	Apt.	City	Zip Code

Student's Residence Address

_____ / _____ / _____ / _____				
Number	Street	Apt.	City	Zip Code

Guardianship Is this the legal guardian? Yes No

_____	_____
Child lives with	Home Telephone

Transportation

_____ / _____	
AM Transportation	PM Transportation

*If your child will be picked up or delivered to an address other than home, please identify approved residence.

Name: _____ Address: _____ Telephone # _____

Race: Check all that apply. Can be more than more.

American Indian or Alaska Native (I) ()	Native Hawaiian or other Pacific Islander (P) ()
Asian (A) ()	White (W) ()
Black or African American(B) ()	

Ethnicity: Select only one

American Indian (I) ()	Hawaiian-Pacific Islander (P) ()
Asian (A) ()	White (W) ()
African American(B) ()	Hispanic (H) ()
Two or More Races (M) ()	

Is student Spanish or Latino? Yes No

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

Parent's Military Status

Choose the appropriate status:

- () Neither Parent nor Guardian is serving in any military service.
- () A Parent or Guardian is serving in the National Guard but is not deployed.
- () A Parent or Guardian is serving in the Reserves but is not deployed.
- () A Parent or Guardian is serving in the National Guard and is currently deployed.
- () A Parent or Guardian is serving in the Reserves and is currently deployed.
- () A Parent or Guardian is serving in the military on active duty but is not deployed.
- () A Parent or Guardian is serving in the military on active duty and is currently deployed.
- () The student's Parent or Guardian died while on active duty within the last year.
- () The student's Parent or Guardian was wounded while on active duty within the last year.

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

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 Orangeburg County School District. All information provided is correct.

_____ / _____ / _____		
Printed Name	Signature	Date



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in South Carolina, and remains in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____
4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

Policy IJNDB Technology Acceptable Use

Issued 11/09

Purpose: To establish the board's vision and the basic structure for the use of technology resources in instruction and administrative use, and to articulate the acceptable use of district technology resources.

Technology is a vital part of education and the curriculum of Orangeburg County School District. In an effort to promote learning and expand educational resources for students, the district has made arrangements to provide network access to students and staff. The district's goal in providing this service is to promote educational excellence by facilitating resource sharing, communication and innovation. Access to the network, an "electronic highway" connecting millions of computer users all over the world, will allow district students and staff the opportunity to communicate with others on a global level and access educational materials worldwide.

Access to the network is a privilege, not a right. With this privilege, there also is a responsibility to use the network solely for educational purposes and not to access inappropriate materials unsuitable for students. The district administration is directed to develop appropriate guidelines governing the use of district and personal computing devices when utilizing district-provided network resources.

As part of the implementation of the administration's guidelines, students and staff must be instructed on the appropriate use of the network. In addition, parents/legal guardians must sign a permission form to allow students to have access to the network. Students must also sign a form acknowledging that they have read and understand the technology acceptable use policy and administrative rules and assuring that they will comply with the policy and administrative rules and understand the consequences of violating either. District staff must sign a similar acknowledgment form before they will be allowed to access the network. Inappropriate use by any person will not be tolerated.

Accessing inappropriate sites

Student network activities will be monitored by the district to ensure students are not accessing inappropriate sites that have audio and/or visual depictions that include obscenity or child pornography or are harmful to minors (i.e. cyberbullying, harassment, discriminatory attacks, etc.).

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

District and school computer technicians who are working with a computer and come across sexually explicit images of children must report this to respective district/school officials.

Adopted 12/9/08; Revised 11/10/09

Federal law:

47 USC Section 254(h) - Children's Internet Protection Act.

The Digital Millennium Copyright Act of 1998, Section 512 - Limitations on liability relating to material online.

S.C. Code of Laws, 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.

FILE: IJNDB-E(1) Internet Acceptable Use Policy Student/Parent/Legal Guardian Certification Form

I have read and understand the Orangeburg County School District Internet acceptable use policy and administrative rule. I understand and will abide by the conditions and rules set forth therein. I further understand that violation of these conditions and rules are unethical and also may constitute a criminal offense. Should I commit any violations, my access privilege may be revoked for up to one year, disciplinary action may be taken and appropriate legal action may be instituted. I also agree to be responsible for any unauthorized costs incurred by my use of the Internet.

Student

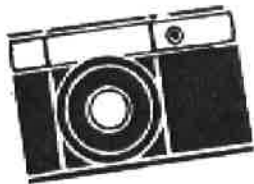
Date

As the parent/legal guardian of this student, I have read and understand the Internet acceptable use policy and administrative rule. I understand that this access is designed solely for educational purposes. I further understand that if my child violates these conditions and rules, his/her access privileges may be revoked for up to one year and disciplinary action may be taken.

