



Back To School Forms

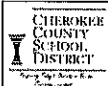
Attached are the forms necessary for beginning the school year. Please take time to look over and complete **ALL** the forms entirely (Exception of Appendix A – 2nd-5th Only).

Checklist

- Student Health & Emergency Form** – This is a district wide form that gives important information regarding students' health history and information.
- GPE Parent Contact Information** – This is our "at-a-glance" form that informs us on who the student lives with and order of contact when we need to get in touch with someone.
- Transportation Information** – This lets us know how your student will be getting to and from school. We understand this information may be changing throughout the year. Please communicate with your students' teacher and/or our office staff as soon as you know changes are necessary in transportation.
- Cherokee County Free and Reduced Meal Application** – This form is necessary for **ALL** students and is vital for making sure the needs of our students are met. Please complete the form even if you feel you may not qualify.
- Media/Internet Photo Release** – This form gives/denies permission to take and possibly publish pictures of your student on media outlets (i.e. newspapers, GPE website, facebook, etc.)
- Student Technology Acceptable Use Form** – Defines appropriate usage of Technology/Devices.
- (2nd – 5th Only) Appendix A** – Fee required based on free and reduced meal status in order for students to receive device.
- Appendix B** – Student Pledge to be responsible with devices.
- Appendix E** – This gives Discipline policy and guidelines in regards to using electronic devices including school distributed devices as well as personal devices.
- Bus Rules** – Important for **ALL** students, not just daily bus riders as most students will utilize the bus for field trips and possibly unavoidable transportation changes.

Please remember to fill out **ALL** forms in their entirety and call if you have any questions or concerns. If any of this information changes throughout the year, contact your teacher and/or office staff as soon as possible with updated information.

Main office – (864) 206-6671



School Year:	Teacher:	Current Grade:
--------------	----------	----------------

The district requires this form to be completed each year.
Please complete **all** sections on both sides of form. Return to the school within one week.

Demographics/Emergency Contacts

Demographics

Last Name:		First Name:		Middle:	Date of Birth:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Primary Language Spoken:	Home Email Address:		Social Security #	
Street Address:			City:	State	Zip Code:
Mailing Address:					
Mother's Name:		Home Phone:		Mobile/Other Phone:	
Father's Name:		Home Phone:		Mobile/Other Phone:	
Legal Guardian Name:		Home Phone:		Mobile/Other Phone:	

Emergency Contacts

Please list adults who have permission to sign your child out and care for, if parent/legal guardian cannot be reached.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Healthcare Providers

Healthcare Providers	Name	Phone	Last Appointment
Physician/Primary Provider			
Dentist			
Specialist			

Student Insurance:
 Medicaid (Include Medicaid # _____)
 Private Insurance
 None

Health Information

Health History	Yes	No
Will your child require medication(s) during the school day? If yes-List name(s) & dosage of medications		
Will your child require special procedures during the school day? If yes-Describe		
Will your child require special accommodations due to a health concern or disability? If yes-Describe:		
During the past year, has your child been in the hospital? If yes- Explain		
During the past year, has your child had any serious injuries requiring medical attention? If yes-Explain		
Would you like to discuss any health related information with the school nurse?		

Health Information Continued

Home Medications	Yes	No
Does your child take medications regularly at home? If yes, List all prescriptive or over the counter medications that your child takes regularly at home:		
Life- Threatening Allergies		
Does your child have a provider verified allergy to any of the following: (Check all that apply) <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Other Food _____ <input type="checkbox"/> Bee Stings/Insects <input type="checkbox"/> Latex/Latex Products <input type="checkbox"/> Other _____		
Does your child have a prescription for an Epipen/Epinephrine Injector?		
Other		
If needed, explain any other important health related information you would like to share about your child:		
Health Conditions		
<input type="checkbox"/> My child does NOT have any known conditions/problems, including those listed below. <input type="checkbox"/> My child has the following health conditions/problems (Check all that apply below)		

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies (Food, Drugs, Insects, Latex) | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Allergies (Seasonal) | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Mental Health Illness |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Bladder/Kidney Problems | <input type="checkbox"/> Depression | <input type="checkbox"/> Tuberculosis (+Skin Test) |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Eye/Vision Problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bowel/Stomach Problems | <input type="checkbox"/> Ear/Hearing Problems | _____ |
| | <input type="checkbox"/> Heart Problems/Disease | _____ |

I give Cherokee County School District permission to provide health- related services to my child. I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health needs in school. I authorize the school nurse to contact my child's healthcare providers listed on this form regarding the medical management of my child.

