



# Lexington County School District One Registration Packet

## Student Information

### Resident Address (Please contact your child's school for an address change.)

Address

City

State

Zip

Is this address a federal property? **required**

- Yes
- No

### Mailing Address (Please contact your child's school for an address change.)

Address

City

State

Zip

# Health and Special Services

This important health/medical information is used by the school nurse and on health cards. If your child has other health/medical information that should be communicated, you will be given an opportunity to upload additional documents before submitting your Online Registration or you can contact the nurse at your child's school.

What type of health insurance coverage does your child have? *This information may be used to determine if your child is eligible for additional healthcare resources.*

Please choose one:

Medicaid/Healthy Connections Choices

Private Health Insurance

None

Prescriptions?

- Yes
- No

Does your child have a regular doctor? required

- Yes
- No

Does your child have a regular dentist? required

- Yes
- No

Does your child have any severe allergies to food, medications, insects, etc? required

- Yes
- No

Does your child have Asthma? required

- Yes
- No

Does your child have a seizure disorder? required

- Yes
- No

Does your child take daily medications? required

- Yes
- No

Has your child had any recent or major surgeries? required

- Yes
- No

Does your child have any of the following **physician diagnosed health conditions**?

ADD/ADHD required

- Yes
- No

Diabetes required

- Yes
- No

Headaches required

- Yes
- No

Hearing Impaired required

- Yes
- No

Heart Problems required

- Yes
- No

High Blood Pressure required

- Yes
- No

Lung Problems required

- Yes
- No

Sickle Cell Anemia required

- Yes

- No

Stomach Problems required

- Yes

- No

Vision Impaired required

- Yes

- No

Please indicate other conditions not listed:

Does your child have any activity restriction?

- Yes

- No

**This information will be known only to the school nurse and health room personnel. For your child's safety, his/her teacher(s) and other pertinent school personnel may be notified. If you have questions, please contact the school nurse.**

**I understand that immunization information about my child may be reported to the S.C. Immunization Registry for public health purposes.**

**If using the paper registration process, you can provide this documentation to the school directly.**

# South Carolina Early Childhood Registration Information

## Child's Prior Care/Education Provider

### Definitions of Full Day and Partial Day Care

**Full Day** – A full day program is one in which students attend for 6.5 hours or more a day.

**Partial Day** – A partial day program is one in which students attend for less than 6.5 hours a day.

### Definitions of Public Child Care Providers

**Head Start** – A program of the US Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children and their families. Locate your local Head Start:

<https://www.benefits.gov/benefits/benefit-details/1938>

**Prekindergarten program in a public school** – A state, district, or federally-funded, developmentally-appropriate program for 4-year-olds in a public school adhering to best practice, using research-based curriculum and assessment that must adhere to district and/or federal guidelines.

**Unknown** – Self-explanatory

### Examples of Private Child Care Providers

**Military Child Care Centers** – On-post child care centers that offer full-day, partial day, or hourly child care services to military families that must be registered with DSS. Locate your local military child care centers: <http://www.militaryonesource.mil/-/military-child-care-programs>

**Registered Faith-Based** – Faith-based care for 13 or more children that are sponsored by a religious organization that must be registered with DSS. Locate your local registered faith-based providers: <http://www.scchildcare.org/>

**Registered Family Home** – A family home that provides care for up to 6 children at any given time within the home of the child care provider that maintains a registration or license if a person provides care to more than one unrelated family of children on a regular basis (more than four hours day or more than two days a week). Locate your local registered family home providers: <http://www.scchildcare.org/>

**Registered Group Home Provider** – Group Homes provide care for 7 to 12 children in the home of the child care provider. They may care for up to 8 children without an additional caregiver. For details on registered group homes: <http://www.scchildcare.org/providers/become-licensed/licensing-requirements/licensed-group-child-care-home.aspx>

**Exempt Provider** – A child care provider that operates less than 4 hours a day or less than 2 days a week or cares for children from only 1 unrelated family. It is not inspected by DSS Child Care Licensing and monitored only because they volunteer for ABC Quality. For details on exempt providers: <http://scchildcare.org/providers/become-licensed/licensing-exemptions.aspx>

**First Steps** – A private state-funded, income-based, developmentally appropriate education program adhering to best practice, using research-based curriculum and assessment that must adhere to DSS regulations and SCDE Guidelines. It is housed in a private, registered child care facility. Contact your local First Steps: <https://scfirststeps.org/who-we-are/local-partnerships/>

### **Definitions of Informal Child Care**

**Relative: Informal Child Care** – Unregulated or licensed care provided by family that is not subject to regulations or formal guidelines.

**Non-Relative: Informal Child Care** – Unregulated or licensed care provided by another caregiver (non-relative) that is not subject to regulations or formal guidelines.

Last year, my child's care was provided by the following provider:

Public

Private

Informal (at home, other family member, or non-family member)

My child attended:

Full Day

Partial Day

Name of Provider required \_\_\_\_\_

Did your child participate in Countdown to Kindergarten? required

- Yes
- No

## Child's Healthcare Information

Did your child weigh less than 5.5 pounds at birth? required

- Yes
- No

My child receives regular medical care from: required

- Health Clinic (Health Department)
- Emergency Room
- Family Doctor
- Other

# Internet Access Information

The district feels it is important to be aware of the availability of Internet access for students when they are away from school. This is particularly necessary in the event of school cancellation, as for inclement weather, which the district refers to as an e-Learning day. In the following questions, we are asking you to provide information about your student's access to the internet and devices in your home. We will use the information you provide to learn how we can best support your student(s) on an e-Learning day to maintain consistency in teaching and learning. More information about e-Learning days can be found on the district website.

Can the student access the internet on their primary learning device at home? required

- Yes
- No - Not Available
- No - Not Affordable
- No - Other

What is the primary type of internet service used at the residence? required

- Residential Broadband (e.g. DSL, Cable)
- Cellular Network
- School Provided HotSpot
- Satellite
- Dial-up
- Other
- None

Who is the internet service provider in the student's residence? required

- AT&T
- Earthlink
- Windstream
- Spectrum
- Comporium
- Satellite Internet



- Other
- None

Can the student stream a video on their primary learning device without interruption? **required**

- Yes-No issues
- Yes-But not consistent
- No

What device does the student most often use to complete school work at home? **required**

- Desktop/Laptop
- Tablet
- Chromebook
- SmartPhone
- None
- Other

How many hours per day can the student spend on the primary learning device? **required**

- Unable to use the device at home
- Limited Access 1-2 hours
- Medium Access 3-4 hours
- Unlimited Access

Is this connection being used for anything other than school work during the day? **required**

- Yes
- No

Is the primary learning device a personal device or school-provided? Is the primary learning device shared with anyone else in the household? **required**

- Personal - Dedicated (one person per machine)
- Personal - Shared (sharing among others in household)
- School Provided - Dedicated
- School Provided - Shared
- None

What other places can the student access the internet on their primary learning device? required

- Library
- Commercial Business
- A Friend's House
- Place of Worship
- Other
- None

What types of special supports does the student need to access digital learning at home? required

- Translation Services
- Closed Captioning Services
- Other Special Accommodations
- None

How many students are in the household? required

- Select -      1      2      3      4      5      6      More than 6

# Transportation

## Morning Transportation required

- Not Applicable
- AM Bus Only
- Car Rider/Student Drives to School
- Day Care provider
- Walker
- Bicycle

## Afternoon Transportation required

- Not Applicable
- PM Bus Only
- Car Rider/Student Drives to School
- Day Care provider
- Walker
- Bicycle
- After School Program at School

# Enrollment Survey

This Enrollment Survey must be completed for all students upon annual registration in South Carolina public schools. Information collected within this survey 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.

