

HARLEYVILLE-RIDGEVILLE MIDDLE SCHOOL

EMERGENCY CONTACT INFORMATION

2019-2020

Please fill out this form completely. This information is important for the well being of your child/children.

Circle One: Bus Rider or Car-rider

(Office only) Enrollment Start Date _____

Student Name _____ Grade _____ Date of Birth _____ Age _____

Social Security # _____ Sex _____ Place of Birth _____

Office Use Only: Teachers Name _____ Bus Driver Name _____

Country Born in if other than (US) _____ Name of School Last Attended _____ PH# _____

Check One: Ethnicity and Race: _____ Asian _____ Black or African American _____ American Indian or Alaska Native
_____ Native Hawaiian or Other Pacific Islander _____ White _____ Hispanic or Latino _____ Check if two or more races

Migrant worker: Yes _____ No _____

Mailing Address _____

Child's Medicaid Number # _____

Home Address _____

Grade Last Year _____

Has your child ever repeated a grade, if so what grade did he/she repeat _____

Student lives with _____

Relationship to Child _____

Did your child receive any of the following special services at

List names of siblings who are in school _____

their previous school? LD _____ EMD _____ TMD _____

Speech/Hearing _____ Blind _____ English as a second

Are either of the parents serving in the Military. If so, what branch are you serving in _____

Language _____ Other, please explain _____

Directions to Home _____

Fathers Name _____

Mothers Name _____

Home# _____

Home# _____

Work# _____

Work# _____

Cell# _____

Cell# _____

Guardian's Name _____ Home# _____ Work# _____

Cell# _____ (If guardian you must attach custody papers/affidavit to this form.)

Parent E-mail Address: _____

Please list all Emergency Contact Numbers below: Please specify if number is a home phone, or cell phone.

(1) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

(2) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

(3) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

(4) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

(5) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

Parents Signature _____

Date _____

Harleyville-Ridgeville Middle School

Student Pick-up Form

Students Name _____ Home Phone _____

Teachers Name _____ Grade _____

Please list the names of all people who **are allowed** to pick up your child/children from school.

Please list the names of all people who **are not allowed** to pick up your child/children from school.

If at anytime you are sending someone other than the names listed on this form to the school to pick up your child, please call the school and give the names of the person and what time they will be picking up your child/children.

Thank you for your assistance. The safety of your children is important to us.

Sincerely,

Administrative Signature

Please sign and return this form to the school office as soon as possible.

Parent/Guardian Signature

Date

**NEW STUDENT/ADDRESS CHANGE SCHOOL BUS REGISTRATION FORM
SCHOOL YEAR 2019-2020**

THIS FORM MUST BE COMPLETED BY PARENT OR GUARDIAN.

NOTICE: The Transportation Office will need up to three (3) working days upon receipt of registration in order to coordinate transportation to and from assigned bus stop. Request for any other pick up or drop off location (i.e. daycare, grandparents home, etc.) requires a Day Care Pick-up or Drop-off Request Form and will be based on space available. (Please see #4 above.) In order to ensure proper routing and capacity for each bus, the following bus registration form must be completed and returned to your student's school or transportation office.

(Please Print Clearly)

NAME OF SCHOOL: _____ GRADE: _____ AGE: _____

NAME OF STUDENT : _____
(Last Name) (First Name)

NAME OF PARENT/GUARDIAN : _____
(Last Name) (First Name)

ADDRESS : _____
(Street Address & Name) (City) (Zip Code)

NAME OF SUBDIVISION : _____ E-MAIL ADDRESS: _____

HOME PHONE # : _____ CELL# : _____

MOTHER'S WORK # : _____ FATHER'S WORK # : _____

EMERGENCY POINT OF CONTACT : _____

EMERGENCY PHONE # : _____

MEDICAL CONCERNS : _____

BUS SERVICE REQUIRED: TO SCHOOL: - YES - NO FROM SCHOOL: - YES - NO
(Check one of each)

Signature of Parent/Guardian

Date

OFFICIAL USE ONLY

Route # Assigned: _____

AM Pickup Time: _____ AM Pick-up Location: _____

PM Drop-off Time: _____ PM Drop-off Location: _____



Office Use ONLY:

Number Assigned: _____

HARLEYVILLE RIDGEVILLE MIDDLE SCHOOL

CAR RIDER APPLICATION FORM

(Please Complete One Per Family)

Please list the students who will be picked up along with the teacher's name:

Student Name	Teacher Name	Grade
1.		
2.		
3.		
4.		
5.		

Two (2) numbers will be issued. Please list the adults who are authorized to pick up the students who are listed above. These persons must have one of those two numbers posted in their windshield when picking up the student(s) listed above.

Authorized Adult	Relationship to Child(ren)
1.	
2.	

