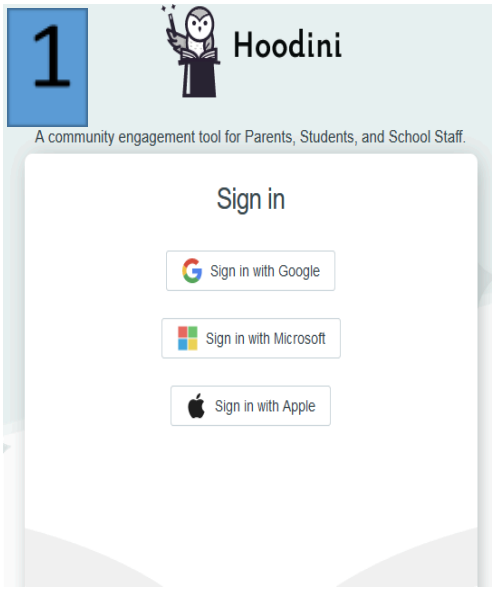
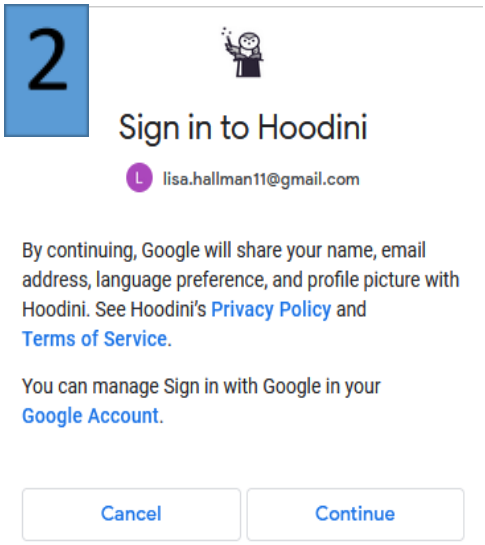
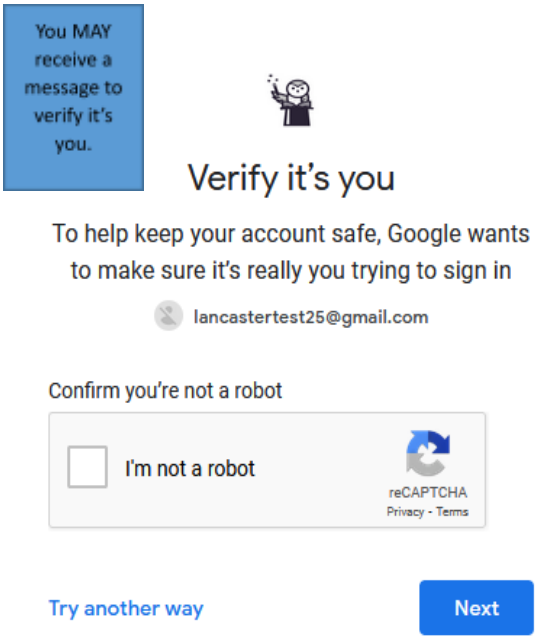
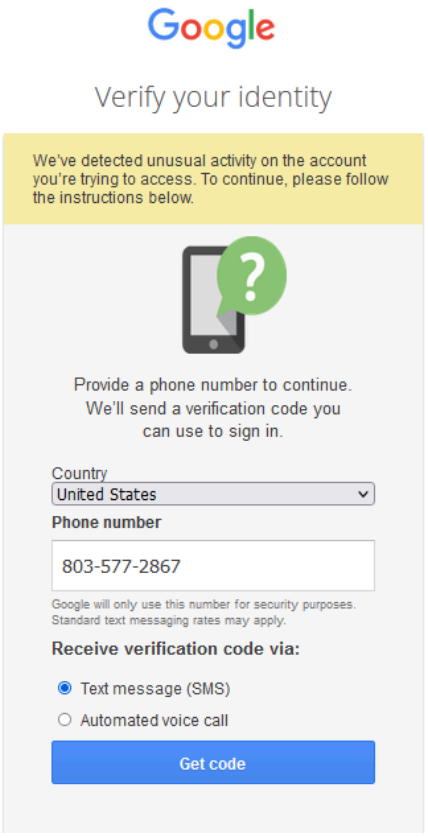
Registration 2024-2025

