

Student Name: _____

Date of Birth: _____

Previous School: _____

Guardian Email: _____

The Palmetto School K-8 Enrollment Application Form 2024-2025



The Palmetto School

STUDENT ENROLLMENT APPLICATION

2024-2025

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)**
- **Insurance Card (If applicable)**

**The Palmetto School Enrollment Application Form
2023–24 School Year**

| Previous Schools and District Information | | | |
|--|------------------|-----------------|-------------|
| School: | School District: | | |
| School: | School District: | | |
| Child Information | | | |
| Last Name: | First Name: | Middle Name: | |
| 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>) | | | |
| Home Address: | | | |
| City: | | | |
| County: | State: | Zip Code: | Home Phone: |
| Parent/Guardian Information: | | | |
| 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: |
| Cell Phone: | | | |
| Place of Employment: | | Daytime Phone: | |
| Mother's/Guardian's email: | | | |
| | | | |

| | | |
|--|----------------|--------------------------|
| Father'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: |
| 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: | State: | Zip Code: |
| Second Contact Name: | | |
| Cell Phone: | | |
| Relationship to Child: | | |
| Daytime Street Address: | Daytime Phone: | |
| City: | State: | Zip Code: |
| Child's healthcare information | | |
| My child receives regular medical care from: <input type="checkbox"/> Health Clinic (Health Department) <input type="checkbox"/> Emergency Room <input type="checkbox"/> Family Doctor <input type="checkbox"/> Other | | |
| Name: | Phone: | |
| List any long-term health concerns, illnesses, and/or allergies: | | |
| List any medication(s) prescribed for continuous long-term use: | | |
| List any special accommodation(s) that may be required to meet my child's needs most effectively while he or she is at the school: | | |

Family Income Range

Number of persons in family or household:

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

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/Parent/Guardian Equipment Use Agreement

2024-2025

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.

Student Code of Conduct

1. Electronic files sent, received, viewed, or stored anywhere in the computer system are available for review by and 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 birth dates must not be placed on device or shared online.
4. Using obscene, threatening, and/or disruptive language in any electronic communication tool is prohibited.

Disclaimer: While The Palmetto School uses technology protection measures to limit access to material considered harmful and/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 damaged.
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/or 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 and/or component was issued.
8. The parent/guardian understands that there is a possible replacement fee for each device and/or component borrowed.

Student Name

Student Signature

Date

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/Medicaid 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: _____



Permission for School Administration of Prescription Medication € /FG

For school use only:

Routine

PRN (As needed)

Start Date: _____

Medications should be administered by a parent or guardian before or after school hours, when possible. Initial doses of a medication that a child has never taken before should not be given at school. Medication to be given at school should be accompanied by this form, complete with the prescribing physician's signature, and provided to the school in the original labeled container provided by the pharmacist who filled the prescription. "Sample" medications must be provided in a container that appropriately identifies the medication and must be accompanied by a note signed and dated by the prescribing health care provider that includes the student's name, directions for proper administration, and the name, address, and phone number of the prescribing health care provider.

Child's Name _____

Date of Birth _____

Name of School _____

Grade _____

| | | |
|--|---|---|
| Medication: | | Dosage: |
| Medical Diagnosis/Diagnosis Code: | | Route: |
| Time medication to be given at school (Lunch times vary (10:30a – 1p)) | Frequency (e.g., daily) | Note special storage requirements <input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other (please specify): |
| Anticipated number of days medication will be given at school: <input type="checkbox"/> until end of current school year <input type="checkbox"/> ____ weeks <input type="checkbox"/> ____ days | Is child allergic to any food, medicines, or other items? <input type="checkbox"/> No <input type="checkbox"/> Yes (List allergies.) | Is this medication a controlled substance? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Possible Side Effects: | | |

Prescribing Health Care Provider's Signature _____

Date _____

Stamp, Print or Type Health Care Provider's Name & Address:

Office Phone Number

Office Fax Number

Section below to be completed by child's parent or guardian:

I give permission for my child, _____, to be given the above medication as prescribed. I give permission for the school executive assistant or school administrator to contact the health care provider named above or the pharmacist who filled the prescription to discuss this medication and my child's health. I give permission for the health care provider named above, the pharmacist, and/or their designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I also give permission for this "Permission for Prescription Medication" to apply if I transfer my child to another school in this same school district during the current school year. I understand that the school may require that I agree to the school district's rules about medications before this medicine will be given at school. I understand that I am responsible for notifying the school if my child's medications change in any way.

