

Student Name: _____

Grade: _____

The Palmetto School Enrollment Application Form 2022-2023



Student Name: _____

Grade: _____

**The Palmetto School
STUDENT ENROLLMENT APPLICATION**

2022-2023

Checklist:

Name of Student: _____

- Completed Application Packet**

- Legal Birth Certificate (Long Form)**

- SC Certificate of Immunization**

- Proof of Residency (Acceptable forms of proof of residence: current electric or gas bill; lease or rental agreement)**

- Photo ID or License**

- Medicaid Identification Card (If applicable)**

- Lunch Application (available Summer 2022)**

Student Name: _____

Grade: _____

**The Palmetto School Enrollment Application Form
2022–23 School Year**

Previous Schools and District Information			
School:	School District:		
School:	School District:		
School:	School District:		
School:	School District:		
Child Information			
Last Name:	First Name:	Middle Name:	
Check if Applicable	Generation: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		
Nickname:			
Date of Birth (<i>mm/dd/yy</i>): ___/___/___ Social Security number (<i>Preferred but optional</i>): _____ - ____ - _____			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Federal Race/Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the student's race? Check all appropriate.			
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No response -+			
Child lives with: <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparent <input type="checkbox"/> other (specify):			
Does your child have any legal issues concerning custody/guardianship affecting school pick-up or family participation in school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>*If yes, current legal documents must be provided</i>)			
Student is in a Foster Home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Address:			
City:			
County:	State:	Zip Code:	Home Phone:
Mailing Address (if different from Home Address):			
City:	County:	South Carolina	Zip Code:
Parents/Guardians <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other (specify):			
Mother's/Guardian's Last name:	First Name:	Middle Initial:	
<i>If different from child's information:</i>			
Street Address:			
City:	County:	South Carolina	Zip Code:
Home Phone:	Cell Phone:		
Place of Employment:	Daytime Phone:		

Student Name: _____

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Mother's Education (*highest level*) Less than high school diploma GED H.S. Diploma Associate Degree
 Bachelor's Degree Master's Degree Doctorate

Mother's/Guardian's email:

Father's/Guardian's Last Name:

First Name:

Middle Initial:

If different from child's information:

Street Address:

City:

County:

South Carolina

Zip Code:

Home Phone:

Cell Phone:

Place of Employment:

Daytime Phone:

Father's/Guardian's email:

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

Primary Contact Name:

Cell Phone:

Relationship to Child:

Daytime Street Address:

Daytime Phone:

City:

South Carolina

Zip Code:

Second Contact Name:

Cell Phone:

Relationship to Child:

Daytime Street Address:

Daytime Phone:

City:

South Carolina

Zip Code:

Child's healthcare information

My child receives regular medical care from: Health Clinic (Health Department)

Emergency Room Family Doctor Other

Name:

Phone:

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

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

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

Student Name: _____

Grade: _____

Family Income Range

Number of persons on family or household:

Income Range of Family: \$0-\$10,000 \$10,001-\$20,000 \$20,001-\$30,000 \$30,001-\$40,000
 \$40,001-\$50,000 \$50,001-\$60,000 \$60,000 and above

Exceptional Services and Support

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

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

Mental Health Services

Does your child receive mental health services (i.e. Catawba Mental Health)? Yes No

If Yes, provider's name: _____

If No, would you be interested in more information?: Yes No

Child's Transportation

How do you anticipate your child will get **to** school?

Car Child Care or Day Care Transportation Walk Bicycle

How do you anticipate your child will travel **from** school?

Car Child Care or Day Care Walk Bicycle After School Program

The Palmetto School does NOT provide transportation

Student Name: _____

Grade: _____

Health Information

Student: _____ DOB: _____

In order to better care for your child while at school, it is very important to complete the following information. Please check any and all conditions that apply and provide an explanation below. The school does NOT provide any medications. Medication will not be accepted at school without a completed prescription or non-prescription medication permission form. The prescription medication permission form must be signed by your child’s doctor.