Go to hoodini.school



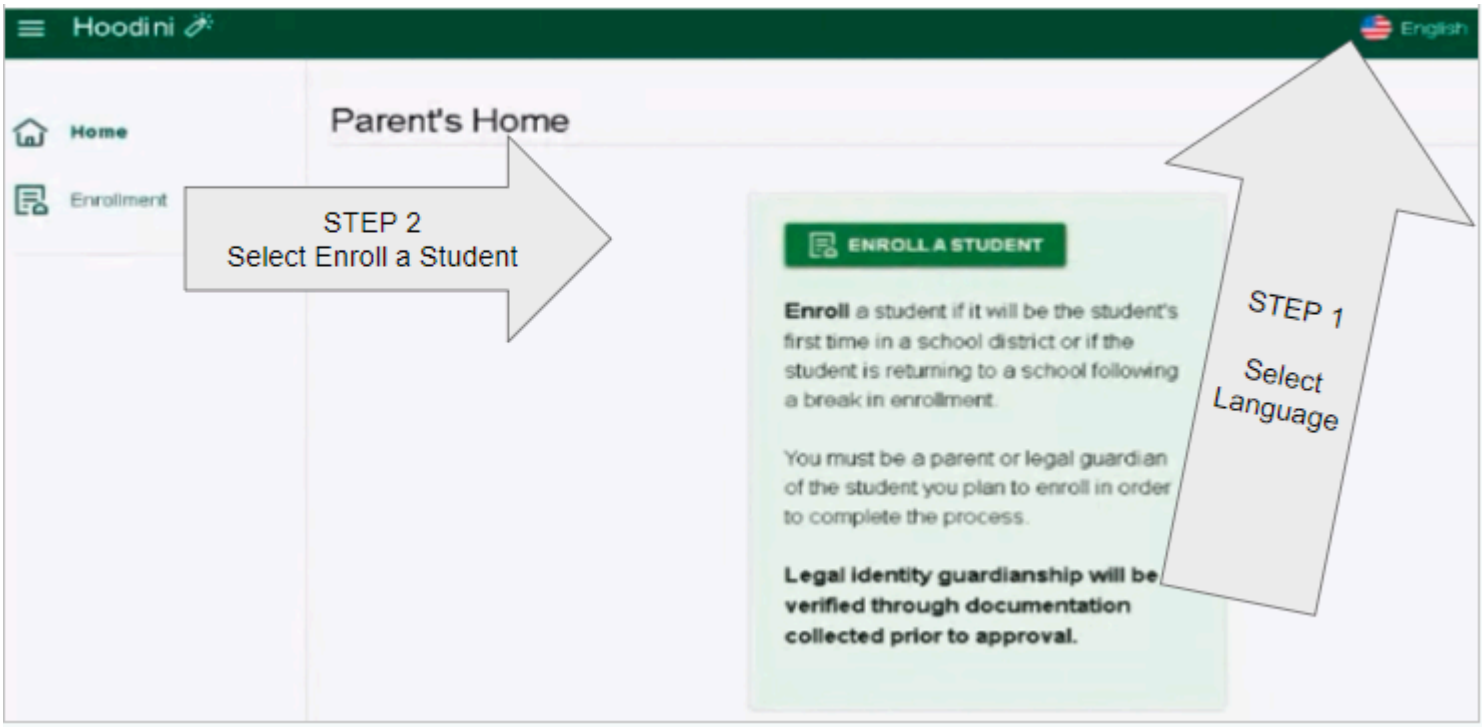






Sign in with your email to begin the registration process. How can I make the wording clear for parents with hotmail

Select a language if other than English



To begin with enrolling a student, please be sure to read the below information. You will need to confirm the below statement and then click "Begin Enrollment" to start the process.

Sections*

1. School & Academic Year
2. Student Information
3. Contacts
4. Designations
5. Emergency Contacts
6. Transportation
7. School History
8. Additional Info
9. Documents & Forms
10. Review & Submit