## 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 do you wish to have written communication from the school? required

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In what language do you wish to have oral communication from the school? required

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# 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? **required**

- 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. **required**

- 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? **required**

- Single-family house/apartment/trailer
  - Transitional Housing
  - Living with other people in their house/apartment/trailer (doubled-up)
  - 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.)
  - Displaced due to COVID-19
  - Other:
-

# Family Information

Student lives with **required**

- Select One-

- Both Parents
- Father Only
- Mother Only
- Mother/Stepfather
- Father/Stepmother
- Legal Guardian
- Foster Home/DSS
- Grandparent(s)
- Other

Does the student have a parent in the Military? **required**

- Select One-

- 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.

**The primary Parent(s)/Legal Guardian(s) on file with your child's school are listed below.**

**Parent/legal guardian name should match driver's license name. If either a name or relationship needs to be changed, please contact your child's school. Please update all other information listed.**

Other important adults, such as step-parents, relatives, and emergency contacts may be listed as contacts on the following Contacts page.

***SchoolMessenger: By registering online, you are giving Lexington District One your permission/consent to contact parents/guardians via telephone with emergency and non-emergency notifications. Please note that you must have at least one working telephone number for emergency notifications. Use the free SchoolMessenger app for Apple and Android devices or website to manage/change your preferences after you create your account. The district's website has more information regarding how you would prefer for us to contact you at each telephone number, and you can let us know what types of notifications you want to receive on each telephone number. Go to [www.lexington1.net](http://www.lexington1.net). Under I AM..., click A Parent/Guardian to see information on SchoolMessenger.***

Legal Documentation must be on file in the school office listing anyone who cannot visit or pick up this child because of a court order. If this applies to your child, is the legal paperwork on file in the school office?

The court order is on file in the school office

- Yes
- No

## Additional Early Childhood Information

### Family Income Range

Income Range of the family required

- \$0-\$10,000
- \$10,001-\$20,000
- \$20,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$50,000
- \$50,001-\$60,000
- \$60,001 and above



## Persons in Household

What is the number of persons in the student's household? required

- 2
- 3
- 4
- 5
- 6 or more

## Mother's Education

What is this student's mother's highest level of education? required

- Less than high school diploma
- GED
- High School Diploma
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

## Family Literacy Services

Who in your family has participated in a school district Family Literacy Program, such as adult literacy, adult education (GED, High School Diploma, ESL), parent education (home visitation program), child development, or parent and adult/child interactive literacy? required

- Both parents
- Mother
- Father
- Guardian/Grandparent
- No one

Did your child ever participate in school district Family Literacy Services as described above?

required

- Yes
- No

## Family Self-Identification for Assistance

Lexington County School District One recognizes that some of our families have various needs for assistance. However, school district personnel are prohibited from providing names of families to various agencies to maintain a family's confidentiality and privacy. A parent or guardian must self-identify and agree for school personnel to release their personal information to an outside agency.

Both the district and schools receive requests from local agencies, churches, businesses and organizations volunteering to provide assistance.

To assist in this process, we are providing an opportunity for any family to self-identify. **Please remember that self-identification does not guarantee assistance by a particular agency or organization.** Additionally, some programs may or may not be offered at individual schools. School personnel will provide your information to appropriate agencies and the agencies making decisions about assistance. In some cases, proof of need may be required such as Medicaid, SNAP, TANF, CHIP, SSI or SSDI. School counselors and/or parent liaisons will contact you if additional information is needed. If you have an immediate need for assistance, please contact your school counselor and/or parent liaison. You may also contact your school counselor at a later time. This information will be restricted and only released to those who have a need to know. If you have any questions, please contact your school counselor.

Please choose one of the following. required

- Our family needs assistance
- Our family does not need assistance at this time

# Contact Information

Please enter in your student's contact in the order you would like them contacted in case of an emergency.

---

## Contact 1

This contact must be a parent or legal guardian.

This contact is linked to a PowerSchool Parent Portal account for this student, and cannot be removed.

ID

Data Access

- Select -      Yes      No

Title

- Select -      Ms.      Mr.      Mrs.

First Name required

Middle Name

Last Name required

Suffix

- Select -      Sr.      Jr.      II      III

Gender required

- Male
- Female

Relationship to Student required

- Select -      Mother      Father      Guardian      Grandmother      Grandfather  
Aunt      Uncle      Sister      Brother      Friend      Neighbor      Other

Emergency Contact required

- Yes
- No

Has custody required

- Yes
- No

Can pick up student required

- Yes
- No

Lives with student required

- Yes
- No

Resides at student's primary address listed on Student page required

- Yes
- No

## Contact 1 Contact Information

Phone 1 Number required

---

Phone 1 Type required

- Select -      Home      Mobile      Work      Daytime

Preferred phone number?

- Yes
- No

Phone 2 Number

---

Phone 2 Type

- Select -      Home      Mobile      Work      Daytime

Preferred phone number?

- Yes
- No

Phone 3 Number

---

Phone 3 Type

- Select -      Home      Mobile      Work      Daytime

Preferred phone number?

- Yes
- No

Please do not enter duplicate phone numbers for contacts.

Employer

---

Email Address required

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# Contact 2

This contact must be a parent or legal guardian.

This contact is linked to a PowerSchool Parent Portal account for this student, and cannot be removed.

ID

Data Access

- Select -      Yes      No

Title

- Select -      Ms.      Mr.      Mrs.

First Name

Middle Name

Last Name

Suffix

- Select -      Sr.      Jr.      II      III

Gender

- Male
- Female

Relationship to Student

- Select -
- Mother
- Father
- Guardian
- Grandmother
- Grandfather
- Aunt
- Uncle
- Sister
- Brother
- Friend
- Neighbor
- Other

Emergency Contact

- Yes
- No

Has custody

- Yes
- No

Can pick up student

- Yes
- No

Lives with student

- Yes
- No

Resides at student's primary address listed on Student page

- Yes
- No

Contact 2 Contact Information

Phone 1 Number

---

Phone 1 Type

- Select -
- Home
- Mobile
- Work
- Daytime

Preferred phone number?

- Yes
- No

Phone 2 Number

---

Phone 2 Type

- Select -      Home      Mobile      Work      Daytime

Preferred phone number?

- Yes
- No

Phone 3 Number

---

Phone 3 Type

- Select -      Home      Mobile      Work      Daytime

Preferred phone number?

- Yes
- No

Please do not enter duplicate phone numbers for contacts.

Employer

Email Address

Additional Contact

Would you like to add another contact?

- Yes
  - No
-



# Agreements

## Annual EPA Asbestos Awareness Notice

In the past, asbestos was used extensively in building materials because of its insulating, sound-absorbing and fire-retardant capabilities. Virtually any building constructed before the late 1970s contained some asbestos.

Intact and undisturbed asbestos materials generally do not pose a health risk. Asbestos materials, however, can become hazardous when, due to damage or deterioration over time, they release fibers. If the fibers are inhaled, they can lead to health problems, such as cancer and asbestosis.

In 1986, Congress passed the Asbestos Hazard Emergency Response Act which requires schools to be inspected to identify any Asbestos-Containing Building Materials. Suspected ACBM were located, sampled (or assumed), and rated according to condition and potential hazard.

The law further required an asbestos management plan be in place by July 1989. Lexington District One developed a plan, as required, which has been continually updated. The plan has several ongoing requirements: publish a notification on management plan availability and the status of asbestos activities; educate and train its employees about asbestos and how to deal with it; notify short-term or temporary workers on the locations of ACBM; post warning labels in routine maintenance areas where asbestos was previously identified or assumed; follow set plans and procedures designed to minimize the disturbance of ACBM; and survey the condition of these materials every six months to ensure that they remain in good condition.

Every three years, Lexington County School District One has conducted a re-inspection to determine whether the condition of the known or assumed ACBM has changed and to make recommendations on managing or removing ACBM. At the last re-inspection conducted in 2021, all materials listed in the Management Plan as asbestos containing (or assumed to be

asbestos-containing) were inspected and found to be in good condition. The district will undergo another inspection prior to the end of December 2024.