I understand that if my child is Medicaid eligible, the district may bill the South Carolina Medicaid Program for these services and that Medicaid will pay the district for these services. I understand that any Medicaid payment for health services provided by the district will NOT affect any other Medicaid service for which my child may be eligible. I further understand that it may be necessary at times for the school district to release confidential health related information contained on this form to SC Medicaid Services and other school district employees on an as needed basis only.

I give permission for the school nurse to access the SC Immunization Registry, known as SIMON to view, print and enter school-required immunizations, if doses are missing in the registry. I understand that I can revoke my consent at any time by notifying the school nurse.

I understand that my signature is required on this form if someone other than me is to pick my child up from school; I am aware that if this form is not completed, signed and returned to the school only a parent may pick my child up from school.

The information on this form is accurate to the best of my knowledge.

Signature of Parent/Guardian Completing This Form

Date

Student Name: _____ Teacher: _____

Address: _____

Child lives with: both parents mother father grandparent other (specify): _____

Who has legal custody: _____

Transportation: A.M. car bus # _____
 P.M. car bus # _____ Daycare _____

Primary Contacts

Name:		Relationship:	
Primary Phone Number:	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	Secondary Phone Number:	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
Employer:		Email:	

Name:		Relationship:	
Primary Phone Number:	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	Secondary Phone Number:	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
Employer:		Email:	

Emergency Contacts

Name	Relationship	Phone

Additional Information regarding contacts (i.e. work schedule, custody, etc.):

Signature Parent/Guardian: _____ Date: _____



**CHEROKEE
COUNTY
SCHOOL
DISTRICT**

*Preparing Today's Students to Become
Tomorrow's Leaders.*

**Mrs. Ginger M. Lipscomb
Principal**

**Cherokee County School District
GRASSY POND ELEMENTARY SCHOOL**
1146 Boiling Spring Hwy
Gaffney, S. C. 29340
Telephone: 864.206-6671
Fax: 864.487.1255
ginger.lipscomb@cherokee1.org

AM/PM Transportation Information

Student: _____

Grade: _____ Teacher: _____

Please indicate below how your child will go home from school each day. If your child's transportation is going to change, **WE MUST HAVE IT IN WRITING!!** Please understand this is for the safety of your child. **If we do not have anything in writing, your child will be sent home the way indicated on this form.**

A.M. Transportation: (Circle One) CAR BUS

If riding a bus, A.M. Pickup Address: _____ Bus No. _____

P.M. Transportation: (Circle One) CAR DAYCARE BUS

If riding a bus, P.M. Drop-off Address: _____ Bus No. _____

If P.M. **car rider**, list those authorized to pick-up (Please provide name and telephone number):

If P.M. **Daycare**, list name of Daycare: _____

YMCA (Please Circle) YES NO

NOTE: To attend this program, you must sign-up through the YMCA.

(Parent Signature)

(Date)

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Race (check one or more):

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

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Do not fill out this part. This is for District use only.

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12 DATE RECEIVED: _____

Total Income: \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year Household Size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

You may send this application back to the cafeteria manager at your child's school or mail to 885 E Frederick Street, Gaffney SC 29348 ATTN: Food Service

USDA is an equal opportunity provider and employer.



**CHEROKEE
COUNTY
SCHOOL
DISTRICT**

*Preparing Today's Students to Become
Tomorrow's Leaders.*

Cherokee County School District

**P. O. Box 460
Gaffney, S. C. 29342
Telephone: (864) 206-2201**

Media/Internet Photo Release

Dear Parent/Guardian:

Throughout the year, Cherokee County School District receives requests from the media, such as newspapers, magazines, and television and radio stations, for stories concerning school-related activities. Often, such requests include a request for students' pictures to be used as a part of a news account. In addition, the District and certain schools would now like to use some student pictures on their homepage or the internet to recognize various student, school, and District programs or accomplishments.

In order to ensure that we have your permission to release your child's picture to the media or to utilize his/her picture on the internet, the District needs your written consent. Please indicate below whether or not you will consent to the release of your child's picture for the purposes stated above and return this form to your child's teacher within 15 days. If you do not complete and return this form your child's school, please understand that we will not release your child's picture to the media or utilize pictures and information about your child on our website.

Release of Student Photographs – Please check **ONLY ONE**.