Parent/Legal guardian

Date

Photograph/Videotape Permission Form



I give permission for my child _____,
who attends _____
School at _____, to have
photographs or videotape taken that may or may not be
used in the newspaper, district publication, district
website or for other purposes such as those listed below:

Signature of Parent
or Guardian _____ Date _____

Address _____

Phone Number _____

Please return this form to: _____

ORANGEBURG SCHOOL DISTRICT NURSING DEPARTMENT
CONFIDENTIAL SCHOOL HEALTH HISTORY/CONSENT FORM School Year: 2019-2020

Last Name: _____ First: _____ MI: _____ DOB: _____
 Gender: _____ School: _____ Teacher: _____ Grade: _____

Mother/Guardian: _____ Home#: _____ Work #: _____ Address: _____ City: _____ Cell #: _____	Father/Guardian: _____ Home #: _____ Work #: _____ Address: _____ City: _____ Cell#: _____
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Emergency Contact (other than parent): _____ Phone: _____ Phone: _____

Does your child have medical problems or receive any treatment for medical problems? Yes No
 Has your child had surgery or been hospitalized? Yes No

*If your answer is yes to any condition, please explain on the back of this form.

Is your child allergic to any of the following? Please check YES or NO.

Yes	No	Type of Allergy*	List allergy ex. (aspirin, ants, nuts)	Describe reaction ex. (rash/hives/stomach upset)
		Medicine		
		Insect sting		
		*Food/beverage		
Requires the use of an Epi-pen or Benadryl for severe allergic reaction (medication will be sent from home).				

*A doctor's note is needed when a student has a food or beverage allergy and requires a change in the school menu.

Does your child have any of the following medical conditions? Please check YES or NO in the boxes located BEFORE each medical condition listed below. *If your answer is yes to any condition, please explain on the back of this form.

Yes	No		Yes	No		Yes	No	
		ADD/ADHD			Epilepsy/Seizures (see back)			Neurological/brain/spine/CP
		Asthma (see back of form)			Feeding problem/ G-tube			Sickle cell disease
		Cancer			Frequent ear infections			Skin rash/ eczema
		Dental Problem			Frequent headaches			Tuberculosis
		Diabetes			Hearing/wears hearing aids			Urinary (kidney/bladder)
		Difficulty Learning			Heart Murmur/Problem			Vision (glasses/contacts)
		Emotion/behavior problem			High Blood Pressure			Other:

What is your child's Doctor's name? _____ Phone#: _____

What is your child's Dentist's name? _____ Phone#: _____

What is your child's payment source for medical care? Medicaid Health Insurance None

Permission for Service

I give my permission for my child to receive medical treatment or medication or age appropriate school health screenings as deemed necessary by the school nurse or designated staff. Orangeburg County School District follows the S.C. Department of Health and Environmental Control (DHEC) guidelines, procedures and recommendations for the routine delivery of health services.

I understand that in case of emergency and I cannot be reached, my child will be transported to the nearest emergency room by Emergency Medical Services (EMS). I understand that I am responsible for all expenses associated with the emergency.

I understand that information about my child will be shared on a "need to know" basis within the school/district and the school will share information with the S.C. Department of Health and Environmental Control (DHEC), other pertinent health agencies and EMS as needed or when necessary.

I understand that prescription medications may be given at school with a written doctor's order and written parent consent. All medications must be in their original bottle or package and properly labeled from the pharmacy or manufacturer. All medications must be secured in the school nurse's office unless a student has a doctor's note approved for self-medication. A responsible adult must deliver the medication to the school.

I understand that (1.) chronic illness or extended medication regimens require individualized health plans to be developed with the parent and school nurse and approved by my child's physician. (2.) "Authorization for Self-Medication or Monitoring" form approved by the doctor and school district is required if a student self-medicates or self-monitors their own medical condition(s). If my child is to self-medicate then the self-medicating board policies must be followed.

I, parent/guardian, will not hold the school, district personnel or Orangeburg County School District liable for the effect of medication upon the student.

Parent/Guardian Signature: _____ Date: _____

Does your child ride a school bus? [] YES [] No (if YES, list the bus number or driver): _____

Does your child take any medications? [] Yes [] No

Please list any medications that your child takes:

Name of Medication	Dosage/Strength	Time	Doctor who Prescribed

Please contact your child's school nurse with questions or to obtain a medication permission form.

***If you answered YES to seizures or asthma on the front of this form, please complete the section below:**

YES	NO	Type of Seizure	Date of last seizure	Yes	No	Asthma management	Date of last episode
		Febrile (with fever only)				Medication taken daily	
		Focal or Absent				Seasonal flare-ups only	
		Grand mal seizure				History Only –no flare ups in over 3 years	

Explain any other medical problem or condition checked on the front of this form: _____

Please list the names of anyone who would be allowed to pick up your child if he/she were sick:

#	NAME	RELATION	DAY PHONE	CELL NUMBER
1.				
2.				
3.				
4.				
5.				
6.				

Please notify your child's school nurse when phone numbers change. It is important to have working phone numbers where you or your emergency contact can be reached in the event of a medical emergency.

