

# Request for School Records/Transcript

## Calhoun Falls Charter School

205 Edgefield Street  
Calhoun Falls, SC 29628  
Phone: (864) 418-8014  
Fax: (864) 418-9379  
www.cfpcs.org

Principal: Kalan S. Rogers  
Assistant Principal/Guidance Counselor: Lori Lindler

Does this student have a 504 or ESOL plan or in the process of being evaluated? \_\_\_ Yes \_\_\_ No

Date: \_\_\_\_\_  
School Withdrawing From: \_\_\_\_\_  
School Address: \_\_\_\_\_  
School Telephone Number: \_\_\_\_\_

Please forward a copy of the official record for the following student:

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

According to the final regulations of the Buckley Amendment, written parental consent to release student records between schools is no longer required. The Buckley Amendment states that school officials and officials in school systems in which a student may intend to enroll may receive a student's record without a written consent for the release.

Please release the following records:

- |  |  |
|--|--|
| <input type="checkbox"/> Cumulative School Records                         | <input type="checkbox"/> English Language Learner (ELL) Initial Placement Screener |
| <input type="checkbox"/> Withdrawal Grades to Date                         | <input type="checkbox"/> Home Language Survey                                      |
| <input type="checkbox"/> State/National Standardized Test Scores           | <input type="checkbox"/> ELL State Language Proficiency Test Scores                |
| <input type="checkbox"/> Attendance Information                            | <input type="checkbox"/> ELL Accommodation Plan                                    |
| <input type="checkbox"/> Discipline Information                            |  |
| <input type="checkbox"/> Birth Certificate & Social Security Card          |  |
| <input type="checkbox"/> Health/Immunization Records                       |  |
| <input type="checkbox"/> Gifted and Talented Profile Sheet (if applicable) |  |
| <input type="checkbox"/> Psychological Records (if applicable)             |  |
| <input type="checkbox"/> Special Education Records (if applicable)         |  |

Thanks for your assistance,  
Lori Quade Lindler  
Assistant Principal/Guidance Counselor  
llindler@cfpcs.org

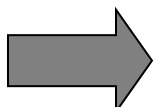
1<sup>st</sup> Request \_\_\_\_\_

2<sup>nd</sup> Request \_\_\_\_\_

Records Rec'd \_\_\_\_\_

## Calhoun Falls Charter School - Student Enrollment Information

<b>Student Last Name</b>	
<b>Student First Name</b>	
<b>Student Middle Name</b>	
<input type="checkbox"/> Check here if all information below is the same as last school year. If changes need to be made only update changes that are different from the previous school year. (For example, if your home telephone number has changed.)	
<b>Grade</b>	
<b>Date of Birth</b>	
<b>Ethnicity</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Social Security Number</b>	
<b>Parent/Guardian</b>	
<b>Parents Email Address</b>	
<b>Home Phone Number</b>	
<b>Mailing Address</b>	Street: City/State/Zip:
<b>Physical Address</b>	Street: City/State/Zip:
<b>Mother's Name</b>	
<b>Mother's Employer</b>	
<b>Mother's Work Number</b>	
<b>Mother's Cell Number</b>	
<b>Father's Name</b>	
<b>Father's Employer</b>	
<b>Fathers Work Number</b>	
<b>Father's Cell Number</b>	
<b>Emergency Contact #1</b>	Name: Relationship: Phone Number:
<b>Emergency Contact #2</b>	Name: Relationship: Phone Number:
<b>Emergency Contact #3</b>	Name: Relationship: Phone Number:
What is your preferred language for parent letters from the school?	
What is your preferred language when we are speaking to you in person or on the telephone?	



# 9<sup>th</sup> – 12<sup>th</sup> Graders ONLY

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## PARENTAL NOTICE OF PRIVACY LETTER FOR PARENTS OF ALL NINTH THROUGH TWELFTH GRADE STUDENTS

Dear Parent:

Federal law requires Local Education Agencies (LEAs) provide names, addresses, and telephone numbers of 11th and 12th grade high school students to military recruiters and institutions of higher education that request this information, except where the parent opts out in writing that he/she does not consent to the release of this information.

If you do not consent to the disclosure of this information, you must fill out the following form and return it to your child's school. If you choose not to return the form at this time, you may do so at any time during your child's school career and the request for non-disclosure will be honored. For parents of 9th and 10th grade students, the opt-out form can be completed and saved in advance.

