



RICHLAND ONE

Office of School Readiness and Prekindergarten Programs

SCREENING PARENT PAPERWORK PACKET (ENGLISH)

Please carefully read and complete each document carefully.

Bring all documentation to your child's screening appointment with the following copies:

- Long Form Birth Certificate
- Current Immunization on SC DHEC Form
 - Lease or Mortgage Statement
 - Utility Bill
- Proof of Income (Pay Stub or Medicaid Card)
 - Shared Housing Documentation

(Required only if parent's/guardian's name is not on both Proof of Residence documents)

Contents of this packet for student information

*All information is confidential and will remain in your child's permanent file.
The information is used to formulate a final point score for the decision-making process for
possible placement in the Richland One Prekindergarten Programs.*



The Office of School Readiness and Prekindergarten Programs

Student Selection Criteria Questions

Richland County School District One (OSRPP)

South Carolina Department of Education

Yes or No

(Please write your responses in the boxes below)

Prekindergarten Family Information

	Has either parent been incarcerated either in the past or present?
	Is there an abusive adult in the family? (verbal or physical)
	Is there any alcoholism in the immediate family?
	Is there any substance abuse in the immediate family?
	Was either parent less than 18 years of age at the birth of the first child?
	Does either parent have less than a high school diploma or GED?
	Does either parent have less than a 9 th grade education?
List child's first language here _____	Is English your child's first language? If not, please list first language.
	Are you a single parent?
	Has there been a traumatic event in your family? Example: Death in the family.
	Is anyone in the household physically or mentally handicapped?
	Does your child have an IEP (Individualized Education Plan)?
	Did your family participate in any family literacy programs? Example: <i>ThriveRichland</i> , Parent Child Home Program (PCHP) or Parents as Teachers (PAT) <i>Documentation of the program is required.</i>

*This information is confidential and will remain in your child's permanent file.
The information is used to formulate a final point score for the decision-making process for possible placement in the Richland One Prekindergarten Programs.*



Prekindergarten Student Name:

Zoned School

Sibling Information

Sibling Name	School Currently Attending	Grade Level
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Comments/Notes



The Office of School Readiness and Prekindergarten Programs
Photograph Permission Form

The Office of School Readiness and Prekindergarten Programs captures learning moments that often occur in classrooms, at recess, during lunch, on field trips, or at special events. Some of these photographs are used to make class books, to publish in school newsletters, to hang in the hallway, or even to put on District special event signage. These photographs will **NOT** be given to any public newspaper, television, or any individual that would publicly publish these photographs without your individual permission first. Please indicate on the permission form below whether or not you give permission to photograph your child while in action at school and/or on field trips. Please complete the form by writing your child's name, printing your name, and adding your signature.

_____ **YES**, I give permission for my child's photograph to be taken on campus and during field trips, for school use **ONLY** (to hang in the hallway and/or classroom, to publish in school newsletters, yearbook, or other communication pieces such as classroom books or bulletin board displays).

Child's Name: _____
(PLEASE PRINT)

Parent's Name: _____
(PLEASE PRINT)

Parent's Signature: _____

_____ **NO**, I DO NOT give permission for my child's photograph to be taken on campus and during field trips, for school use **ONLY** (to hang in the hallway and/or classroom, to publish in school newsletters, yearbook, or other communication pieces such as classroom books or bulletin board displays).

Child's Name: _____
(PLEASE PRINT)

Parent's Name: _____
(PLEASE PRINT)

Parent's Signature: _____

Thank You



The Office of School Readiness and Prekindergarten Programs
SC Child Development Education Project
Parent/Guardian Consent Form (CERDEP ONLY)
Transportation Consent Form (To and From Out-of-Zoned School)

CERDEP Consent

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 Child Early Reading and Development Education Program. If my child is placed in a 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.

If my child is not paced in the Program, I agree that my contact information will be shared with the office of First Steps to School Readiness and that I may be contacted for opportunities for my child to attend the Program in a non-public school setting.

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 provision of the Family Educational Rights and Privacy Act (FERPA) as well as South Carolina statutes and regulations protecting individual privacy and confidentially. Analysis of the data collected will be conducted only by individuals approved by the EOC. Individual student names will not be used.

Parent's Name (PRINT)

Date

Parent's Signature

Transportation Consent Form (To and from Out-of-Zone School)
I, _____, understand that I will be responsible for transporting my child, _____ to and from school if he/she is placed at a school that does not provide bus transportation from my home address.
My child must attend school daily, be prompt and remain at school until the end of the school day. If attendance, promptness or early dismissals become excessive, I understand my child may be asked to leave the prekindergarten program.
Parent's Name: _____ (PLEASE PRINT)
Parent's Signature: _____ Date: _____



RICHLAND ONE
OSRPP

The Office of School Readiness and Prekindergarten Programs
**Treatment, Release of Information, Medicaid
Reimbursement Consent Form**

Purpose: This is an updated Medicaid Form that asks for your consent to share necessary information to verify Medicaid eligibility and to bill for school-based Medicaid reimbursement with Richland County School District One. When the district verifies Medicaid eligibility or bills for school-based services based on your child’s eligibility for public benefits, it **DOES NOT** affect or impact health insurance or other Medicaid covered services that are provided to your child or family outside of school.

Please review, sign, and return this form to your zoned school with your child within three days of receipt of this form.

Richland County School District One and the South Carolina Department of Education have my permission to provide health-related services to my child and to release and exchange medical, psychological, and other personal identifiable confidential information, as necessary, to the Department of Health and Human Services and any third party insurance carrier regarding health-related services provided to my child. I understand that the purpose of this consent is to bill Medicaid or other health insurance for services under Part B of the Individuals with Disabilities Education Act (IDEA).

By signing this form, I give the District and The South Carolina Department of Education my permission to bill Medicaid and any third party insurance and receive payment from Medicaid or any third party insurer for health-related services set forth in my child’s individualized education program (IEP), and for psychological evaluation services, nursing services, and other health-related treatment services billable to Medicaid without the requirement of an IEP. I understand that the District and the South Carolina Department of Education have provided me written notification consistent with the IDEA regulation at 34 C.F.R 300.154(d)(2)(v) and 300.503(c), prior to accessing Medicaid or any third party insurance benefits and prior to this consent for release of information to bill Medicaid.

I further understand that the District and the South Carolina Department of Education will provide me annual written notification of my rights before Medicaid accesses my child’s benefits to pay for services under the IDEA and that this consent for release of information to bill Medicaid is a one-time consent and is not required annually thereafter regardless of whether there is a change in the type or amount of services to be provided to the child or a change in the cost of the services to be charged to Medicaid or a third party insurance.

I understand that Medicaid reimbursement for health-related services provided by the District and the South Carolina Department of Education will not affect any other Medicaid services for which my child is eligible. I understand that my child will receive the services listed in the IEP regardless of whether I enroll my child in public or private benefits or insurance programs. I also understand that my refusal to allow access to the Department of Health and Human Services or any third party insurance carrier does not relieve the District of its responsibility to ensure that all required services are provided at no cost to me.

I understand that the granting of consent is voluntary on my part and may be revoked an anytime. 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 Part B of the IDEA and the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding y child’s treatment and provision of health-related services.

Student’s Name

Student’s Date of Birth

Medicaid #

Social Security #

Signature of Parent/Guardian

Date



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 Plyler v. Doe, 457 U.S. 202 (1982).

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

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____
4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

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

By signing here, you certify that responses to the three questions above are specific to your student. You understand that 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:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