No material regarded as posing a health hazard was found. While ACBM are still in several of the district's schools, the materials are not friable (easily crumbled), thus they are unlikely to release fibers into the air. As outlined in law, the district monitors all ACBM by conducting semi-annual inspections and provides needed information to appropriate employees of the district.

It is the intention of the district to comply with all federal and state regulations controlling asbestos and to take whatever steps are necessary to ensure a healthy and safe environment in which to learn and work for students and employees. Copies of each school facility inspection and management plan are on file at Central Services and at the school. You are welcome to review a copy during regular business hours.

Chief Operations Officer Jeff Salters is our designated asbestos program coordinator. All inquiries regarding the asbestos plan and asbestos-related issues should be directed to him at 803-821-1000 or by email at JSalters@lexington1.net.

**In order to ensure that you know about this act, please read the act and then select 'Yes'.**

I have received information about the Annual EPA Asbestos Awareness Act. required

**Signature** \_\_\_\_\_

## SchoolMessenger Sign Up Information

Lexington District One uses a communications tool called SchoolMessenger, <https://go.schoolmessenger.com>. It is a telephone, email and text messaging system that helps us get emergency messages and other messages to our staff and students' parents/guardians quickly by telephone, email or text.

We can, for instance, let you know that we are closing early due to bad weather, that your child's bus is running late, that your child missed a day of school or that your child is running low on lunch money.

The information we have for you in the SchoolMessenger system comes from our student information system, PowerSchool.

If we send an emergency message using the SchoolMessenger system, the system will use the number that you, the parent, designated to receive emergency communications.

If your telephone number(s) or email address changes for any reason, you can change those before school begins as you register your student using the district's online registration system. If, after school begins, you need to change your telephone number(s) or email address, contact your child's school.

At the beginning of each school year, we are also required to notify you about your rights under the Telephone Consumer Protection Act. If you do not want to receive calls or text messages on your mobile telephone, you can change your preferences at any time by using the SchoolMessenger website or the SchoolMessenger app from the Apple App store or Google Play Market.

Parents of students new to Lexington District One, when you register your child and provide your mobile telephone number as part of your contact information, you will receive an 'opt-in' text message from the short code 67587. You may want to create a new contact in your contacts list for the short code 67587 called Lexington One to make it easier to know that the message is coming from Lexington District One.

Opting in to receive text messages from SchoolMessenger allows you to receive emergency and general text messages from the district and from your child's school. Just reply 'Y' or 'Yes' to opt-in or 'stop' to opt-out when you receive the opt-in message.

SchoolMessenger does not charge any text message fees, but your wireless provider may charge text message fees. You can find that information in your account plan.

Visit our website at [lexington1.net](http://lexington1.net) and go to I AM... A Parent/Guardian and then scroll down to view more information on SchoolMessenger.

I have received information about SchoolMessenger. required

Signature \_\_\_\_\_

# South Carolina Occupational Information System

As a state program, SCOIS is authorized by both Federal and State Law and is mandated to provide a vast array of career development products and services.

The program assists educators with incorporating integrative learning strategies that address state curriculum standards in conjunction with current and practical educational and career information by providing free lesson plans. In addition, SCOIS allows teachers to develop efficient long-range academic achievement plans for students.

Tools for students include: career assessments, career games, college information, occupational information, college major information, scholarship searches, career cluster information, school subjects matched to careers, financial aid information, career videos, resume building tools, electronic portfolios, and salary and outlook information on potential careers.

Career guidance tools are available for parents. Administrator reports allow teachers and counseling teams to work closely with students on college and career readiness.

Parents, students and teachers should consult their career specialist for login details and codes.

I have received information about South Carolina Occupational Information System. required

Signature\_\_\_\_\_

# Eighth Grade Lexington Technology Center (LTC) Tour Parent Permission

Lexington Technology Center (LTC) offers specialized courses designed to help students prepare for future careers through hands-on learning, industry certifications, and skills training opportunities with industry partners. Students, grades 9-12 from all five Lexington One high schools are eligible to attend LTC.

Every year, LTC invites 8th grade students from all district middle schools to tour the building, meet the instructors, and learn more about their career technology programs.

## **Some of the programs offered at LTC:**

- Architecture
- Auto Collision
- Auto Technology
- Building Construction
- Business Finance
- Core Engineering
- Cosmetology
- Culinary Arts
- Digital Art and Design
- Electricity
- Firefighting
- Environmental and Natural Resources
- General Management
- Health Science
- Intro to Teaching
- Law Enforcement
- Machine Technology
- Marketing Communications
- Marketing Management
- Merchandising

- Plant and Animal Systems
- Power Equipment
- Programming and Software Development
- Welding Technology

For more information about Lexington Technology programs: <http://ltc.lexington1.net/programs/>

**Please select one:** required

- YES, I give permission for my student to participate in the 8th grade LTC Tour during the 2022-2023 school year. I understand that my student will be under the supervision of school chaperones, that all district/school policies are in effect for the duration of the trip, and that any violations of such policies will result in disciplinary action being taken. While on the trip, the chaperones have my permission to act on my behalf in the event of an emergency. I understand that all out-of-pocket expenses associated with emergency medical treatment will be my responsibility. I also understand that my child will be given the opportunity to complete class work missed due to the trip
- NO, I do not give my permission for my student to participate in the 8th grade LTC Tour and understand that they will remain at their home school.

# Erin's Law: Information for Elementary Parents/Guardians

Section 59-32-20(B) of the South Carolina Code of Laws was amended June 2014 (H.4061, Act 293) after the passage of Erin's Law, named after childhood sexual assault survivor Erin Merryn.

The purpose of Erin's Law is to teach students how to stay safe, to tell if someone touches them inappropriately, to decide who will touch them, and what touches will be allowed or not allowed, and to learn what parts of their bodies are private and should not be touched.

This section of the law already requires school districts to have a Comprehensive Health Education program. The passage of Erin's Law added the requirement that districts annually provide age-appropriate instruction in sexual abuse and assault awareness and prevention to all students in 4-year-old kindergarten through grade 12.

Experts estimate that one in four girls and one in six boys have been sexually abused before their 18th birthday. In other words, a regular classroom could have between four to six students who have been violated in some way and who may have never had any information on inappropriate touches, what they are and that these touches are wrong.

In elementary schools, the elementary school counselors will provide lessons aligned with the South Carolina Academic Standards for Health and Safety Education.

Lexington County School District One used the guide provided by the South Carolina Department of Education as it selected its curriculum components, as well as the scope and sequence of instruction. Instructional units are not written as stand-alone units. Instead, each lesson builds on the previous lesson or lessons.

In third grade, students review information from kindergarten to second grade. In fifth grade, students review the information from third and fourth grades.

Parents, of course, may review the course curriculum and lesson plans.

If you have any questions concerning Erin's Law, the course instruction or materials, please contact either your school counselor, the district's Coordinator for Science, Health, and Physical Education Dr. Holly Sullivan (803-821-1066) or me (803-821-1052).

Sincerely,

Zan Tracy Pender, Director of School Counseling and Advisement

I have received information about Erin's Law. [require](#)

**Signature** \_\_\_\_\_



# Every Student Succeeds Act of 2015

## Parent and Family Member Right to Know

The federal [Every Student Succeeds Act \(ESSA\)](#) of 2015 includes provisions that help ensure success for students and schools. The previous version of the law, the No Child Left Behind (NCLB) Act, was enacted in 2002. ESSA:

- advances equity by upholding protections for disadvantaged and high-need students.
- requires that all students be taught to high academic standards that will prepare them to succeed in college and careers.
- ensures that information is provided to educators, families, students and communities through annual statewide assessments that measure students' progress toward those high standards.
- helps to support and grow local innovations - including evidence-based and place-based interventions developed by local leaders and educators.
- sustains and expands investments in increasing access to high-quality preschool.
- maintains an expectation that there will be accountability and action to effect positive change in our lowest-performing schools, where groups of students are not making progress, and where graduation rates are low over extended periods of time.

ESSA was adopted, in part, to ensure that schools and school districts across the country employ teachers and instructional assistants who meet applicable state certification and licensure requirements in schools that receive federal funds.