Allergies:

- Food Allergy
- Insect Allergy
- Seasonal Allergy
- Other Allergy

List Specific Allergy: _____

Medication needed to treat allergic reaction:

- EpiPen
- Benadryl
- No treatment needed

Medical Conditions:

- | | | |
|-------------------------------|----------------------------|-------------------------------------|
| • Asthma/Breathing treatments | • Eczema | • High Blood Pressure |
| • ADHD/ADD | • Ear Infection (Frequent) | • Kidney Problems |
| • Autism | • Eye/Vision Problems | • Psychological/Behavioral Problems |
| • Bleeding Disorder | • Hearing Impairment | • Seizure Disorder |
| • Cerebral Palsy | • Heart Problems | • Sickle Cell |
| • Diabetes | • Headaches/Migraines | • Other (please explain below) |

If any of the above are checked, please explain details of medical condition:

Please list any meds your child takes routinely/daily:

Child’s Physician: _____ Phone: _____

Does your child have:

- Private Insurance
- Medicaid/Medicare Number _____
- No insurance coverage

The school uses several different treatments for minor first aid in the office. These treatments include topical antibiotic for any cuts or scrapes, anti-sting swabs for insect bites, topical cortisone cream for itchy skin and petroleum jelly for minor skin irritations. If you do NOT want the school to use these items for first aid, please inform the school to decline this treatment.

School district policy states that if a child experiences an unexpected allergic reaction at school, the school may administer an EpiPen prescribed to the school and call EMS for emergency treatment

Please notify the school if there are any changes in the student’s medical history throughout the school year. It is very important the school be able to contact a parent/guardian or other responsible adult in a timely manner when your child is sick. Please contact the school when you have a change in your phone number(s).

Thank you for your time in completing your child’s health form. This is considered a confidential document and will only be shared with appropriate staff when your child’s health must be taken into consideration in the school setting. Please feel free to call the school at any time with your concerns or questions.

PARENT/GUARDIAN SIGNATURE: _____ Phone: _____

Print Name: _____ Email: _____

Student Name: _____

Grade: _____



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 in Plyer v. Doe, 457 U.S. 202 (1982).

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

If a language other than English is recorded for ANY of the survey questions below, the appropriate identification screening assessment will be administered to determine whether or not the student qualifies for additional English language development support.

Please answer the following questions:

1. What is the language that the **student** first acquired? _____
2. What language(s) is spoken most often by the **student**? _____
3. What is the **primary language used in the home**, regardless of the language spoken by the student? _____
- *4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

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

Your signature above certifies that you understand 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: _____

Updated August 28, 2019

Student Name: _____

Grade: _____

COMPUTER/ELECTRONIC DEVICE AND INTERNET USE AGREEMENT

2022-2023

When conducting independent research on the Internet or using any of The Palmetto School devices, I will:

1. Use the Internet for legitimate educational purposes;
2. Send e-mail only at the direction of my teacher;
3. Not register the name, home address, or telephone number of myself or anyone else in any location on the Internet;
4. Not attempt to download or save files to the computer hard drive or to a disk without teacher permission;
5. Not search for, download or print any material that violates school handbook codes regarding possession or display of inappropriate, offensive or vulgar material, or assist any other student in such activities;
6. Not use or attempt to use Telnet, Internet Relay Chats or other interactive exchanges without teacher permission;
7. Not damage or alter computers, computer systems, computer settings or computer networks;
8. Not violate copyright laws;
9. Not trespass in another's folders, work, or files;
10. Not access unauthorized websites via proxy servers or redirectors;
11. Not use another student's computer equipment, including the mouse keyboard, monitor, CPU or cables;

I understand that my participation in any violation of the Computer/Electronic Devices and Internet Use Agreement will result in immediate removal from the computer and or device, and student will be referred to an Administrator for further consequences

Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Student Name: _____

Grade: _____

Student / Parent/Guardian Equipment Use Agreement
2022-2023

In the case of online learning, The Palmetto School will provide a digital device for e-learning. Please understand that prior to taking the learning device home, students will be instructed and evaluated on proper use and care. Students must follow The Palmetto School Responsible Use Guidelines.