Sincerely,

Kalan S. Rogers

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### OPT-OUT OF RELEASE OF STUDENT INFORMATION FORM

**Please complete the following if you do not consent to the release of your child's information - name, address, and telephone number - to military recruiters and/or institutions of higher education that request this information.**

Student's Last Name:	
Student's First Name:	
Student's Official Class:	
Name of School:	

I am requesting that my child's name, address, and telephone number NOT be shared with:  
(please check appropriate box)

<input type="checkbox"/>	Military Recruiters
<input type="checkbox"/>	Institutions of Higher Education
<input type="checkbox"/>	Both Military Recruiters and Institutions of Higher Education

Parent/Guardian/Student Aged 18 or older
--

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Guardianship Verification

**These are the signatures which must appear on all excuses and papers sent to school.**

I, \_\_\_\_\_, am the parent or legal  
(Print Parent Name)  
guardian (if guardian, legal papers must be attached) who has legal  
rights for \_\_\_\_\_. If at any time I am  
(Print Student's Name)  
no longer the person who has legal rights, I will notify the school  
immediately.

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Signature

Date

Another person who has legal rights is:

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(Please Print)

# Student Health Update

Parent/Guardian, please complete this information sheet and make sure your signature is included on this form.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers where Parent/Guardian may be reached:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other \_\_\_\_\_

**The school needs permission forms signed by you and your child's doctor for all prescription medication that is to be given at school. The permission forms may be obtained in the office. There are also non-prescription forms in the office for over the counter medicine. Medication will not be given without these forms signed. We do not provide medicine for students.**

**Please circle Yes or No to the following questions:**

- Does your child take medication on a routine basis for any reason? **Yes or No**  
If yes, state the reason \_\_\_\_\_
- Allergies to Medication: \_\_\_\_\_
- Is your child currently (within the last 12 months) being treated for any of the following conditions:

Please circle YES if the doctor has diagnosed your child with any of the medical conditions listed below. Also if you circle YES indicate any medication your child takes for this diagnosis.		
Medical Condition	Indicate if your child has this medical condition	Medication taken for the medical condition
<b>Diabetes</b>	YES or NO	
<b>Asthma</b>	YES or NO	
<b>Seizures</b>	YES or NO	
<b>Sickle Cell</b>	YES or NO	
<b>Heart Problems</b>	YES or NO	
<b>Headaches</b>	YES or NO	
<b>Allergies</b>	YES or NO	
<b>Vision Problems</b>	YES or NO	
<b>Hearing Problems</b>	YES or NO	
<b>Other:</b>		

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

# Calhoun Falls Charter School

## Signature Verification of Receipt Documents/Release of Information

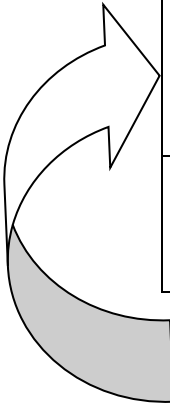
\_\_\_\_\_  
 Student Name (Please Print)

\_\_\_\_\_  
 Parent Name (Please Print)

\_\_\_\_\_  
 Grade

**STUDENT AND PARENT/GUARDIAN MUST SIGN ALL SECTIONS AND RETURN TO SCHOOL**

<p><b><u>Student Computer Use/Internet Safety &amp; Responsibility</u></b>          I have read and understand, and will have my child abide by the CFCS Technology Systems Acceptable Use Policy. I am aware that CFCS technology, including the internet and network access, is designed for educational purposes. I recognize that it is impossible for CFCS to restrict access to all controversial materials, and I will not hold CFCS responsible for materials accessed on the network. I further understand that the provisions of this policy are subordinate to local, state and federal statutes, and violations are unethical and may constitute a criminal offense. Should my child comment a violation his/her access privileges may be revoked, and he/she may be subject to other disciplinary actions prescribed by school policies or the law.</p>	<p>_____          Student's Signature</p> <p>_____          Parent's Signature</p> <p>_____          Date</p>
<p><b><u>Use of Student Pictures in News Media</u></b>          I permit CFCS and/or news media to print photographs, student work, and identification of the above named student on the school's web pages, newspaper articles, radio and television programs.</p>	<p>_____          Parent/Guardian Signature (Student if 18 or older) <span style="float: right;">Date</span></p>
<p><b><u>Student Accident and Health Insurance</u></b>          As parent/Guardian of the named student, I understand that CFCS does not provide medical insurance for student injuries.</p>	<p>_____          Parent/Guardian Signature <span style="float: right;">Date</span></p>



This means School's Social Sites (such as Facebook, Twitter, Instagram, etc). This also means your child could be pictured on our school web site. Please sign if you are giving permission for the school to do this.