According to this law, teachers should:

- have met state qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction;
- be teaching under emergency or other provisional status through which state qualification or licensing criteria have been waived; and

- be teaching in the field of discipline of the certification of the teacher.

Lexington County School District One's Board of Trustees places top priority on hiring teachers and paraprofessionals for all our classrooms who meet applicable state certification and licensure requirements.

As part of our continued commitment to excellence, we ask each teacher to make information about his/her qualifications available on his/her teacher webpage, Schoology page, etc. You can access that information by going to the website of your child's school. The district's website address is [www.lexington1.net](http://www.lexington1.net). You can get to each school's website from there.

If you neither own a computer nor have access to the internet, the Gilbert, Lexington and Pelion branches of the Lexington County Public Library system provide internet access.

If you still cannot get this information from our website and would like to receive it, just send a letter to your child's principal. In that letter, please give your child's name, the name of the teacher or paraprofessional, and the grade or subject that person teaches. Your principal will provide you with the information in a timely manner after receiving your request.

**In order to ensure that you know about this act, please read the act and then select 'Yes'.**

I have received information about the Every Student Succeeds Act. required

**Signature** \_\_\_\_\_

# Directory Information

Please read the [Family Educational Rights and Privacy Act \(FERPA\) Explanation Letter](#) and the [Notification of Rights under FERPA Notice](#).

If you do not want the district to release some or all of your child's directory information without prior written consent, you must notify the district in writing by completing the Directory Information Form available when you register online or by returning a printed and signed copy of this form to your child's school by September 1. You may change your mind and revoke or revise this authorization at any time (except when action has already been taken) by filling out another copy of this form (available on our website at [lexington1.net](http://lexington1.net)) and returning it to your child's principal.

**Please check ONLY ONE of the following three options.** *required*

- **OPTION 1 — RELEASE OF ALL INFORMATION** — We, the parent(s)/guardian(s) and student OR I, the student (if 18 years of age or older), hereby GRANT Lexington County School District One permission to release ALL directory information.
- **OPTION 2 — RELEASE OF SOME INFORMATION** — Please note that if you choose the items marked with an \*, your child's name and/or photograph will not be included in the school annual or yearbook, honor rolls or other school publications. We, the parent(s)/guardian(s) and student OR I, the student (if 18 years of age or older), hereby GRANT Lexington County School District One permission to release all directory information EXCEPT student's
- **OPTION 3 — RELEASE OF NO INFORMATION** — We, the parent(s)/guardian(s) and student OR I, the student (if 18 years of age or older), hereby ask that Lexington County School District One NOT release ANY directory information. This means that no directory information about this student will be released to - military recruiters; companies that manufacture class rings, take school photographs or publish school annuals or yearbooks; or appear in school or district articles, videos, television broadcasts or displays; or in district/school promotional pieces including, but not limited to, district or school websites, brochures, fliers, honor rolls or other recognition lists, newsletters, playbills, programs (including graduation and athletic programs), videos, etc. I understand that this means my child's photograph will not be in the school annual or yearbook, honor rolls or any other publications.

# Permission to Use High School Student's Mobile Telephone Number

Dear Parent/Guardian:

To help high school administrators contact students directly in an emergency, Lexington County School District One is requesting your permission to collect the mobile telephone number of your high school student.

Once collected, your student's mobile telephone number will only be available to school administrators. Those administrators will only use your student's mobile telephone number to call or text your student if they cannot reach you.

**Please indicate below your preference by checking ONLY ONE response.**

- I grant permission for my child's high school to collect my child's mobile telephone number. I also give permission for an administrator to contact my child's mobile telephone number when I cannot be reached.
- I DO NOT grant permission for my child's high school to collect my child's mobile telephone number. I also do not give permission for an administrator to contact my child's mobile telephone number when I cannot be reached.

# Student Media Consent and Release Form

Throughout the school year, Lexington County School District One may highlight students in its efforts to promote LCSDO activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, television, the internet, DVDs, displays, brochures, Facebook, Twitter, YouTube and other types of media.

As the parent or legal guardian of , I hereby give Lexington District One and its employees, representatives and authorized media organizations permission to print, photograph and record my child for use in audio, video, film or any other electronic, digital or printed media.

I understand that local reporters (newspaper, television, online newspaper, radio, etc.) occasionally visit our schools. I hereby give my permission for my son/daughter to be photographed or videotaped by representatives of the media and for the photos and/or videotapes to be used on local television broadcasts or in area newspapers. I understand that my child will not be interviewed by any newspaper or television reporter without my consent.

I hereby agree to the use of my child's photo, video and/or work on the district's or school's website as long as he or she is identified by first name only. I understand that I will be asked to give permission on a case-by-case basis if my child is to be identified by more than just first name on any website including social media.

I understand that neither Lexington District One nor its representatives will reproduce said photograph, interview or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

I certify that I have read the Student Media Consent and Release Form, and fully understand its terms and conditions, and that I release Lexington County School District One, its Board of Trustees, employees and other representatives from any liabilities, known or unknown, arising out of the use of this material.

**Please make a selection: required**

- Yes, I give my permission
- No, I do not give my permission

# Federal Impact Aid Program

Due to the large federal presence throughout our state and the tax exemptions available to federally-connected personnel, businesses and agencies, public school districts in South Carolina are eligible to apply for federal Impact Aid funds. Impact Aid is a federal program designed to assist local school districts that enroll federally-connected students.

The Impact Aid Program funds become a part of the district's general operating budget and can be used to maintain its high standards for educational excellence. The district can also disburse these funds to support military-connected students and to assist them in times of transition, such as deployment and reintegration. By identifying these students, school leaders can provide the proper support to them, as they also serve our military through their parents' service.

Every dollar counts in the education of our children. Lexington County School District One is eligible for these federal Impact Aid grants due to the ever-increasing federal presence in the county. We need your help, however, in accurately counting Lexington District One students with federal connections such as:

- children of active-duty uniformed-services personnel;
- children who live on federal property or in federal subsidized housing;
- children whose parents work on federal property; or
- children whose parents serve as reservists or in the National Guard on active duty orders.

You can help by completing the Student-Parent Survey form.

Please complete a form for each school-aged student in your household. This form will be used solely to complete the district's request for Impact Aid funds under Title VII of the Elementary and Secondary Education Act. The information provided on this form is confidential.

The form may be filled out online in the online registration system or on paper and returned to your child's school by Wednesday, September 1, 2022.

Is either parent/guardian with whom the student resided on active duty in the Uniformed Services of the United States and 1) either parent/guardian with whom the student resided was employed on federal property, or 2) either parent/guardian reported to work on federal property on the survey date. *required*

- Yes
- No

Is either parent/guardian on active duty in the Uniformed Services of the United States on the survey date? *required*

- Yes
- No

Is either parent/guardian both an accredited foreign government official and a foreign military officer on the survey date? *required*

- Yes
- No

Has either parent/guardian spent more than 50 percent of his or her working time on federal property (whether as an employee or self-employed) engaged in farming, grazing, lumbering or mining? *required*

- Yes
- No

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated in order for your school district to receive funds based on this information.

# YouTube Restricted Access for Students Under 18

YouTube can restrict access to videos based on content and filter content in order to provide access only to age-appropriate content for education. Lexington County School District One makes this 'YouTube Restricted Access' available to students and found that it greatly increases their access to instructional content.

Most students are under the age of 18 and parental approval is required for students under age 18.

Please indicate whether or not you approve of your student, who is under the age of 18, having access to view age-appropriate and educational videos for instructional purposes.

You may change your mind and revise this authorization at any time by simply filling out another copy of this form (available from your child's school) and returning it to your child's school.

**Please make a selection:** required

- I grant permission for my child to view and access age appropriate and educational videos for instructional purposes.
- I do not grant permission for my child to view and access age appropriate and educational videos for instructional purposes.



