



Sumter School District Student Enrollment and Registration Form

STUDENT ENROLLMENT INFORMATION

School: _____		Date: _____	Bus Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bus Number: _____
Last Name: _____		First Name: _____	Middle Name: _____	Suffix: _____
Current Residential Address: _____		Apartment Number: _____	City: _____	State: _____ Zip: _____
Is this location on Shaw Air Force Base or on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved for: <input type="checkbox"/> Regular Enrollment <input type="checkbox"/> Intra-district <input type="checkbox"/> School Choice (SES) <input type="checkbox"/> Out-of-Zone <input type="checkbox"/> Out-of-District <input type="checkbox"/> Special Transportation		
Grade: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____	Place of Birth (if not in the US): _____	
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Check race category that applies (below):		Telephone Number: _____
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multiple/Other _____	
Is the student enrolled in any of the following programs or does the student have one of the following plans?		Gifted/Talented <input type="checkbox"/> Yes <input type="checkbox"/> No	English for Speakers of Other Languages (ESOL) Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Support Program <input type="checkbox"/> Yes <input type="checkbox"/> No
			Special Education Program/Individualized Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Program <input type="checkbox"/> Yes <input type="checkbox"/> No
				504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Is either parent/guardian serving in any military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please indicate the capacity in which the parent/guardian serves: <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Active Duty		Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT OR GUARDIAN INFORMATION

With whom does the student live, and what is the relationship? Please check:							
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Father and Stepmother	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother and Stepfather	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Legal Guardians
Name of Father/Guardian: _____		Address (if different from the student's): _____		City: _____	State: _____	Zip Code: _____	
Occupation: _____	Work Address: _____	Home Telephone: _____	Work Telephone: _____	Cell Phone: _____			
Email Address (Father/Guardian): _____							
Name of Mother/Guardian: _____		Address (if different from the student's): _____		City: _____	State: _____	Zip Code: _____	
Occupation: _____	Work Address: _____	Home Telephone: _____	Work Telephone: _____	Cell Phone: _____			
Email Address (Mother/Guardian): _____							

EMERGENCY CONTACT INFORMATION

These individuals, with presentation of photo identification, will be authorized to pick up your student in an emergency situation.			
Name: _____	Relationship: _____	Home Telephone: _____	Cell Phone: _____
Name: _____	Relationship: _____	Home Telephone: _____	Cell Phone: _____
Name: _____	Relationship: _____	Home Telephone: _____	Cell Phone: _____



Sumter School District Student Enrollment and Registration Form

SIBLING INFORMATION

Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the student enrolled in Sumter School District? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of school in which student is currently enrolled:		Grade:
Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the student enrolled in Sumter School District? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of school in which student is currently enrolled:		Grade:

MEDICAL INFORMATION

Does the student have any physical disabilities? No Yes
If yes, please list: _____

Does your child have any allergies? No Yes
If yes, please list: _____

Indicate any health problems that pertain to this student:

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List Medication(s): _____
Attention Deficit Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidney Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Clotting Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Muscle or Bone (Scoliosis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sickle Cell Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hearing Problem(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PREVIOUS ENROLLMENT INFORMATION

Pre-School Experience Only:	<input type="checkbox"/> Pre-K Program	<input type="checkbox"/> Private Pre-School	<input type="checkbox"/> Private Daycare
	<input type="checkbox"/> Head Start	<input type="checkbox"/> Babysitter's House	<input type="checkbox"/> Home
Has the student ever repeated a grade?		Has the student attended a previous school in Sumter School District	
List last school attended if not in Sumter School District:	Address:	City:	Zip Code: Telephone Number:
To what grade does the student expect the school to assign him or her? <input type="checkbox"/> Pre-K <input type="checkbox"/> Kg <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th			
How many high school units has the student earned? _____			
Is the student currently suspended or pending expulsion from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the student been expelled from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the reason for the current suspension or pending expulsion?		If yes, what was the reason for the expulsion?	
Has the student been withdrawn from a school in lieu of expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the student ever received home-based (not medical home bound) services for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Would the former school district and/or school allow this student to return if he or she desired: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check any of the following schools the student has attended:			
Charter Rivers <input type="checkbox"/>	Evaluation and Testing (ET) Center <input type="checkbox"/>	Earl Morris <input type="checkbox"/>	
Hall Institute <input type="checkbox"/>	Marine Institute <input type="checkbox"/>	R & E <input type="checkbox"/>	
Wil Lou Gray <input type="checkbox"/>	Willow Lane <input type="checkbox"/>	Alternative School <input type="checkbox"/>	