Signature of Parent / Guardian _____

Date _____

Print or Type Name of Parent / Guardian _____

Day Phone Number _____

COMPUTER/ELECTRONIC DEVICE AND INTERNET USE AGREEMENT

2024-2025

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



The Palmetto School

Rock Hill, South Carolina

Photo or Media Consent Form

The Palmetto School is fortunate to attract much positive publicity about our school, students and staff. To keep our community better informed about what's happening at the school we often allow the local news media to take photos or tape our students as they work on classroom projects, participate in extracurricular activities or receive recognition for their accomplishments. In addition, we use photos of students and their work samples in yearbooks, slides, student or school publications and on the Internet.

To protect a student's privacy while also providing opportunities for student recognition, The Palmetto School requires that parental permission be obtained before any student's image or name is used. If you are willing to provide such consent, please complete the information requested below and return this sheet to the school.

(Except for signature, please print!)

Name of Student _____

Grade _____

Name of School _____

Parent/Guardian's Name _____

Parent/Guardian's Signature _____



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/WIDA Screener 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: _____

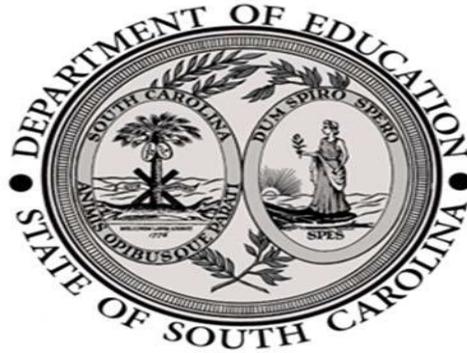
Parent/Guardian Signature: _____ **Date:** _____

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: _____



Encuesta de los idiomas hablados en el hogar (HLS, por sus siglas en inglés)

La Ley de Derechos Civiles de 1964, Título VI, Procedimientos para el Cumplimiento con las Minorías Lingüísticas, obliga a los distritos escolares y las escuelas autónomas a determinar el(los) idioma(s) que se habla(n) en el hogar de cada estudiante para identificar sus necesidades lingüísticas específicas. Esta información es esencial para que las escuelas brinden una instrucción significativa a todos los estudiantes, según lo estipulado en Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma principal o el idioma hablado en el hogar del estudiante. La HLS se debe administrar a todos los estudiantes inscritos en el distrito escolar / escuela autónoma. La HLS se administra una sola vez, luego de la inscripción inicial en South Carolina, y se mantiene en el expediente permanente del estudiante.

Por favor, tenga en cuenta que las respuestas en la encuesta que se encuentra a continuación son específicas para cada estudiante. Si se registra un idioma diferente del inglés en CUALQUIERA de las preguntas de la encuesta que siguen a continuación, se administrará el W-APT/WIDA Screener para determinar si el estudiante reunirá los requisitos para recibir más apoyo en el desarrollo del idioma inglés.

Por favor, responda las siguientes preguntas sobre el idioma hablado por el estudiante:

1. ¿Cuál es el idioma nativo del **estudiante**? _____
2. ¿Qué idioma(s) habla el **estudiante** con mayor frecuencia? _____
3. ¿Qué idioma(s) habla el **estudiante** en el hogar? _____
4. ¿En qué idioma desea recibir las comunicaciones de la escuela? _____

Nombre del estudiante: _____ **Grado:** _____

Nombre del padre/tutor: _____

Firma del padre/tutor: _____ **Fecha:** _____

Al firmar aquí, usted certifica que las respuestas a las tres preguntas anteriores son específicas de su estudiante. Usted entiende que, si se ha identificado un idioma distinto del inglés, su estudiante será evaluado para determinar si califica para recibir servicios de desarrollo del idioma inglés, para ayudarlo a ser fluido en inglés. Si es incluido en el programa de desarrollo del idioma inglés, su estudiante tendrá derecho a recibir servicios como estudiante de inglés y será evaluado anualmente para determinar su dominio del idioma inglés.

Para uso exclusivo de la escuela:

El personal de la escuela que administró y explicó la HLS y la inclusión de un estudiante en un programa de desarrollo del idioma inglés si se indicó un idioma distinto del inglés:

Nombre: _____ Fecha: _____