# Student Access to Internet-Based Instruction

Dear Parent/Guardian:

Lexington District One is committed to innovation and a high quality education. This begins with elementary students and continues throughout their education. Part of our commitment to innovation includes the use of online tools for student learning.

During the school year, Lexington District One will use various online learning tools designed to help students. These district-approved online learning tools include applications students can use to grow in mathematics, reading, writing, coding, language acquisition, or the arts.

For some of these tools, it is essential that the student be uniquely identified in the application through their own log-in information. This unique identification of each student allows for personalized additional support and tracking.

In order for students to use these learning tools, certain personally identifiable information may be provided to the vendor who offers the tool such as the student's name and school email address. The district makes sure that this type of information is shared in a secure manner and is limited to the educational context. This information is not used for any commercial purposes.

Under the Children's Online Privacy Protection Act (COPPA), school districts are permitted to consent to the collection of personally identifiable information on behalf of parents of students for the purpose of education. This eliminates the need for parents to give individual parental consent for each separate application, a student will use during the school year.

For more information about COPPA, visit:

<https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions#Schools>.

If you have any questions, please contact the Chief Technology and Innovation Officer, Dr. Thomas Rivers by email at [trivers@lexington1.net](mailto:trivers@lexington1.net).

Thank you.

Dr. Thomas Rivers  
Chief Technology and Innovation Officer

I have received information about student access to internet-based instruction. required

**Signature** \_\_\_\_\_

# McKinney-Vento Homeless Education Assistance Act

## Notification of Rights

Lexington District One families have certain rights or protections under the McKinney-Vento Homeless Education Assistance Act, if the family lives in any of the following situations:

- in a shelter, motel, vehicle or campground;
- on the street;
- in an abandoned building, trailer or other inadequate accommodations; or
- doubled up with friends or relatives because you cannot find or afford housing.

Under these circumstances, Lexington District One families have the right to:

- go to school, no matter where they live or how long they have lived there. They must be given access to the same public education provided to other students.
- continue in the school they attended before they became homeless or the school they last attended, if that is their choice and is feasible. The school district's local liaison for homeless education must assist them, if needed, and offer them the right to appeal a decision regarding their choice of school if it goes against their wishes.
- receive transportation to the school they attended before they became homeless or the school they last attended, if they request such transportation.
- attend a school and participate in school programs with students who are not homeless. Students cannot be separated from the regular school program because they are homeless.
- enroll in school without giving a permanent address. Schools cannot require proof of residency that might prevent or delay school enrollment.
- enroll and attend classes while the school arranges for the transfer of school and immunization records or any other documents required for enrollment.

- enroll and attend classes in the school of their choice even while the school and the family seek to resolve a dispute over enrollment.
- receive the same special programs and services, if needed, as provided to all other students served in these programs.
- receive transportation to school and to school programs.

When you move, you should do the following:

- Contact the school district's local liaison for homeless education at 803-821-1029 for help in enrolling in a new school or arranging to continue in your former school. (Or, someone at a shelter, social services office, or the school can direct you to the person you need to contact.)
- Tell your student's teachers anything you think they need to know about your situation in order to help your student at school.
- Ask the local liaison for homeless education, the shelter provider or a social worker for assistance with clothing and supplies, if needed.

If you need further assistance, call the National Center for Homeless Education at the toll-free Help Line number at 1-800-308-2145.

**In order to ensure that you know about this act, please read the act and then sign.**

I have received information about the McKinney-Vento Homeless Education Assistance Act. required

Signature\_\_\_\_\_

# Notification of Use of Public Benefits (Medicaid) or Private Insurance to Pay for Services Under IDEA

This notification is to inform you of the intent of Lexington County School District One and the South Carolina Department of Education to bill Medicaid and/or third-party insurance, and receive payment from Medicaid and/or any third-party insurer for health-related services, as permitted under the Individuals with Disabilities Education Act, and as set forth in your child's Individualized Education Program.

The district or agency and 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 insurance, and once a year for services that the district will provide in the future.

This document also serves as notice that the district and SCDE will release and exchange medical, psychological and other confidential personally identifiable 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/is 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 SCDE will continue to operate under the guidelines of the Family Educational Rights and Privacy Act to ensure confidentiality regarding your child's treatment and the provision of services.

# Medicaid General Consent Form

Lexington County School District One and the South Carolina Department of Education have my permission to provide services to my child, and to release and exchange medical, psychological and other confidential personally identifiable information, as necessary, to the South Carolina Department of Health and Human Services and any applicable third-party insurer regarding billable services provided to my child. I understand that the purpose of this consent is to bill Medicaid and/or a private third-party insurer for services under the Individuals with Disabilities Education Act.

By signing this form, I give the district and SCDE my permission to bill Medicaid 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. The district provided me with written notification consistent with IDEA regulation 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 before the district and SCDE access my benefits to pay for services under 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 any third-party insurance reimbursement for billable services provided by the district and 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 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 to me at no cost.

I understand that this consent is voluntary on my part and may be revoked at any time. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

I also understand that the district and the South Carolina Department of Education will operate under the guidelines of IDEA and the Family Educational Rights and Privacy Act to ensure confidentiality regarding my child's treatment and provision of health-related services

**Please select one:** required

- I grant permission
  - I do not grant permission
-

# Additional Agreements

## Protection of Pupil Rights Amendment

### Notification of Rights

The Protection of Pupil Rights Amendment is a federal law that affords parents and students over 18 years of age (eligible students) certain rights regarding the manner in which Lexington County School District One conducts surveys, collects and uses information for marketing purposes, and does certain physical exams. These include the right to:

1. Consent before students are required to submit to a survey that concerns one or more of the following protected areas (protected information survey) if the survey is funded in whole or in part by a program of the U.S. Department of Education.

- Political affiliations or beliefs of the student or student's parent
- Mental or psychological problems potentially embarrassing to the student or student's family.
- Sex behavior or attitudes
- Illegal, anti-social, self-incriminating or demeaning behavior
- Critical appraisals of others with whom respondents have close family relationships
- Legally recognized privileged relationships, such as with lawyers, physicians or ministers
- Religious practices, affiliations or beliefs of the student or student's parent
- Income, other than as required by law to determine program eligibility

2. Receive notice and an opportunity to opt a student out of the following:

- Any other protected information survey, regardless of funding
- Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the



immediate health and safety of a student, except for hearing, vision or scoliosis screenings, or any physical exam or screening permitted or required under state law

- Activities involving the collection, disclosure or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others

3. Inspect, upon request and before administration or use, the following:

- Protected information surveys of students
- Instruments used to collect personal information from students for any marketing, sales or other distribution purposes
- Instructional material used as part of the educational curriculum

These rights transfer from a student's parents to a student 18 years old or to an emancipated (under state law) minor.

Lexington County School District One has developed and adopted policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure or use of personal information for marketing, sales or other distribution purposes. The District will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. The District will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his/her child out of participation in the specific activity or survey or require active consent to participate. The District will make this notification to parents at the beginning of the school year if the district has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure or use of personal information for marketing, sales or other distribution

- Administration of any protected information survey not funded in whole or in part by the U.S. Department of Education
- Any non-emergency, invasive physical examination or screening as described above

Parents who believe their rights have been violated may file a complaint with the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-5901.

**In order to ensure that you know about this amendment, please read the amendment and then select 'Yes'.**

I have received information about the Protection of Pupil Rights Amendment. required

**Signature** \_\_\_\_\_

# Students in Grades 3–12 Parent Consent for Technology and Learning Survey

Dear Parent/Guardian:

Lexington County School District One occasionally asks students to complete tests, surveys and questionnaires so that we can gather information about various topics pertaining to our youth.

The district may administer a voluntary student survey to students in Grades 3-12 in order to learn more about our students' use of technology for learning at school and at home.

The data collected from this survey will allow us to analyze trends and adjust programs to better support teachers and students.

The survey is confidential (not seen by others) and anonymous (students' responses cannot be matched to the students). Students do not provide their names anywhere on the survey.