Sumter School District Student Enrollment and Registration Form

LEGAL GUARDIANSHIP

If the student does not live with mother or father, please complete this section:

Name of Guardian/Custodial Parent: _____ Relationship: _____

Status: Legal Guardian: Yes No

Legal Custody: Yes No

Legal documents supporting guardianship: Yes No

Verified By: _____

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE REQUIRED

I am a resident citizen of Sumter School District, or I am an employee with a child or children in Sumter School District, or I have out of district permission for my child or children to attend a school(s) in Sumter School District. The information on this application is true to the best of my knowledge. I understand that the willful omission or willful misstatement of any information on this form may result in the withdrawal of this student from Sumter School District or other appropriate actions as determined by the administration.

Parent's or Legal Guardian's Signature: _____

Parent's or Legal Guardian's Signature: _____

Date: _____

Date: _____

Additional Comments:

.....
NEXT PAGE MUST BE COMPLETED FOR ALL STUDENTS



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined in Plyer v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. This survey is given to all students enrolled in the school district/charter school. The HLS is administered once, upon initial enrollment in South Carolina, and should remain in the student's permanent record.

If a language other than English is recorded for ANY of the survey questions below, the appropriate identification screening assessment will be administered to determine whether or not the student qualifies for additional English language development support.

Please answer the following questions:

1. What is the language that the **student** first acquired? _____
2. What language(s) is spoken most often by the **student**? _____
3. What is the **primary language used in the home**, regardless of the language spoken by the student?

- *4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

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

Your signature above certifies that you understand if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

Name: _____ **Date:** _____

PreK- entire packet
K-5- pgs 1-3

South Carolina Early Childhood Registration Form
2020-21 School Year

School and District Information		
School:	School District:	
Child Information		
Last Name:	First Name:	Middle Name:
Check if Applicable Nickname:	Generation: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	
Date of Birth (mm/dd/yy): ___/___/___ Social Security number (Preferred but optional): _____-____-____		
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Federal Race/Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the student's race? Check all appropriate.		
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No response		
Child lives with: <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparent <input type="checkbox"/> other (specify):		
Home Address:		
City:		
County:	South Carolina	Zip Code: Home Phone:
Mailing Address (if different from Home Address):		
City:	County:	South Carolina Zip Code:
Parents/Guardians <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other (specify):		
Mother's/Guardian's Last name:	First Name:	Middle Initial:
<i>If different from child's information:</i>		
Street Address:		
City:	County:	South Carolina Zip Code:
Home Phone:	Cell Phone:	
Place of Employment:	Daytime Phone:	
Mother's Education (highest level) <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate		
Mother's/Guardian's email:		
Father's/Guardian's Last Name:	First Name:	Middle Initial:
<i>If different from child's information:</i>		
Street Address:		
City:	County:	South Carolina Zip Code:
Home Phone:	Cell Phone:	
Place of Employment:	Daytime Phone:	

Father's/Guardian's email:		
Emergency Contact Information (other than parent/guardian information already provided)		
Primary Contact Name:	Cell Phone:	
Relationship to Child:		
Daytime Street Address:	Daytime Phone:	
City:	South Carolina	Zip Code:
Second Contact Name:	Cell Phone:	
Relationship to Child:		
Daytime Street Address:	Daytime Phone:	
City:	South Carolina	Zip Code:
Child's Prior Care/Education Provider *Definitions of providers and full day/partial day are attached		
Last year my child's care was provided by the following <i>public provider</i> (Check one):		
<input type="checkbox"/> Head Start <input type="checkbox"/> Prekindergarten at a public school <input type="checkbox"/> Unknown		
My child attended the program (check one) <input type="checkbox"/> full day <input type="checkbox"/> partial day		
Name of provider:		
<input type="checkbox"/> Last year my child's care was provided by a <i>private provider</i> (see attached examples of private providers) My child attended the program (check one) <input type="checkbox"/> full day <input type="checkbox"/> partial day		
Name of provider:		
Last year my child's care was provided in a home by an informal child care provider (Check one):		
<input type="checkbox"/> Parent or relative <input type="checkbox"/> Non-relative		
Child's healthcare information		
Did your child weigh less than 5.5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child receives regular medical care from: <input type="checkbox"/> Health Clinic (Health Department)		
<input type="checkbox"/> Emergency Room <input type="checkbox"/> Family Doctor <input type="checkbox"/> Other		
Name: Phone:		
List any long-term health concerns, illnesses, and/or allergies:		
List any medication(s) prescribed for continuous long-term use:		
List any special accommodation(s) that may be required to meet my child's needs most effectively while he or she is at the school:		
Family Income Range		
Number of persons on family or household:		
Income Range of Family: <input type="checkbox"/> \$0-\$10,000 <input type="checkbox"/> \$10,001-\$20,000 <input type="checkbox"/> \$20,001-\$30,000 <input type="checkbox"/> \$30,001-\$40,000		

\$40,001-\$50,000

\$50,001-\$60,000

\$60,000 and above

Language Background

What is the child's primary language?