**Actual steps may differ depending on which district you are enrolling.*

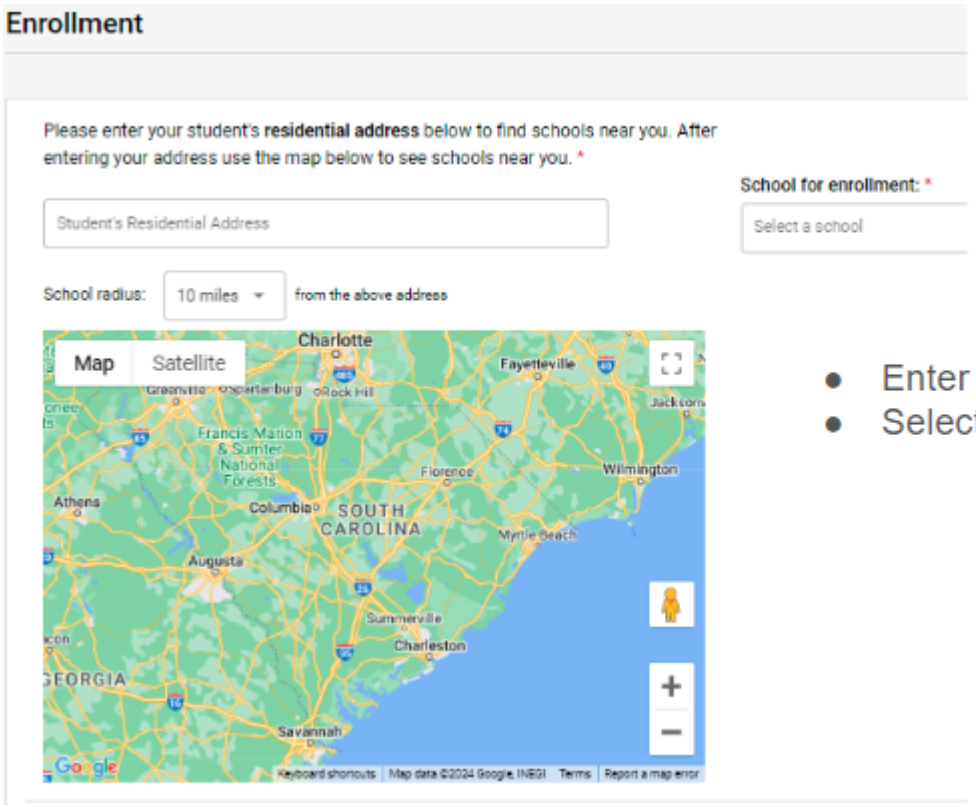
Guidelines

You will be required to verify the following through proper documentation. To finalize enrollment you will also have to contact the school of enrollment.

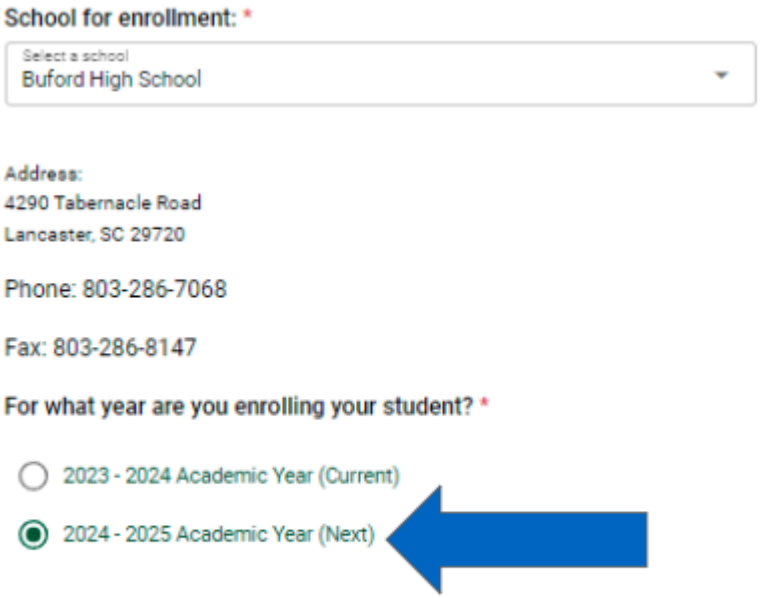
- Parent/Legal Guardian photo ID
- Current "Proof of Residency" documents
- Birth Certificate issued by a state or country (or Court-ordered guardianship document (if applicable))
- Completed Immunization Certificate or Religious Exemption Certificate
- Withdrawal or transfer form from your previous school, along with most recent report card or transcript, including attendance, and discipline.
- If applicable: IEP or 504 Plan, if student receives any special accommodations

☐ I attest that I am a parent or legal guardian and have legal authority to make educational decisions for the student I am about to enroll. My name is listed on my student's birth certificate and/or I have a court-issued custody document declaring my legal guardian status for this student.

BEGIN ENROLLMENT >



- Enter Home Address
- Select School



Select 2024-2025 Academic Year

Begin entering student information:

Enrollment Steps: Student Information ‹ School & Academic Year Contacts ›

Student Information

Use the form below to enter your student's information for enrollment.

Note: You must fill out the minimum required (marked with an *) student information below before you may continue through the enrollment process.

Student's Name *

First (Legal) * | Middle | Last * | Suffix

Preferred (Optional)

Student's Date of Birth (MM/DD/YYYY) * MM/DD/YYYY

What grade is your student enrolling into? *

Was the student born in the United States of America? *

(•) Yes ( ) No

You will be prompted to select a different country if your child was not born in the United States of America,

Student's Town and State of Birth *

Town * | State *

Gender (as listed on birth certificate) * Gender

Student's Home Phone (###) ###-####

Note : Please be sure to enter your student's address correctly. This information is used to properly find your student's list of home-based schools on the School & Academics section of this enrollment request.

Home (Residential) Address *

[x] Mailing Address same as residential

Street * 2370 Shiloh Unity Rd

Unit | #

City * Lancaster

State * South Carolina | Zip Code * 29720

Is the student Hispanic or Latino? *
(Federal reporting required question)

○ Yes, Hispanic or Latino ○ Not, Hispanic or Latino

Field is required

What is your student's ethnicity? *

- ○ Hispanic/Latino
- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Other Pacific Islander
- ○ Two or More Races
- ○ White

What race best describes your student?