Parents can preview sample questions in the survey by contacting me, Howard Bissell, Instructional Technology Director, by telephone at 803-821-1059 or by email at [hbissell@lexington1.net](mailto:hbissell@lexington1.net).

If you do not want your child to participate in this survey, please notify me in writing by email at [hbissell@lexington1.net](mailto:hbissell@lexington1.net). You could also mail me at P.O. Box 1869, Lexington, SC 29071 or drop off your letter at Central Services located at 100 Tarrar Springs Road, Lexington, SC 29072.

Sincerely,

Howard Bissell  
Instructional Technology Director

I have received information about the Students in Grades 3–12 Parent Consent for Technology and Learning Survey. **required**

**Signature** \_\_\_\_\_

# Science Student Safety Contract (Grades 9-12)

Lexington County School District One feels that you should be informed regarding the school's effort to create and maintain a safe science classroom/laboratory environment. With the cooperation of the instructors, parents and students, a safety instruction program can eliminate, prevent and correct possible hazards. You should be aware of the safety instructions your son/daughter will receive before engaging in any laboratory work. Please read this list of safety rules. No student will be permitted to perform laboratory activities until this contract is signed by both the student and parent/guardian and is on file with the teacher.

The safety contract must be signed by the student and the student's parent or legal/guardian and returned to the teacher before the student can participate in science activities. Teachers will arrange for students to read the contract and sign it through Schoology.

The study of science is activity based. Therefore, safety is a primary concern for students, teachers and parents. To ensure a safe science environment, this student safety contract contains a list of rules that students must follow at all times.

## REQUIREMENTS

- Keep, as a reference, this list of safety rules and guidelines in your Schoology resources.
- You are responsible for notifying your teacher of any custodial changes during the term. New safety contracts will be required if such changes occur.
- If you currently wear contact lenses or obtain them during the term, notify your teacher.
- You must score at least 85% on a safety test.
- You will follow all oral and written instructions and safety guidelines. Any violation of instructions may result in being removed from the activity and/or disciplinary action.

## GENERAL SAFETY RULES

1. Conduct yourself in a responsible manner at all times when participating in activities.
2. Know the locations and operating procedures of all safety equipment - procedures will be taught in class.

3. Horseplay, practical jokes, pranks and other distractions are unsafe and will not be tolerated. Immediate removal from the laboratory will result.
4. Be prepared for all activities. Read all directions for thorough understanding before participating in the activity. If you do not understand any part of the directions, re-read them. If further clarifications are needed, ask your teacher.
5. You may not work on any activity unless your teacher is present.
6. Bring only materials required to perform the activity. Other materials should be stored away from the work area. Aisles must be kept clear at all times.
7. No eating, drinking, or chewing during activities unless instructed by your teacher.
8. Keep hands away from eyes, mouth, face and body.
9. Do not touch any equipment, substance, or other material until you are instructed to do so by your teacher.
10. Carefully follow all written and oral instructions. Do not perform any activity that is not assigned or authorized by your teacher.
11. Keep your work area clean and organized.
12. You may not leave your assigned work area unless instructed by your teacher.
13. Students are not permitted in storage or preparation areas.

## **CLOTHING**

14. To protect yourself from injuring your eyes, you must wear safety goggles whenever you work with chemicals, flames, heat, glassware or any substance that might get into your eyes.
15. If you currently wear contact lenses or obtain them during the term, you **MUST** inform your instructor.
16. Tie back long hair.

17. Remove loose jewelry and accessories. Secure loose clothing, long sleeves and ID badges.
18. Wear shoes that completely cover your feet, as dictated by the activity and your teacher.
19. Wear a lab apron when working with chemicals or substances that can stain or cause injury.

## **FIRST AID**

20. Report ALL accidents, spills, or injuries to your teacher immediately - no matter how minor.
21. Know proper first aid procedures in case of accident or injury. Procedures will be taught in class.
22. If any chemical should splash in your eyes or on your skin, immediately rinse with running water and notify your teacher.
23. All objects contaminated with blood or other bodily fluids must be reported to the teacher immediately for cleaning and/or proper disposal.

## **CHEMICALS**

24. Do not touch, taste, or smell chemicals unless instructed to do so by your teacher. Never hold your face over an open container.
25. Read labels twice to make sure you are using the proper chemical. Take only as much as needed and never return unused chemicals to original containers. Keep all containers closed when not in use.
26. Never remove chemicals or other materials from the laboratory or classroom.
27. When transporting chemicals, hold them securely and walk carefully.
28. Acid spills should be neutralized with a base (baking soda), and base spills should be neutralized with an acid (vinegar).

## **GLASSWARE**

29. Never handle broken glass. Inform your teacher for cleanup.

30. Examine glassware before each use. Report chipped, cracked or dirty glassware to your teacher.

31. Handle hot glassware with tongs, clamps or designated insulating materials.

32. Do not immerse hot glassware in cold water or cold glassware in hot water. It may shatter.

## **EQUIPMENT**

33. Examine electrical equipment for any frayed cords, exposed wires or loose connections. Do not use if damaged and report any damage to your teacher immediately.

34. Make sure your hands are dry before handling any electrical equipment. Always grasp electrical cords by the plug.

35. If you do not understand how to use a piece of equipment, ask your teacher for help.

36. Handle sharp or pointed instruments appropriately and with care. If a sharp object falls or slides, do not try to catch it.

## **HEATING**

37. Never heat anything unless instructed to do so by your teacher.

38. Never place combustible materials near a heat source.

39. Never reach over an exposed flame or a heating element.

40. Never leave anything that is being heated or visibly reacting unattended. Always turn off any heat source when not in use.

41. Do not point the open end of a test-tube toward yourself or anyone else. Never look into the open end of any container being heated.

42. All heated items must be placed on designated insulating pads.

43. Always allow ample time for heated objects to cool. Hold the back of your hand near the object. If you can feel heat on the back of your hand, the object is too hot to handle.

## **SPECIMENS**

44. Handle all specimens with care and respect.

45. Wash your hands thoroughly before and after handling any specimens.

46. You may not bring any live, dead or preserved specimens into the classroom unless you receive formal written instructions from your teacher.

## **OUTDOOR ACTIVITIES**

47. Dress appropriately and protect your skin.

48. Avoid contact with anything unless instructed by your teacher.

49. Do not look directly at the sun.

## **END OF ACTIVITY**

50. You must clean your work area. Thoroughly wash glassware and return all equipment to its proper place as instructed by your teacher.

51. Dispose of waste materials as instructed by your teacher.

52. Wash your hands after each activity.

I have received information about the Science Student Safety Contract. **required**

**Signature** \_\_\_\_\_



# Science Student Safety Contract (Grades 6-8)

Lexington County School District One feels that you should be informed regarding the school's effort to create and maintain a safe science classroom/laboratory environment. With the cooperation of the instructors, parents and students, a safety instruction program can eliminate, prevent and correct possible hazards. You should be aware of the safety instructions your son/daughter will receive before engaging in any laboratory work. Please read this list of safety rules. No student will be permitted to perform laboratory activities until this contract is signed by both the student and parent/guardian and is on file with the teacher.

The safety contract must be signed by the student and the student's parent or legal/guardian and returned to the teacher before the student can participate in science activities. Teachers will arrange for students to read the contract and sign it through Schoology.

The study of science is activity based. Therefore, safety is a primary concern for students, teachers and parents. To ensure a safe science environment, this student safety contract contains a list of rules that students must follow at all times.

## **REQUIREMENTS**

- Keep, as a reference, this list of safety rules and guidelines in your Schoology resources.
- You are responsible for notifying your teacher of any custodial changes during the term. New safety contracts will be required if such changes occur.
- If you currently wear contact lenses or obtain them during the term, notify your teacher.
- You must score at least 85% on a safety test.
- You will follow all oral and written instructions and safety guidelines. Any violation of instructions may result in being removed from the activity and/or disciplinary action.