What language is primarily spoken in the home?

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, child development, or parent and adult/child interactive literacy?

Both Parents Mother Father Guardian/Grandparent No One

Did your child ever participate in school district Family Literacy Services? Yes No
If, "yes," please check how long: 1 Year 2 Years 3 Years 4 or more years

Child's Special Needs

Does your child have a current Individual Education Program (IEP) or Section 504 plan? Yes No

Student's Disability Status: None Emotional Learning Speech Physical Other

Child's Transportation

How do you anticipate your child will get to school? School Bus Car
 Child Care or Day Care Transportation Walk Bicycle Not applicable

How do you anticipate your child will travel from school? School Bus to home address
 School Bus to different location Car Child Care or Day Care Walk Bicycle
 Not applicable After School Program at School

Below is for District Use Only	
ALL CHILDREN PARTICIPATING IN A CERDEP CLASSROOM MUST BE CODED WITH A <u>CERDEP</u> PROGRAM SERVICE CODE.	
Early Childhood Placement: <input type="checkbox"/> 3 year Class <input type="checkbox"/> 4 year Class <input type="checkbox"/> 5 year Class <input type="checkbox"/> Multi-Age Classroom <input type="checkbox"/> Parent Pay <input type="checkbox"/> District funded 4K <input type="checkbox"/> State funded EIA 4K <input type="checkbox"/> State funded CERDEP/CDEP	
Student Identification Number: _____	
Program Entry Date: _____	Program Exit Date: _____ Reason for exit: _____
Income Verification Method (<input type="checkbox"/> Medicaid, <input type="checkbox"/> Free or Reduced Lunch, <input type="checkbox"/> W2 forms, <input type="checkbox"/> Pay Stubs, Other Income Verification Documented): _____	
Meals: Free or Reduced Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A if District enrolled in Community Lunch Program	
Classroom Type: <input type="checkbox"/> FDS District / School Based Full-Day <input type="checkbox"/> PDS District / School Based Partial-Day	
Was child served by Head Start any time from birth to age 4? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DIAL 3 or 4: (Indicate which) _____ Screening Date: _____	
Scores: Motor: _____ Concepts: _____ Language: _____ Self-Help: _____ Social: _____	
Classroom Curriculum: <input type="checkbox"/> Big Day in PreK <input type="checkbox"/> Creative Curriculum <input type="checkbox"/> High Scope <input type="checkbox"/> InvestiGator <input type="checkbox"/> Montessori <input type="checkbox"/> World of Wonders	
Readiness Assessment: <input type="checkbox"/> myIGDIs <input type="checkbox"/> PALS- Pre-K <input type="checkbox"/> Teaching Strategies GOLD <input type="checkbox"/> Other	
Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid Number _____ Medicaid Active <input type="checkbox"/> Yes <input type="checkbox"/> No * Copy of Medicaid Card attached <input type="checkbox"/>	
Migrant/Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Country: _____ State Id #: _____	
Did the child participate in Countdown to Kindergarten? <input type="checkbox"/> yes <input type="checkbox"/> no	

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 Providers¹

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 operate less than 4 hours a day or less than 2 days a week or care 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 (CERDEP/CDEP) – 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

¹ On the registration form, you do not have to provide the specific type of private childcare; these examples are listed as reference.

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.

**SC Child Development Education Project
Parent/Guardian Consent Form (CERDEP Only)**

I verify that the information I have provided on this registration form is true and accurate. I hereby grant permission for this information to be distributed to the Child Early Reading and Development Education Program (CERDEP) and other state agencies, which include, but are not limited to, the South Carolina Education Oversight Committee (EOC).

I understand that my completion of this form does not guarantee the placement of my child in a South Carolina CERDEP. If my child is placed in CERDEP, I agree that he or she will attend the class for 6.5 hours each day, five days a week, for the 180-day school year. I understand that my child's failure to meet this attendance requirement could result in his or her being dropped from the program. I further understand that I cannot register my child in the program without the appropriate documentation of his or her age and eligibility, and I have, therefore, attached to this registration form a copy of the necessary documentation.