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

Enrollment Steps: Contacts

Contacts

Parents and Contacts for enrolling Test First

The district would like to have at least 3 contacts. Please add 3 more.

Note: You must fill out the minimum required (marked with an *) contact information below before you may continue through the enrollment process.

Contact: **Lisa**

Your relationship to this student Test First *

◉ Mother ○ Father More...

Email

lancastertest25@gmail.com

(Remember, your email is also how you sign in to your account.)

Home Phone

(###) ###-####
(123) 456-7899

Same As Student's Home Phone

Day/Work Phone

(###) ###-####
(456) 789-9999

Mobile Phone

(###) ###-####
(303) 303-3033

VERIFY

Your Mobile Phone Number will only be used for Lancaster County Schools related communication and/or account security. Your mobile number must be verified before it will be used.

****Not Required to Verify Mobile Phone****

Address

Same As Student's Address

Street

Unit

#

City

State

Zip Code

Is this contact employed? *

- (•) Yes
- ( ) No

Employer

Does this contact have custody (full, partial, or other) of this student Test First ? *

(parent's name must be listed on child's birth certificate or court issued custody document signifying legal guardian status for this student)

(•) Yes ( ) No

Does this contact have the legal authority to make educational decisions for this student Test First ? *

(If yes, this contact must be a parent or legal guardian and **also have custody of the student** – documentation required.)

(•) Yes ( ) No

Remember: Before a contact may be approved as having custody or having legal authority to make educational decisions for this student, the contact must get in touch with the student's school for further instructions on how to be verified. View/Print the list of what documents the contact will need.

Contacts

Parents and Contacts for enrolling Test First

Below are the parents/contacts you currently have selected for the enrollment of this student.

1	**Lisa Test** Parent/Legal Guardian Educational Decision Maker	Mother	Mobile: (303) 303-3033 Home: (123) 456-7899 Day/Work: (456) 789-9999	REMOVE

The district would like to have at least 3 contacts. Please add 2 more.

Available Parents and Contacts to Add for Test First

+ ADD A NEW CONTACT

No contacts currently available to add.

BACK NEXT

Enrollment Steps: Designations ▾ Contacts Health

Designations

Contact Designations for Test First

For each of the contacts (including yourself) you've selected for Test First, you may set certain permissions.

Which of the following contacts should be listed as an **emergency contact** for your student?
(at least one contact is required. Check all that apply):

☐ Lisa Test (Mother) - Educational Decision Maker

Which of the following contacts should be listed as an **emergency contact** for your student?
(at least one contact is required. Check all that apply):

- [x] Lisa Test (Mother) - Educational Decision Maker

Which of the following parents, guardians, or contacts does the student being enrolled currently **lives with**?
(Check all that apply):

- [x] Lisa Test (Mother) - Educational Decision Maker

Select ALL that apply.....

Which of the following contacts **may pick up your student** from school?
(Check all that apply):

- [x] Lisa Test (Mother) - Educational Decision Maker

Which of the following contacts should receive **postal mail** for your student?
(Check all that apply):

- [x] Lisa Test (Mother) - Educational Decision Maker

Contact Ordering

Below are the entered contacts for your student. Drag and drop them in the order in which you wish them to be contacted. It is suggested to order Educational Decision Makers and emergency contact at the top. If you need to mark more contacts as emergency contats go back to Emergency Contact Designations .

Enrollment Steps: Health ▾ Designations Immunization

Health

Doctor Name | Doctor Phone | Dentist Name | Dentist Phone

Preferred Hospital | **Does your child currently have health insurance? *** | Health Insurance Provider | Policy Number

◯ Yes ◯ No

Field is required

PART 1: Student Health Status

Complete the following by indicating if your child has any of the following conditions, past or present.