## **GENERAL SAFETY RULES**

1. Conduct yourself in a responsible manner at all times when participating in activities.
2. Know the locations and operating procedures of all safety equipment - procedures will be taught in class.

3. Horseplay, practical jokes, pranks and other distractions are unsafe and will not be tolerated. Immediate removal from the laboratory will result.
4. Be prepared for all activities. Read all directions for thorough understanding before participating in the activity. If you do not understand any part of the directions, re-read them. If further clarifications are needed, ask your teacher.
5. You may not work on any activity unless your teacher is present.
6. Bring only materials required to perform the activity. Other materials should be stored away from the work area. Aisles must be kept clear at all times.
7. No eating, drinking, or chewing during activities unless instructed by your teacher.
8. Keep hands away from eyes, mouth, face and body.
9. Do not touch any equipment, substance, or other material until you are instructed to do so by your teacher.
10. Carefully follow all written and oral instructions. Do not perform any activity that is not assigned or authorized by your teacher.
11. Keep your work area clean and organized.
12. You may not leave your assigned work area unless instructed by your teacher.
13. Students are not permitted in storage or preparation areas.

## **CLOTHING**

14. To protect yourself from injuring your eyes, you must wear safety goggles whenever you work with chemicals, flames, heat, glassware or any substance that might get into your eyes.
15. If you currently wear contact lenses or obtain them during the term, you **MUST** inform your instructor.

16. Tie back long hair.
17. Remove loose jewelry and accessories. Secure loose clothing, long sleeves and ID badges.
18. Wear shoes that completely cover your feet, as dictated by the activity and your teacher.
19. Wear a lab apron when working with chemicals or substances that can stain or cause injury.

## **FIRST AID**

20. Report ALL accidents, spills, or injuries to your teacher immediately - no matter how minor.
21. Know proper first aid procedures in case of accident or injury. Procedures will be taught in class.
22. If any chemical should splash in your eyes or on your skin, immediately rinse with running water and notify your teacher.
23. All objects contaminated with blood or other bodily fluids must be reported to the teacher immediately for cleaning and/or proper disposal.

## **CHEMICALS**

24. Do not touch, taste, or smell chemicals unless instructed to do so by your teacher.
25. Never hold your face over an open container.
26. Read labels twice to make sure you are using the proper chemical. Take only as much as needed and never return unused chemicals to original containers. Keep all containers closed when not in use.
27. Never remove chemicals or other materials from the laboratory or classroom.
28. When transporting chemicals, hold them securely and walk carefully.

29. Acid spills should be neutralized with a base (baking soda), and base spills should be neutralized with an acid (vinegar).

## **GLASSWARE**

30. Never handle broken glass. Inform your teacher for cleanup.

31. Examine glassware before each use. Report chipped, cracked or dirty glassware to your teacher.

32. Handle hot glassware with tongs, clamps or designated insulating materials.

33. Do not immerse hot glassware in cold water or cold glassware in hot water. It may shatter.

## **EQUIPMENT**

34. Examine electrical equipment for any frayed cords, exposed wires or loose connections. Do not use if damaged and report any damage to your teacher immediately.

35. Make sure your hands are dry before handling any electrical equipment. Always grasp electrical cords by the plug.

36. If you do not understand how to use a piece of equipment, ask your teacher for help.

37. Handle sharp or pointed instruments appropriately and with care. If a sharp object falls or slides, do not try to catch it.

38. Never open storage cabinets or enter the prep/storage room without permission from the teacher.

39. Always carry a microscope with both hands. Hold the arm with one hand; place the other hand under the base.

## **HEATING**

40. Never heat anything unless instructed to do so by your teacher.
41. Never place combustible materials near a heat source.
42. Never reach over an exposed flame or a heating element.
43. Never leave anything that is being heated or visibly reacting unattended. Always turn off any heat source when not in use.
44. Do not point the open end of a test-tube toward yourself or anyone else.
45. Never look into the open end of any container being heated.
46. All heated items must be placed on designated insulating pads.
47. Always allow ample time for heated objects to cool. Hold the back of your hand near the object. If you can feel heat on the back of your hand, the object is too hot to handle.

### **SPECIMENS and ANIMALS**

48. Treat all preserved specimens and dissecting supplies with care and respect.
  1. Do not remove preserved specimens from the science room.
  2. Use scalpels, scissors, and other sharp instruments only as instructed.
  3. Never cut any material towards you - always cut away from your body.
  4. Report any cut or scratch from sharp instruments to the teacher immediately.
  5. Wash your hands thoroughly before and after handling any specimens.
49. You may not bring any live, dead or preserved specimens into the classroom unless you receive formal written instructions from your teacher.
50. Handle all animals with care and respect.
  1. Open animal cages only with permission.

2. Never handle any animals when the teacher is out of the room.
3. Do not take animals out of the science room.
4. Do not tease or handle animals roughly.
5. Keep animals away from students' faces.
6. Wear gloves when handling animals.
7. Report any animal bite or scratch to the teacher immediately.

## **OUTDOOR ACTIVITIES**

51. Dress appropriately and protect your skin.

52. Avoid contact with anything unless instructed by your teacher.

53. Do not look directly at the sun.

## **END OF ACTIVITY**

54. You must clean your work area. Thoroughly wash glassware and return all equipment to its proper place as instructed by your teacher.

55. Dispose of waste materials as instructed by your teacher.

56. Wash your hands after each activity.

I have received information about the Science Student Safety Contract. required

Signature \_\_\_\_\_

# Science Student Safety Contract (Grades 3-5)

The study of science is activity based. Therefore, safety is a primary concern for students, teachers and parents. To ensure a safe science environment, this student safety contract contains a list of rules that students must follow at all times.

In addition, the safety contract must be signed by the student and the student's parent/guardian and returned to the teacher before the student can participate in science activities.

I understand that science class needs to be a safe time to work and learn. So, I must conduct myself in a responsible manner. I agree to be responsible for my own safety and for the safety of my classmates.

I agree to follow the safety guidelines in the instructions for each activity and to follow the teacher's instructions at all times.

In addition, I will also abide by the following safety rules:

- I will handle all equipment, materials, and supplies as my teacher says.
- I will not bring live animals to school because of health and safety concerns.
- I will keep my work area uncluttered and neat.
- I will not play around during the activity.
- I will not eat or drink while doing the activity.
- I will make sure that I understand the instructions involved in each activity before I try to do the activity.
- I will not taste or smell any materials that are part of the activity unless the teacher says that it is all right to do so.
- I will wear goggles and an apron when the teacher says they are needed and learn the location and proper use of any safety equipment needed for any activity.
- I will report any accident, spill or injury to my teacher immediately.
- I will listen to and follow the procedures my teacher gives me to prevent an accident during the activity.

After each activity has been completed, I will:

- return all materials and equipment to their proper places;
- be sure that my work area is completely cleaned;
- dispose of any trash materials in the proper container; and
- wash my hands.

I have received information about the Science Student Safety Contract. required

**Signature** \_\_\_\_\_



# Science Student Safety Contract (Grades 5K-2)

The study of science is activity based. Therefore, safety is a primary concern for students, teachers and parents. To ensure a safe science environment, this student safety contract contains a list of rules that students must follow at all times. The safety contract must be signed by the student and the student's parent/guardian, and returned to the teacher before the student can participate in science activities.

Teachers will review the following contract with students before having them sign it.

I understand that science class needs to be a safe time to work and learn, so I must be sure to use my best behavior. I agree to follow the safety instructions my teacher gives for each activity and to follow those instructions at all times.

In addition, I will follow these safety rules:

- I will only handle the science materials as my teacher says.
- I will make sure that I understand what to do in each activity before I try to do the activity, and I will ask questions if I am unsure of what to do.
- I will not taste, drink or smell any materials that are part of the activity unless the teacher says that it is all right to do so.
- I will not bring live animals to school because of health and safety concerns.
- I will keep my work area clean and neat.
- I will report any accident, spill or injury to my teacher immediately.