## 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:

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: \_\_\_\_\_

Updated August 28, 2019

# 2017-2018 Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If **NO** > Go to STEP 3.      If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:**

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income      How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\$

### B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

## STEP 4 Contact information and adult signature. Mail Completed form to: Calhoun Falls Charter School, 205 Edgefield Street, Calhoun Falls, SC 29628

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult	Daytime Phone and Email (optional)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Today's date		





## **\*Please remove from enrollment packet and keep for your records\***

### **UNPAID MEAL CHARGE POLICY**

Calhoun Falls Charter School's Food Service department recognizes adequate nutrition is essential to students' mental, physical, and academic growth. All children (grades 6 through grade 12) participating in the national school breakfast program and the national school lunch program, whether at a free, reduced, or paid rate, will receive a full reimbursable breakfast and/or lunch meal that meets USDA requirements regardless if they do not have adequate money in their student account or in hand to cover the cost of the meal at the time of service.

The school meal accounting system is a pre-paid system. Parents or guardians must deposit money into their child's account before meals are served. Payments can be made daily, weekly, monthly, or annually. If a student does not have adequate money in their student account or in hand to cover the cost of the meal at the time of service, all students may choose a meal from required component contributions to create a reimbursable meal. The food service cashier keys a reimbursable breakfast and/or lunch meal charging the student's account accordingly.

The Food Service Office runs a weekly report via eTrition showing all student accounts in a negative balance greater than \$10.00. Unpaid meal charges greater than \$10.00 will result in the following:

- A verbal reminder to the student
- A weekly report sent to the principal
- A Pre-Paid Envelope reminder sent home with student
- Telephone call home and an email, when possible, will be sent to the parent
- In case of significant delinquent payments, a letter will be sent home from the Food and Nutrition Department.

Students with negative account balances can only purchase regular breakfast and lunch meals; no A la carte (extra) items can be charged. Monies received from students with negative account balances must first be used to satisfy the negative balance. No change will be given back to students with negative account balances, and any extra monies will be deposited into the student's account. All meals eaten before a Free and Reduced-Price application is processed and approved are the responsibility of the parent/guardian and must be paid for as required by law.

Families may pre-pay for reduced and paid meals as well as a la carte foods. Families may check with the Food Service Office for their account balance. Money may be added to student accounts via cash or check through the Food Service Office. Payments for any meal(s) not received by a student approved for reduced meal prices or paid prices are carried over into the next month. Money left at the end of a school year is carried over into the next school year as delinquent debt and collection efforts continue into the new school year. At the end of the school year, uncollected meal charges will be handled the same as other school debt in accordance with Administrative Procedure 6.84.1, Recover of Lost, Damaged, or Vandalized Property.

If a student graduates and has money left in their student account, the Food Service office sends full reimbursement to the household. If a student withdraws from school and has more than \$5.00 in their account, the Food Service department sends a letter to the household asking if they would like to receive full reimbursement.

The above policy is provided to all households in writing with student registration materials at the beginning of the school year and also through the student handbook and school website. Both English and Spanish versions of this policy are available to all households. This policy is provided to households through a letter the first time

it is applied to a student. Additionally, this policy is available on the Calhoun Falls Charter School website at <https://www.cfpcs.org> . This meal charge policy is provided to and is reviewed with all school level staff responsible for policy enforcement, including food service personnel responsible for collecting payment for meals at the point of service, food service staff responsible for notifying families of low balances, and school security staff involved in notifying families of negative balances. School guidance counselors, principals, assistant principals, and others responsible for carrying out this policy will be informed of the Calhoun Falls Charter School Unpaid Meal Charge policy.

### **Non-Discrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at [\(800\) 877-8339](tel:8008778339). Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/filing-discrimination-complaint-usda-customer>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call [\(866\) 632-9992](tel:8666329992). Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the assistant Secretary for civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: [\(202\) 690-744](tel:202690744); or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**“This institution is an equal opportunity provider.”**

**6/26/2017**