Please check all that apply

- ☐ Abnormal Spinal Curvature (Scoliosis, etc.)
- ☐ Anemia
- ☐ Autism
- ☐ Behavior problems
- ☐ Cancer/Leukemia
- ☐ Chronic diarrhea
- ☐ Cystic Fibrosis
- ☐ Emotional/depression/anxiety disorder
- ☐ Endocrine Disorder
- ☐ Frequent skin infections
- ☐ Heart disease/defect (please explain)
- ☐ HIV/AIDS
- ☐ Kidney disease (please explain)
- ☐ Muscular Dystrophy
- ☐ Nose bleeds (severe)
- ☐ Pregnancy
- ☐ Seizures or epilepsy
- ☐ Speech difficulties
- ☐ Suicide attempt
- ☐ Ulcers
- ☐ ADHD/ADD
- ☐ Arthritis (rheumatoid)
- ☐ Bedwetting at night
- ☐ Birth defect
- ☐ Cerebral Palsy
- ☐ Chronic cough
- ☐ Diabetes
- ☐ Ear problems, poor hearing
- ☐ Eye problems, poor vision
- ☐ Frequent sore throat infections
- ☐ Hemophilia
- ☐ Hypoglycemia, Physician diagnosed
- ☐ Menstrual problems (severe)
- ☐ Near drowning/suffocation
- ☐ Osgood-Schatter Disease
- ☐ Rheumatic fever
- ☐ Self hurt behaviors
- ☐ Stool soiling (encoporsis)
- ☐ TB or history of skin test
- ☐ Urinary tract infections
- ☐ Allergy
- ☐ Asthma or wheezing
- ☐ Bedwetting during day
- ☐ Blood Disorder
- ☐ Chicken Pox
- ☐ Concern for relations with siblings/friends
- ☐ Eczema
- ☐ Eating disorders
- ☐ Frequent headaches
- ☐ Growth Disorder (please explain)
- ☐ Hepatitis
- ☐ Joint problems or arthritis
- ☐ Migraine/Headaches
- ☐ Nervous twitches or tics
- ☐ Physical activity limitations (please explain)
- ☐ Scoliosis, Physician diagnosed
- ☐ Sickle cell anemia (please explain)
- ☐ Substance abuse (alcohol/drugs)
- ☐ Toothache or dental infections
- ☐ Other health problems not listed (please explain)

Please use this space to explain any of the above selections

Please use this space to explain any of the above selections

Allergies

ADD

Does the student use an EpiPen? *

◯ Yes ◯ No

Field is required

Does the student use an inhaler? *

◯ Yes ◯ No

Field is required

Medications

All medications to be administered during school hours must be listed here (including non-prescription medications).

ADD

Consent to Contact Doctor

The school nurse has permission to contact my child's doctor if medically necessary. *

◯ Yes ◯ No

Field is required

I understand that in order to provide the safest possible environment and the most comprehensive educational program for my child, the school must be informed of any health or medical conditions that may affect my child's school day or affect his or her learning.

I understand that medications of any kind are not allowed on school grounds without the proper medical authorization on file and must be brought to the school by the parent/adult.

I understand that school staff, including the nurse, MAY NOT administer or assist with any medication without the proper medical authorization on file.

I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information about my child's condition with appropraite school staff. This will be done in a confidential manner. If I do not wish that information be shared, I must request this in writing and file it with the school nurse.

PART III: Agreements

Does this student have medicaid? *

◯ Yes ◯ No

Field is required

Medicaid Notification of Use of Public Benefits or Private Insurance To Pay For Services Under the IDEA

Please read the Medicaid Notification of Use of Public Benefits or Private Insurance To Pay For Services Under the IDEA and indicate your acknowledgment below.

Agreement *

◯ Yes

Field is required

Nursing, PT/OT and Speech services provided to students are billable to Medicaid, but your permission is required. Reimbursement for health-related school services will NOT affect any other Medicaid services or insurance benefits for which your child is eligible. *

◯ Yes, I Agree to allow LCSD to bill Medicaid ◯ No, I Do Not Agree to allow LCSD to bill Medicaid

Field is required

Electronic Signature *

Electronic Signature

Field is required

Date

MM/DD/YYYY 02/12/2024

Student's Medicaid Number

Medicaid Number

Emergency

In an emergency, I understand school staff will contact 911 and will attempt to contact a parent/guardian or a designated contact. I will assume financial responsibility for the emergency care and/or transportation for my child.

Agreement *

◯ Yes ◯ No

Field is required

BACK NEXT

Immunization

Parent/Guardian Consent

For Reporting of Immunization Information to the SC Immunization Registry

A South Carolina Certificate of Immunization or a valid immunization exemption is required for school attendance. The purpose of this consent is to obtain permission to enter your child's immunization information in SIMON, if needed.

SIMON is a secure, confidential, internet immunization record system maintained by DHEC. SIMON includes immunization information entered by doctor's offices, health departments, other immunization providers and schools in South Carolina. Only health care providers and schools authorized by DHEC may access SIMON.

I give the Lancaster County School District permission to enter my child's name, date of birth, address and immunizations into SIMON, to check my child's immunization status and to print a copy of his/her immunization record.

I understand that:

A South Carolina Certificate of Immunization will be issued, if my child has all required immunizations for school attendance.

If my child has not received all required immunizations, I must obtain proof of immunizations or a valid immunization exemption for school attendance.

The information in SIMON may be accessed by health care providers and other schools authorized by DHEC to use the registry.

This form may also be used, if my child transfers to another school in the school district named above.

I may revoke permission for entering information into SIMON at any time; however, information that has already been reported to SIMON, before I revoke permission, will not be removed. I must notify the school/school district in writing, if I choose to revoke this permission.