_____ I GRANT permission for my child's photograph to be used in newspaper, magazine, television, radio, and/or INTERNET coverage and stories concerning school-related activities of the Cherokee County School District or other feature stories. I also grant permission for my child's photograph to be used on the District's and his/her schools' homepage on the Internet and on Internet sites maintained by the above-referenced media.

I further agree to hold the District and its Board of Trustees, employees, and agents harmless should I have any claim regarding the use of my child's photograph in any type of coverage or stories.

_____ I DO NOT grant permission for the release of my child's photograph for the reasons stated above. I understand that this will prevent my child from receiving recognition for accomplishments through the channels described.

Student's Name

Parent/Guardian's Name (print)

Student's School

Parent/Guardian's Signature

Student's Grade

Date

Student Technology Acceptable Use

Dear Parent/Guardian,

Cherokee County School District has installed computer connections to the Internet in every school. This Internet connection provides a powerful access to worldwide information in text and media form that, if properly used, can enhance student learning. It can be particularly exciting for students because it provides a wealth information resources not readily available through conventional library means. There are many educational projects available on the Internet that are appropriate for K-12 students. Many encourage subject area studies or support "virtual field trips" to museums or other sites around the world. Much of this information can be immediately printed from the computer screen for inclusion in student or faculty research projects or papers assigned in class. Unfortunately, the Internet can be misused. There are images, information and discussions that are not appropriate for K-12 students. Our faculty members attempt to directly and continuously supervise individuals and classes of students who are accessing the Internet to ensure that inappropriate content is not accessed on the computer. Teachers have always had to balance freedom of information against censorship to protect students. However, it is possible that a student conducting individual research may disregard a teacher's instructions and actively seek inappropriate material. In addition, harmless net locations (for instance, one devoted to photography) may link to sites housing objectionable material. The district has a monitoring system in place that will monitor Internet usage and violations will be reported to the appropriate authorities.

We believe that students can be provided opportunities to use the Internet as a research tool within clearly understood conditions. These conditions are as follows:

- Parent/Legal guardians are advised of the rules in the student handbook and give their permission.
- The student signs a contract acknowledging that he/she is aware of appropriate behaviors while accessing the Internet as outlined in the student handbook.
- The student and parent/legal guardian understand that violations of this contract will result in disciplinary action consistent with the district's disciplinary policy.

Please contact the school with any questions, (864)206-6671.

Sincerely,



Ginger Lipscomb
Principal, GPES

_____ I have read and understand the terms and conditions of the student technology acceptable use policy.

Parent/Legal Guardian Signature: _____

Grades 2-5 ONLY

APPENDIX A: MOBILE COMPUTING DEVICE AGREEMENT

CCSD Mobile Computing Device Protection Plan

Cherokee County School District recognizes that with the implementation of the Mobile Computing Device Initiative, a major priority must be to protect the investment by the district and the parent/guardian.

The following information outlines the various aspects of protection: warranty and accidental damage protection.

The Annual Technology fee costs \$25 per school year for each Mobile Computing device. Families with more than one student will pay \$15 for each additional child. Students eligible for free and reduced benefits will receive a discounted technology fee rate.

Parents/guardians will be responsible for the entire cost of replacement/repair for Mobile Computing devices damaged through misuse, abuse, intentional damage. Parents/guardians will be responsible for the entire cost of a lost/stolen device (\$300).

Please note: This form will serve as your acceptance for each and every year your student receives a device.