When a child's symptom or condition is listed on the South Carolina Department of Health and Environmental Control's School Exclusion List, we are required by DHEC to exclude the child from school until he/she is well. We are asking all parents to keep students out of school if they are sick and to contact their child's doctor.

This includes but is not limited to:

1. **Fever 100 F or greater.** A student must be fever free without the use of fever reducing medications for at least 24 hours before returning to school.
2. **Influenza like illness-** Fever with a sore throat or cough. A student must be fever free without the use of fever reducing medications for at least 48 hours before returning to school.
3. **Vomiting-** A student must be free from vomiting with illness for at least 24 hours before returning to school or have a doctor's note stating that they can return to school.
4. **Diarrhea-** three or more loose stools in 24 hours.
5. **Ring worm of the scalp-** A student may return after a medical examination and treatment.

If your child's illness keeps him/her from comfortably taking part in school activities, requires more care than the staff can give without affecting the health and safety of other children or if other children could get sick from being near your child, please keep your child out of school and call your child's doctor. When a student is ill or injured and needs to be picked up from school, parents are asked to report to the school immediately as soon as possible.

Encourage your child to help us reduce the spread of germs by:

***covering coughs and sneezes *washing hands often *staying away from others who are sick *staying home when sick**

Check your child for head lice often and if found, treat head lice as directed by your physician.
Ask your child not to share hats, scarves, brushes/combs or bows/hair ties with others.

Parent Portal Terms of Use

1. Username and passwords are to be kept confidential.
 - o It is the responsibility of the parent/guardian to protect the security of the login and password. Orangeburg County School District accepts no responsibility in the event the username and password is shared, given, stolen, or in any other way becomes the possession of a person other than the parent/guardian.
 - o The parent/guardian will need to return this form signed and dated to the school to receive their access code/password or issues related to access codes.
2. If you have questions concerning your child's posted information, you may take the following steps:
 - o Talk to your child to ask him about his grades or attendance.
 - o Review the teacher's grading policy. Remember the information on PowerSchool® is subject to change and the information posted is not the official Progress Report, Report Card or Student Transcript.
 - o Email the teacher with your questions or concerns.
 - o Request a meeting with the teacher following the school procedures for arranging meetings.
3. The system will allow one account to access multiple students. More than one person can set up an account to access each student's information.
4. PowerSchool® Parent Portal is not the official record. Information on the portal may not be complete or correct at all times and is constantly being updated. For official student records contact your child's teacher.
5. This is a resource for parents, but the types of information provided may change at any time.
6. The school district does not provide technical support for your home/work computer system.
7. The District will monitor parent access to PowerSchool® Parent Portal. The system logs date of login, time accessed, and duration of login (in minutes).
8. Parents/guardians should remember that email and other communications over the Internet are not guaranteed to be private and are subject to State and Federal Law.
9. Each teaching professional may use different assignments and number of assignments to assess student performance. Different subject matter is assessed using different frequency and number of assignments. Do not compare teachers or expect teachers to use the same methods of assessment.
10. Attendance is taken once a day in the elementary and middle schools and each period at the high school. Attendance is updated as soon as the teacher enters it. If you have a question concerning attendance, please contact the Attendance Office at your child's school.
11. Orangeburg County School District is providing this access as a privilege, and the account may be suspended and/or terminated at any time without cause.
12. Orangeburg County School District is not liable for any damages to personal equipment or software when connected to the PowerSchool® System. Orangeburg County School District and its officers, employees, and agents are released from any claims and damages resulting from use of the system.
13. All data are the property of Orangeburg County School District and is only available to parents of students currently in attendance. The system may be unavailable during summer breaks and during periods of system maintenance.

PARENT PORTAL ACCESS REQUEST FORM

Use of the Parent Portal is intended to increase and enhance communication between the school and parents/guardians. In order to protect the confidentiality of student records, all parent/guardians who agree to the **Parent Portal Acceptable Use Agreement** and want to use this service should complete the request below.

Parent/Guardians with multiple students in different schools in the district may access all their children's information using one account. However, each child's Access ID and Access Password will need to be requested from each school office. Please return this form to your child's school office.

**Parent/Guardian Name
(Print):**

(First name, middle initial, last name)

**Parent/Guardian Home
Address:**

(Street address) (City) (State) (Zip)

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

List all students currently enrolled at School Name:

Student Name	Relation to Student (e.g. mother, father, etc.)	Grade Level

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above:

Signed:

Date:

Signature & I.D. must be that of the Parent/Guardian shown on first line

(mm/dd/yyyy)

Once the information provided above is verified and processed, you will receive your child's Access ID(s) and Password(s) including detailed instructions for creating your account.

Office Use Only

Date Received

Information Verified by (initials)

*Parent Portal Approved
(initials)*