If I revoke permission, my child's health care provider may still report any new immunizations my child receives into SIMON, in accordance with South Carolina law.

Student's Name

Test First Test Last

Student's Date of Birth

05/04/2009

Parent/Guardian Signature *

Parent/Guardian Signature

Field is required

Date

MM/DD/YYYY 02/12/2024

BACK NEXT

Transportation

Transportation to and from school for **Test First**

What method below will your student use to arrive at school? Clear Selection *

- ○ Car
- ○ Walk
- ○ Regular Bus
- ○ Special Needs Bus

Field is required

What method below will your student use to depart from school? Clear Selection *

- ○ Car
- ○ Walk
- ◉ Regular Bus
- ○ Special Needs Bus
- ○ Day Care Bus

☐ Parent/Guardian Acknowledgement
***Ridership status and/or bus stops are subject to cancellation after five (5) consecutive school days of no ridership. If your child will be absent from bus service for more than five (5) days and you'd like to keep their status active, please notify the school office. Students must ride at least once every five (5) days in order to remain active.

☐ Parent/Guardian Acknowledgement
***Requests received after July 7th, 2024 will not be routed for the first day of school. Transportation for late forms will be implemented in the order in which they were received by the Transportation Office beginning September 5th, 2024. After September 5th, 2024, and during the school year, it may take up to 5 school days to establish transportation.

If you live in a Subdivision please enter the name

Subdivision | Other

Please enter the name of your Day Care

Day Care | Other

Please enter pickup address:

Please enter drop off address:

School History

Student: Test First Test Last **Date of Birth: 05/04/2009**

What is the last type of school your student attended?

- (●) Public
- ( ) Private
- ( ) Homeschooled
- ( ) Charter
- ( ) None

Last School Attended Information

School Name

Street

City

State | Zip Code

Phone (###) ###-####

Fax (###) ###-####

Dates of Attendance

MM/DD/YYYY to MM/DD/YYYY

Grade last attended

Completed Grade?
( ) Yes ( ) No

Is your child currently suspended from the most recently attended school? *
( ) Yes ( ) No

Has your child enrolled in GT or Talent Development Program in a prior school district?
( ) Yes ( ) No

Does your child receive regular education ONLY? *
( ) Yes ( ) No

Does your child receive special education? *
( ) Yes ( ) No

Does your child attend special classes? *
( ) Yes ( ) No

Name of special classes (If applies to your student)

Enrollment

Back To Enrollments

Enrollment Steps: Early Childhood | School History | Military Information

Early Childhood

Complete the following data for Pre-K and Kindergarten

Low Birth Weight | Preferred Medical Care So... | Education Level Mom/Gua... | Years Education Mom/Gua...

Countdown to Kindergarten | Early Childhood Placement | Days Per Week Served | Tuition Paid By Parent/Gu...

Complete the following data for Kindergarten Only

Prior Child Care | Prior Provider | Prior Class

Schooling Information

Does the student have any sort of Special Needs? *

◯ Yes ◯ No

Field is required

Military Information

Military/Federal Information

Student Last Name

Test Last

Student First Name

Test First

Parent/Guardian Email Address *

Field is required

Student Email

Privacy and Security - Directory and Military Information Opt-Out Survey

Please read the information below. Select one or both of the check boxes ONLY IF you intend for the student's directory information (see definition below) to be withheld from release to entities such as higher education institutions and/or military recruiters.

Directory Information Under the Family Educational Rights and Privacy Act (FERPA), a student's "directory information" is: the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student. 20 U.S.C. § 1232g(a)(5)(A).

It is information contained in the education records of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Typically, this also includes email addresses, telephone listings, photographs, grade level, and awards received. 34 CFR § 99.3 and 34 CFR § 99.37.

According to the U.S. Department of Education's Privacy Technical Assistance Center (PTAC):

A school may disclose "directory information" to third parties without consent if it has given public notice of the types of information which it has designated as "directory information" , the parent's or eligible student's right to restrict the disclosure of such information, and the period of time within which a parent or eligible student has to notify the school in writing that he or she does not want any or all of those types of information designated as "directory information." 34 CFR § 99.3 and 34 CFR § 99.37.

For more information, reference the PTAC publication Protecting Student Privacy While Using Online Educational Services.

Military and Higher Education Institutions

Under the Every Student Succeeds Act (ESSA) , upon request of a military recruiter or institution of higher education, each local education agency (LEA) receiving assistance shall provide access to the name, address, and telephone listing of each secondary student served by the LEA, unless the parent has submitted a prior written request that the listing not be released. LEAs must notify parents of this option. 20 U.S.C. § 7908.

For more information, reference the ESSA Student Recruiting Information webpage ESSA § 8025 (a)(1) and SEC. 8025 (a)(2)(A).

Directory Information Opt-Out: If the box is checked, directory Information will be withheld from release (this includes release to institutions of higher education).