Please indicate if you have numbers already assigned to the above student(s).

Numbers assigned are _____ and _____.

Parent or Guardian's Signature

Date

Cell Phone Number

Work Phone Number

Please check one of the following:

- () My child will be a car rider always.
- () My child will be a car rider most of the school year.
- () My child will be a car rider sometimes.

Morning

Afternoon

Morning & Afternoon

Please contact the school office (462-2470) if you have any questions about Harleyville Ridgeville Middle School's Car Rider Policy.

DORCHESTER SCHOOLDISTRICT FOUR
500 Ridge Street
Saint George, South Carolina 29477

Morris Ravenell, Ed.D
Superintendent



Office Telephone:
(843) 563-4535
Fax Number:
(843) 563-9269

DORCHESTER SCHOOL DISTRICT FOUR STUDENT
CHROMEBOOK ACCEPTABLE USE AND PERMISSION FORM

The intent of this contract is to insure that Users of CHROMEBOOKS will comply with all Acceptable Use Policies and be informed of liability, if CHROMEBOOKS are lost, stolen, or damaged when in student's use.

IN EXCHANGE FOR the use of CHROMEBOOKS computers at school, I understand and agree to the following:

- A. All policies in the Network and Internet Agreement form will be followed when using the CHROMEBOOK at school.
- B. The District reserves all rights to any files that are stored on the CHROMEBOOK and will remove any material which the District, at its sole discretion, believes is illegal, pornographic, obscene, or otherwise objectionable.
- C. Users may lose the privilege of using a CHROMEBOOK computer if any of the above policies are broken and/or they abuse the equipment, download objectionable material, send obscene or inappropriate emails, engage in cyber bullying, and other unethical use of the CHROMEBOOK computers.
- D. The parent/legal guardian is liable for all damages and repairs that are not normal wear of the computer. The parent/guardian will be responsible for a fee of \$75.00, if their child's CHROMEBOOK is broken, lost, or stolen. The parent/guardian will be responsible to pay a fee of \$ 40.00, if the CHROMEBOOK computer is damaged. This is similar to being assigned an expensive textbook.

The parent and student must sign and have on file an acceptable Use Agreement and a CHROMEBOOK Acceptable Use Agreement and Permission Form.

I agree with and am willing to follow the above. Grade Level _____

_____, will be using the CHROMEBOOK computer during the school year, and I
(Print Student's Name)
understand that I am liable if it's lost, stolen, or damaged.

Parent's Signature _____ Date _____

Student Signature _____ Date _____

Dorchester School District # 4 (ENGLISH/SPANISH)
ESOL DEPARTMENT

HOME LANGUAGE SURVEY
DO NOT REMOVE FROM CUMULATIVE FOLDER

Teacher/Grade _____

State and Federal regulations require schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. **Please answer the following:**

Date/Fecha *School / Escuela* *Country of National Origin / País de Nacionalidad*

Name of Student/ *Last / Apellido* *First / Nombre* *Middle / Nombre Segundo* *Grade / grado* *Date of Birth / Fecha de Nacimiento*

Address / Dirección *Telephone / Teléfono*

- | | | |
|--|------------------|-----------------------|
| 1. Is a Language other than English used in the home? | ____ YES ____ NO | Which language? _____ |
| 2. Did the student have a first language other than English? | ____ YES ____ NO | Which language? _____ |
| 3. Does the student most frequently speak a language other than English? | ____ YES ____ NO | Which language? _____ |

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SPANISH / ESPAÑOL

South Carolina y las regulaciones federales requiere que las Escuelas determinen el lenguaje que cada estudiante habla en su casa. Esta información es importante para que las Escuelas puedan proveer la mayor instrucción a todos las estudiantes. Su cooperación es importante para que nosotros podamos cumplir con este requisito. **Favor de marcar la respuesta apropiada para cada una de las siguientes preguntas:**

- | | | |
|---|-----------------|----------------------|
| 1. ¿Se usa otro idioma aparte del inglés en la casa? | ____ SÍ ____ NO | ¿ Cual idioma? _____ |
| 2. ¿Tuvo el estudiante otro primer idioma antes del inglés? | ____ SÍ ____ NO | ¿ Cual idioma? _____ |
| 3. ¿Habla el estudiante mas frecuetmente otro idioma que no sea inglés? | ____ SÍ ____ NO | ¿ Cual idioma? _____ |

Signature of person completing this form / Firma de la persona completando este formulario *Date / Fecha* *Translator/Traductor*

Relationship to the student / Parentesco al estudiante

OFFICE INSTRUCTION

1. *Original Home Language Survey for all students must be filed in the cumulative records.*
2. *If a language other than English is indicated, send a copy to the ESOL OFFICE.*