After each activity has been completed, I will:

- return all materials and equipment to their proper places;
- be sure that my work area is completely cleaned;
- throw away any trash materials in the proper container; and
- wash my hands.

I have received information about the Science Student Safety Contract. Required

Signature \_\_\_\_\_

# Required Student Immunizations

In order for a child to be admitted to any public school, that child must have the following required vaccinations and immunizations.

## **Diphtheria, Tetanus and Pertussis (DTP, DT, DTaP, Td or Tdap)**

Four (4) dose minimum - One dose must be on or after the child's 4th birthday.

Note: For unvaccinated or incompletely vaccinated children 7 years of age and older, refer to currently published Advisory Committee on Immunization Practices' Catch-Up Schedule for number of doses necessary to complete diphtheria, tetanus and pertussis series, and meet this requirement.

The South Carolina Department of Health and Environmental Control requires all seventh, eighth, ninth, 10th, 11th and 12th grade students to have one dose of a Tdap booster on or after their seventh birthday. Tdap also protects them from tetanus and diphtheria.

In order to register your seventh grade student, you will need to bring a completed South Carolina Certificate of Immunization that shows that your 10th grade student has received a Tdap booster.

## **Hepatitis A**

Two (2) dose minimum - Two doses of the Hepatitis A vaccine will be required for all 5-year-old kindergarten, first, and second grade students. Both doses must have been received on or after the first birthday and separated by at least 6 months.

## **Hepatitis B**

Three (3) dose minimum - The Hepatitis B vaccine, required for all students, must be received at the proper intervals.

## **Measle, Mumps and Rubella (MMR)**

Two (2) dose minimum - Both doses must be on or after the first birthday and separated by at least four (4) weeks.

## **Polio (IPV/OPV)**

Three (3) dose minimum - One dose must be on or after the child's fourth birthday. The final dose in the IPV series should be on the fourth birthday or older, regardless of the number of previous doses.

Students already enrolled in Grades 11 through 12 are in compliance if they have had three (3) doses with one dose on or after the fourth birthday OR four (4) doses before their fourth birthday.

## **Varicella (Chickenpox)**

Two (2) dose minimum - Two doses of the Varicella vaccine are now required for all 5-year-old kindergarten, first, second, third, fourth, fifth, sixth, seventh, and eighth grade students. Both doses must have been received on or after the 1st birthday and separated by four weeks.

Students in Grades 9 through 12 must have received one (1) dose of the Varicella vaccine on or after their 1st birthday. Students with a documented case of chickenpox are exempt from this requirement.

I have received information about required student immunizations. **required**

**Signature** \_\_\_\_\_

# Parent Permission to Screen Students Form

Lexington District One follows the recommendations of the South Carolina Department of Health and Environmental Control for routine student screenings. Each school year, Lexington District One schools perform a number of screenings. A list of the screenings for the 2022-2023 school year appear below.

Blood Pressure - All high school students are screened at least once during their high school career.

Body Mass Index (BMI) - All students in Grades 5 and 8 are screened. All high school students are screened at least once during their high school career. Body composition measures are reported by physical education teachers to a student's parent/guardian as part of the individual student's overall fitness status.

Dental - All students in kindergarten, third, and seventh grade are screened annually. All high school students are screened at least once during their high school career.

Hearing - All students in kindergarten, first, second, third, fifth and seventh grades are screened annually. All high school students are screened at least once during their high school career.

Vision - All students in kindergarten, first, second, third, fifth, and seventh grades are screened annually. All high school students are screened at least once during their high school career.

Additional screenings are done after teacher or parent referral. For instance, during the year, a school counselor or teacher may also administer various academic-related tests to your child. Naturally, these screenings are designed to benefit our students.

If, however, you object to your child participating in any of the areas mentioned above, you must notify your school by writing a letter to the principal. In that letter, please include your child's name, the screenings/programs listed above that you do not want your child to participate in this year and the reason(s) you do not want your child to participate. If you have any questions about screenings, you can contact your school's nurse.

I have received information about the screenings program. **required**

**Signature** \_\_\_\_\_

# Additional Dental Screening Provided by Health Promotion Specialists

Health Promotion Specialists (HPS) is a group of Registered Dental Hygienists (RDHs) throughout the state of SC that will come into Lexington One schools to clean teeth, apply fluoride and place sealants or therapeutic fillings on teeth. Please indicate below if you are interested in receiving more information about these screenings and granting permission for your child to receive these services. If you are interested, a link to the HPS form will be provided after you complete this registration.

**Please indicate your response.** required

- Yes, I am interested in receiving more information about these screenings and granting permission for my child to received these services
- No, I am not interested in receiving more information about these screenings and granting permission for my child to received these services

# Grades K–12 Personal Mobile Computing Device Agreement 2022–2023

Lexington County School District One recognizes that with the implementation of the Personal Mobile Computing Device Initiative, the priority is to protect the investment by both the District and the Student/Parent/Guardian.

Each Personal Mobile Computing Device is protected by a Protection Plan that is provided by the district. This Protection Plan covers the device for one school year. The plan provides one-time coverage for replacement or repair of the Personal Mobile Computing device due to accidental damage. The plan will provide for parts and repairs related to damage incurred as part of that single incident during the coverage period. Each additional repair, due to accidents and damage, will cost the student/parent/guardian the cost of the repair, not to exceed \$100. The Protection Plan does not cover replacement of the district issued case, charging block or power cable.

Any device replacement due to the following will cost the student/parent/guardian the replacement cost of the device the student is using at his/her grade level.

- Loss which is defined as 1) the location of the device is unknown/misplaced or 2) the device cannot be returned to the District for any reason.
- Theft without a police report filed within 72 hours.
- Device damage through misuse, abuse, negligence, or intentional damage

The following resources are available on the district's website at [www.lexington1.net](http://www.lexington1.net):

- The Personal Mobile Computing Guide
- The Terms of Use
- Frequently Asked Questions
- Lexington One's Acceptable Use Policy IJNDB

I have received information about the Personal Mobile Computing Protection Plan. **required**

**Signature** \_\_\_\_\_

The Terms of Use for the Personal Mobile Computing Device will be provided by your school for your student, to read and agree to.

# Grades K–12 Personal Mobile Computing Information Presentation

As a part of Lexington One's Personal Mobile Computing initiative, a presentation is available to provide key information. Please click [here](#) to view the presentation before proceeding. The presentation and other information on Personal Mobile Computing is also available on the district's web site under I AM... A Parent/Guardian > Personal Mobile Computing.

I have watched the Lexington One Personal Mobile Computing presentation. **required**

**Signature** \_\_\_\_\_

Link: <https://bit.ly/3OKrHJH>

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## Medical Documentation

This year, medical forms can be provided to the district online. Please use the options below to upload Immunization forms, Medication or Treatment Orders and/or Student self-medicate or self-monitor forms if needed.

You can find copies of these documents on the district website under I AM > Parent/Guardian > Health. If you are unable to upload these documents online, please contact the school for other options.

I would like to upload Medical Documentation online at this time. **required**

- Yes
- No

**If using the paper registration process, you can provide this documentation to the school directly.**

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# Proof of Residency

Proof of residency can be provided to the district online. Please use the options below to upload your proof of residency. Proof of residency may be a current electric bill/statement showing your name and home address within the district, or another utility bill. You will also need to submit a copy of your South Carolina driver's license or other state or federal photograph identification.

If you are unable to produce any of the documents listed above, please contact your child's school to discuss alternative documentation that may be acceptable. If you are unable to upload these documents online, please contact the school for other options.

## Proof of Residency Documentation

Please upload your Proof of Residency document here. This can be a current electric bill/statement that shows your name and home address, or another utility bill.

**If using the paper registration process, you must provide this documentation to the school directly.**

## Parent/Guardian Identification

Please provide a copy of your driver's license OR other state or federal photograph identification here.

**If using the paper registration process, you must provide this documentation to the school directly.**

## Other Documentation

**If using the paper registration process, you may provide this documentation to the school directly.**

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