- [ ] Directory Information Opt-Out

I request that my student directory information (or my directory information if a student who is 18 years of age or older) be withheld from release unless I provide wirtten consent.

- [ ] Directory Information Withheld

Military Recruiting Information Opt-Out: If the box is checked, directory Information will be withheld from release to military recruiters.

- [ ] Directory Information Opt-Out

I request that my student directory infomation (or my directory information if a student who is 18 years of age or older) be withheld from release to military recruiters.

- [ ] Directory Information Withheld From Military Recruiters

Parent or Guardian Signature *

Field is required

If you are a parent or guardian, please type your name.

One or both parents are serving in or have served in the last year in a branch of the military? *

- ◯ Yes
- ◯ No

Field is required

Please Select: *

- ◯ 1. Neither Parent nor Guardian is serving in any military service
- ◯ 2. A Parent or Guardian is serving Full-time in the National Guard and is not currently deployed
- ◯ 3. A Parent or Guardian is serving Full-time in the Reserves and is not currently deployed
- ◯ 4. A Parent or Guardian is serving Full-time in the National Guard an is currently deployed
- ◯ 5. A Parent or Guardian is serving Full-time in the Reserves and is currently deployed
- ◯ 6. A Parent or Guardian is serving Full-time in the military on active duty member and is not deployed
- ◯ 7. A Parent or Guardian is serving Full-time in the military on active duty and is currently deployed
- ◯ 8. The students Parent or Guardian died while on active duty within the last year
- ◯ 9. The students Parent or Guardian was wounded while on active duty within the last year

In what language(s) would your family prefer to communicate with the school?

○ Yes ○ No



McKinney-Vento

What best describes where you live now?

- [ ] Single-family house/apartment/trailer
- [ ] Living with others due to loss of housing or economic hardship
- [ ] Shelter
- [ ] Transitional Housing
- [ ] Moving from place to place/couch surfing
- [ ] Car, park, or similar location
- [ ] Motel/hotel
- [ ] Camping grounds
- [ ] In a residence with inadequate facilities (no water, no heat, no electricity, no plumbing, overcrowded, infested, etc.)
- [ ] Agricultural camp
- [ ] Displaced by a natural disaster (hurricane, flood, etc.) Disaster
- [ ] Displaced due to COVID-19
- [ ] Other

Has the student ever been enrolled in a South Carolina school?

- ○ Yes
- ○ No

Does the student have an Individual Education Plan (IEP)?

- ○ Yes
- ○ No

Does the student have a 504 accommodation plan?

- ○ Yes
- ○ No

Does the student live in a foster home?

- ○ Yes
- ○ No

Does the student live in a group home?

- ○ Yes
- ○ No

Do you wish to enroll your child into the Free and Reduced Prices School Meals program?

- ○ Yes
- ○ No

Has either parent or legal guardian worked as a civilian on federal property or live on federal property?

- ○ Yes
- ○ No

Documents & Forms

Documents & Forms for **Test First**

Identification and Custody - Number of documents needed: 1
*** Required Government Issued Photo ID (of parent/enroller)
Proof of Residency - Number of documents needed: 2
Student Information - Number of documents needed: 1
*** Required Student birth certificate, long form with Parent Names

You may also upload any required or related documents using the file upload option below. First, please confirm you are not a robot.

I'm not a robot
reCAPTCHA
Privacy - Terms

CONTINUE

Uploaded Documents/Files

Uploading documents/files should be verified as legitimate as well as proerlly tagging a document type the file fulfills. Clicking on the file name will make the document viewable/printable.

Documents & Forms for **Test First**

Identification and Custody - Number of documents needed: 1
*** Required Government Issued Photo ID (of parent/enroller)
Proof of Residency - Number of documents needed: 2
Student Information - Number of documents needed: 1
*** Required Student birth certificate, long form with Parent Names

You may also upload any required or related documents using the file upload option below. First, please confirm you are not a robot.

My documents/files
0.0B / 0.00%

No files yet. Use the plus button above to add/upload files.

To upoad files click the "plus" icon below to add and upload your file(s). For all files uploaded, you will need to **select a required document type** it fulfills using the provided option next to the uploaded file.

file requirements:

- acceptable files: pdf, doc/docx, jpeg/jpg, png, gif
- max size per file: 10 MB
- max files you may upload: 10
- please be sure scanned documents are legible.

Uploaded Documents/Files

Uploading documents/files should be verified as legitimate as well as proerlly tagging a document type the file fulfills. Clicking on the file name will make the document viewable/printable.

Required Agreements

Release of Student Information

Please Select: *

◯ I give permission for my child's image or work to be used in the media. ◯ I do not want my child's image or work used in the media.

Field is required

Please Select: *

◯ My child's phone number and/or address may be released to the military. ◯ I do not want the military to have my child's phone number or address.