I understand that information about my child, _____, and about the school will be used in a comprehensive, multiyear longitudinal research and evaluation project to determine the relationship between the student and school data and student success in school. The evaluation may include individual child assessment during a child's 4-year-old pre-kindergarten and 5-year-old kindergarten and other basic non-identifying educational information. All data collected are subject to the provisions of the Family Educational Rights and Privacy Act (FERPA) as well as South Carolina statutes and regulations protecting individual privacy and confidentiality. Analyses of the data collected will be conducted only by individuals approved by the EOC. Individual student names will not be used.

Signature of parent/guardian: _____

Date: _____



**South Carolina Child Early Reading and Development Education Program
Additional 4K Options**

South Carolina has a statewide partnership between public and private 4K providers. The private domain of this partnership is the Office of First Steps to School Readiness. First Steps serves four-year-old children in 46 counties in South Carolina.

The South Carolina Department of Education's Office of Early Learning and Literacy believes that children deserve an opportunity to participate in four-year-old kindergarten. In an effort to ensure that as many students are served in 4K as possible in South Carolina, please be advised that your contact information may be shared with other local 4K providers in a non-public setting. If your child is not placed in the Child Early Reading and Development Education Program (CERDEP) 4K in your local public school district, please understand that your contact information will be shared with the Office of First Steps to School Readiness and you may be contacted for opportunities for your child to attend the 4K program in a non-public school setting.

However, if you do not want your contact shared information with the Office of First Steps, check the box below.

I do not want my contact information shared with the Office of First Steps.

**Family Income Eligibility Table
2020-21 (To be released January 20-24, 2020)**

Students eligible for the South Carolina Child Early Reading and Development Education Program (CERDEP) must provide evidence of either Medicaid eligibility or a documented family income at or below 185 percent of the Federal Poverty definition promulgated annually by the US Department of Health and Human Services.

Number of Persons in Family or Household	100% of Federal Poverty	185% of Federal Poverty
2		
3		
4		
5		
6		
7		
8		

Check list of 2020–21 Required CERDEP Documentation

Check box if yes	Required student documentation includes:
<input type="checkbox"/>	Proof of eligibility for residency
<input type="checkbox"/>	Proof of eligibility for age
<input type="checkbox"/>	Proof of income for family or Medicaid
<input type="checkbox"/>	CERDEP registration form
<input type="checkbox"/>	DHEC Immunization form
<input type="checkbox"/>	DSS Form #2900 General Record and Statement of Child's Health for Admission
<input type="checkbox"/>	DSS Form # 2930 Authorization for Intervention, Intervention, and Extracurricular Activities
<input type="checkbox"/>	DIAL3 or DIAL-4 Parent Questionnaire
<input type="checkbox"/>	DIAL3 or DIAL-4 scores
<input type="checkbox"/>	CDEP Parent/Family Orientation Checklist, with signatures
<input type="checkbox"/>	Quarterly Parent Reporting Documentation Form
<input type="checkbox"/>	Assessment information from district selected assessment and date completed
<input type="checkbox"/>	Discipline Policy, signed/dated
<input type="checkbox"/>	Parent/teacher Agreement (last page of CERDEP Parent/Guardian Handbook)

DSS forms available [here](#).

Click [here](#) for additional information about licensing.

Check box if yes	Required teacher and staff DSS documentation includes:
<input type="checkbox"/>	Background check: DSS form #2924 – Central Registry Check, returned “clear”
<input type="checkbox"/>	Background check: SLED and FBI “clear” review (after submitting fingerprint card, and DSS form #2647)
<input type="checkbox"/>	Background check: Statement of Compliance, DSS form #2925, notarized.
<input type="checkbox"/>	Basic information: Name, position, date of birth, hours/days employed
<input type="checkbox"/>	Basic information: Signed discipline policy
<input type="checkbox"/>	Experience and training information: Education and experience documentation- refer to DSS regulations for information
<input type="checkbox"/>	Experience and training information: Required annual training documentation – print out www.sc-cccd.net transcript
<input type="checkbox"/>	Experience and training information: Current CPR/First Aid certification, as necessary.
<input type="checkbox"/>	Medical information: Medical statement DSS form #2901, expires every 4 years.
<input type="checkbox"/>	Medical information: TB test results, stating free of TB
<input type="checkbox"/>	Medical information: Health assessment DSS form #2926, expires every 4 years