CCSD Mobile Computing Device Protection Plan

Parent/Guardian Name (Please Print): _____

Student Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Amount Paid: _____

Balance: _____

Accepted by and date: _____

Cash

Check Check Number: _____

***If writing a check, please include Driver's License number and Date of Birth on your check.**

APPENDIX B: STUDENT PLEDGE FOR USE OF THE MOBILE COMPUTING DEVICE

1. I will take proper care of the Mobile Computing device.
2. I will not loan the Mobile Computing device or charger and cords to others.
3. I will be accountable for the Mobile Computing device at all times.
4. I will charge the Mobile Computing device's battery daily.
5. I will not leave the Mobile Computing device in any unsupervised area.
6. I will keep food and beverages away from the Mobile Computing device.
7. I will not disassemble any part of the Mobile Computing device nor attempt repairs.
8. I will not remove district-required applications.
9. I will protect the Mobile Computing device by carrying it securely.
10. I will not stack objects on top of the Mobile Computing device.
11. I will not leave the Mobile Computing device outside or use it near water.
12. I will save data to the district-assigned cloud storage (Cherokee County School District will at times Esync Mobile Computing devices. All files not saved to server or other storage media will be deleted during these processes. I am responsible for saving all my personal files).
13. I will not place decorations (such as stickers, markings, etc.) on the Mobile Computing device case.
14. I will not deface the serial number, manufacturer labels or district labels on any Mobile Computing device.
15. I will follow district policies outlined in the Personal Mobile Computing Guide and the Board's Acceptable Technology Use Policy.
16. I will notify my teacher or principal immediately in the event of theft, vandalism, or other damage of the device. If my device is lost or stolen, I will ensure that a police report is filed within 48 hours.
17. I will be responsible for all damage or loss caused by my neglect or abuse of the device.
18. I agree to return the Mobile Computing device and power cords in good condition.
19. I agree to return the Mobile Computing device and power cords when I transfer or leave the district for any reason. I understand that restitution will be sought legally if I fail to return the device.

By my signature (Student), I agree to the stipulations set forth above and the Board's Acceptable Use Policy. I understand my device is the property of Cherokee County School District and is subject to inspection at any time. By my signature (Parent/Guardian), I understand my responsibility for loss or intentional damage to the device. Also, I understand that I am responsible for any stolen device that is not recovered.

Parent/Guardian Name (Please Print): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Name (Please Print): _____ Date: _____

Student Signature: _____ Date: _____

APPENDIX E: Cherokee County School District Mobile Device Discipline Plan for Primary and Elementary Students

CCSD-Primary and Elementary School Technology Mobile Device Discipline

Minor misuse will result in restricted use and/or temporary forfeiture of the device as follows:

1st Offense = Mandatory parent conference

Recess Detention, lunch detention and other suitable and appropriate behavioral interventions may be used after the Parent/Student Conference

2nd Offense = Mandatory Parent conference

Recess Detention, lunch detention and other suitable and appropriate behavioral interventions may be used after the Parent/Student Conference

3rd Offense = **Treated as a Major Misuse** (see Major Misuse of Mobile Device listed below)

Minor misuse will result in restricted use and/or temporary forfeiture of the device as follows:

1st Offense = Mandatory parent conference

Recess Detention, lunch detention and other suitable and appropriate behavioral interventions may be used after the Parent/Student Conference

2nd Offense-Parent conference

Student must check the device in/out from the classroom teacher for 5 school days

3rd Offense-Parent conference

Student must check the device in/out from the classroom teacher for 10 school days 4th Offense = Application of the following consequences as needed:

In-School Suspension (ISS)

Out-of-School Suspension (OSS)

Examples of Major Misuse of Mobile Device

Bypassing the Cherokee County School District Web filter

- Actions violating board policy or public law; law enforcement will be notified when necessary
- Deleting district system applications and changing of personal mobile computing device settings (exceptions include personal settings such as font size, brightness, etc.)
- Sending, transmitting, accessing, uploading, downloading, or distributing obscene, offensive, profane, threatening, pornographic, obscene or sexually explicit materials
- Use of chat rooms or sites selling term papers, book reports and other forms of student work
- Spamming (disruptive email, messages including iMessages)
- Gaining access to another student's accounts, files and/or data
- Use of the school's Internet or e-mail accounts for any illegal activity
- Vandalism (any malicious attempt to harm or destroy the personal mobile computing device)
- Transmission or access of obscene, offensive or threatening materials or materials intended to harass or demean

Major Misuse will be handled as follows:

1st Offense = 2 - 5 days OSS, mandatory parent conference, and temporary forfeiture

2nd Offense = 10 days OSS, district-level hearing, and forfeiture as warranted

3rd Offense = Alternative School placement and/or expulsion; appropriate law enforcement charges 27

Note: The administration reserves the right to handle any of the above actions or any other action determined to be a misuse of technology in the manner they think is the most appropriate for all concerned.

Parent Name(Print): _____

Student Name(Print): _____

Parent Signature: _____

Date: _____

Bus Rules

1. Book bags and other items must be held in your lap.
2. No eating or drinking on the bus.
3. Keep all body parts inside the bus at all times.
4. No Profanity!
5. Do not distract the driver at any time while riding the bus!
6. Remain seated, unless you are loading or unloading the bus.
7. Each rider must have a bus pass or note signed by the school staff to ride a different bus or to a different stop.
8. The driver or monitor may assign seats.
9. Do not spray anything while on the bus.
10. Vandalism (cut seats, graffiti, etc.) will not be tolerated and consequences will include restitution of the damages assessed.

Student Name

Date

Parent Name