Field is required

Chromebook Use Agreement (Grade Pre-K-12) Why we offer the Chromebook 1-to-1 Program Our district offers students individual use of Chromebooks a secure login/ password through Google Suite and a filtered network. Chromebooks are used as tools for research and education and like any other district or school property must be used for educational purposes. See our district's Student Acceptable Use Regulations in the LEARNING newsletter and on the district website under Instructional Technology Resources for more information. Our 1-to-1 Program enhances use of our GoogleSuite system to give students tools to create and share work at home, school and other locations wherever they have Internet.

Guidelines for Chromebook care for Pre K - 12 Keep food or drinks away from Chromebooks at all times. Chromebooks must be shut down properly at the end of each day and when not in use. Cords, cables and removable storage devices must be inserted carefully into the Chromebook. Carry Chromebooks with closed lids and never place them in a locker or book bag. Keep identification labels intact and the physical structure of the Chromebook, including the keys, unchanged. Keep Chromebooks away from extreme temperatures and out of direct sunlight. Chromebooks should remain in a secure location and should not be taken into a restroom. Damage may occur if items are placed on the screen, lid or keyboard clear the keyboard before closing the lid. Clean the screen with only a dry micro fiber cloth window cleaners and other liquids may damage the Chromebook. Chromebook repairs must only be handled by technology coaches and district technicians

Chromebook Protection Plan Details Protection plan is recommended A prepaid device protection plan of $30.00 is recommended for all students Pre-K 3 -12 for the current school year. The plan is recommended, and if not paid, the student is assessed the full cost of repair or replacement for all incidents. Protection plan details You may opt to pay for the replacement/repair instead of using your protection plan at any time. Protection plan is non-refundable and will not be applied to previous repairs or replacement costs After use of the protection plan, additional reports of theft or accidental damage are charged to the student at the full cost of repair or replacement, as defined in the cost list. Protection plan may be purchased until thirty days after the beginning of the school year New enrollees after the beginning of school will have thirty calendar days to pay for the protection plan.

Loss, gross neglect and abuse Incidents of loss, gross neglect and intentional abuse are not covered, and will be charged to the student at the full cost of repair or replacement, as defined in the cost list. Chromebooks that are stolen must be reported immediately to the School Resource Officer and the Lancaster City Police Department or Lancaster County Sheriff's Department. In cases of theft, vandalism and other criminal acts, a police or sheriff's report, or a fire report in the case of fire, MUST be provided by the student or parent to the principal's office. Without a valid police or sheriff's report detailing the theft, students may be held liable for the full replacement value of the device and accessories.

Replaceable items Students may opt to simply pay for the replacement of certain items that are not repairable when damaged, and which can be easily swapped. For example, if a power adapter is damaged, we do not repair it - we replace it and the student will be charged. If a power adapter is lost - we replace it and the student will be charged. Replacement items must be purchased through the district's authorized vendors. Third-party replacement items will not be accepted.

I would like to purchase the optional, annual nonrefundable $30 protection plan for my child's Chromebook. *

◯ Yes ◯ No

Field is required

You will be prompted for payment later in the process on the page titled "Chromebook Protection Plan Payment"

I waive the protection plan and I will incur all costs to repair or replace my child's Chromebook. *

◯ Yes ◯ No

Field is required

Chromebook Protection Plan Amount Please make checks payable to your school Checks must have a phone numberand Driver's License number and S.C. address only.

I have read and agree to the district Guidelines for Chromebook Care above *

◯ Yes, I agree

Field is required

Acceptable Use Policy

Please download, read, and accept the Acceptable Use Policy.

I have read the District's Student Acceptable Use Regulations in the district's LEARNING newsletter or on the district website under Instructional Technology Resources and understand it is my responsibility to help my child follow these guidelines. *

○ Yes ○ No

Field is required

Parent/Guardian Signature *

I fully understand violating the District's Student Acceptable Use Regulations is unethical and may be a disciplinary/criminal offense for my student. *

○ Yes, I agree

Field is required

Parent/Guardian Signature *

Field is required

Date

MM/DD/YYYY 02/12/2024

Review & Submit

Review & Submit Enrollment for **Test First**

Reminders:

You've indicated other contacts for your student have either custody or legal educational decision authority for your student. Until these contacts visit your student's school of enrollment to have their information verified, they will be granted view-only access to your student's information.

FINAL REVIEW

School of Enrollment:

Visit school website

What is the first day you plan to have your student attend school?

☐ First day (08/12/2024) or MM/DD/YYYY

Parent/Guardian Signature

☐ **By electronically signing below, I understand and agree that this electronic signature is legal. I agree my electronic signature is the legal equivalent of my handwritten signature. I further agree that my electronic signature on this enrollment is as valid as if I signed the document in writing.**

SUBMIT ENROLLMENT