A fee of \$50 is required for all devices

Student Code of Conduct

1. Electronic files sent, received, viewed, or stored anywhere in the computer system are available for review by any authorized Palmetto School staff for any purpose.
2. Modifying or changing device settings and /or internal or external configurations without appropriate permission is prohibited.
3. Personal information such as, but not limited to, last name, home address, phone numbers, email addresses, or birthdates must not be placed on device or shared online.
4. Using obscene, threatening or disrespectful language in any electronic communication tool is prohibited.

Disclaimer. While The Palmetto School uses technology protection measures to limit access to material considered harmful or inappropriate to students, it may not be possible for the school to absolutely prevent such access. Despite our best efforts and beyond the limits of filtering technology, a student may run across some material that is objectionable.

Responsible Use and Care

1. The device is to be treated as a valuable object. It should not be thrown, purposely dropped, or abused. It will never be placed on the roof or hood of a car, on the sidewalk or street, or imperiled in any way that may cause it to be crushed or thrown to the ground.
2. The device will never be left unattended
3. The device will not be used in or near proximity of water, household chemicals, or other liquids that could damage its electronic components
4. The device will be protected from the environment to prevent rain, snow, ice, excessive heat, and/or cold
5. Pencils, pen tips, and other pointed objects will never be used on the screen.
6. The device will be kept away from siblings and pets at all times.
7. Parents/guardians and students agree to return the device and all components to the school in the same condition the device was issued to the student
8. The parent/guardian understands that there is a \$50.00 fee required for each device borrowed.

Student Name: _____

Grade: _____

Equipment

The Palmetto School assigns to Student the use of the following equipment and accessories:

✓ Equipment	Serial Number	Damage/ Lost/Stolen Equipment Cost	Student Initials	Parent Initials
iPad 5		\$200.00		
Dell Chromebook		\$500.00		
iPad Case		\$20.00		
iPad Charger		\$20.00		
Dell Chromebook Charger		\$60.00		

\$50.00 Deposit Fee	Received (Y/N)	Method of Payment

Parent/Guardian Responsibilities and Permission

I am authorizing the assignment of a mobile device to my child. I understand that the device is to be used as a tool for learning and that my child will comply with The Palmetto School Responsible Use Guidelines. I will help ensure the safe and timely return of the device within the loan period. I also understand that I am financially responsible for the **\$50 device fee**.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Contact
Info.(Phone) _____ (Email) _____

Student Responsibilities and Permission

I agree to take care of the device while it is in my possession. I will not throw, drop, or damage it in any way. I will not give the device to another student for his/her use. I will use the device in the appropriate manner. I agree to return the device in good condition at the conclusion of the loan period.

Student Name (printed) _____ Student

Signature _____ Date _____

Student Name: _____

Grade: _____

Medication Permission Form

2022-2023

I, _____ give The Palmetto School permission to administer medication to _____ following the given schedule.

Please list medication, dosage and time to be administered.

<u>Medication</u>	<u>Dosage</u>	<u>Time</u>

Parent/Guardian Signature: _____

School Witness: _____

Student Name: _____

Grade: _____

PERMISSION FORM FOR PHOTOS AND/OR VIDEOS

During the course of the year at The Palmetto School, students will be photographed and videotaped as a means of documentation. Occasionally The Palmetto School uses some of these photos and videos of a child or children for school-related purposes, such as school publicity, teacher training, or at a Palmetto School event. The Palmetto School also maintains a website which provides information for prospective as well as current families. Photos of children engaged in school activities are a great way of conveying the true nature of our school - its philosophy, environment, daily activities, art materials, etc. NO child's full name will EVER be used on the web site. A picture or video clip of your child will only be used for the aforementioned purposes if you sign the written release below.

I give The Palmetto School permission to use pictures or videos of my child,

_____ (print child's name), for school-related purposes, such as school publicity, teacher training, web site, or at a Palmetto School event.

(Parent/Guardian signature)

(Date)