Dear Parent and or Guardian:

As we begin another school year, it is important to share a few reminders for attendance of your child at Hilton Head Island High School. The COVID-19 pandemic has created many challenges. To quote one of my favorite movies, “we need to improvise, adapt, and overcome”. Regardless of the pandemic, education is still essential to all of our students.

As we return to school on the Hybrid Schedule, we still need to make sure our students can be successful. On their assigned school day, students need to be sitting in class in their seats at 8:45 a.m. each school day. Students at home should be on their computers ready to go by 8:45am or working on their assignments. What this means for all who are driving to school with the new school hours, please plan your travel to school each day, allowing for traffic and arriving with plenty of time to get in.

When your child is absent, it is important to remember the following:

1. No more than 3 days to get your notes turned in after the absence. This allows your child to receive credit for missed assignments. Students with unexcused absences cannot receive credit for missing work.
2. Medical Notes – anytime you visit a doctor or have any appointments, PLEASE get a medical note and either fax it to 689-4914 or have your child drop it off to the attendance office.
3. If your child is sick and stays home, please send a note upon their return stating they were sick.
4. REMIND your students to turn these notes in to attendance or at the front desk.
5. College Visits – be sure to make an appointment with the College Admissions Office to get school documentation that you had a campus visit. A parking pass will not suffice.
6. Bereavement – if you have a death in the family that necessitates your child’s absence, please provide funeral documentation upon their return to school.
7. Extended absences due to severe illness, surgery, etc., - please notify attendance immediately as well as provide medical documentation upon the students return.
8. Late or No Bus – call 322-0770 to notify the transportation office of the problems as well as notify the school.
9. When sending notes in - PLEASE put your child’s full name and your full name and contact information so that I can enter information correctly. Please do not use nicknames.

For further information on the number of absences that are allowed, please review the attachment. Remember that a student must be present at least 80 days (120 seat hours) in each class to obtain credit for the class. Tardies will be factored into attendance as well. Attendance policies are outlined in detail in the 2020-21 Attendance/Seat Time Overview.

The staff at HHIHS is excited that our students are back in school. I hope everyone has a great school year.

Sincerely

[Signature]
Steve Schidrich
Principal
Hilton Head Island High School
Steven.schidrich@beaufort.k12.sc.us
Dear Hilton Head Island High School Parents/Guardians:

It is with both pleasure and excitement that we welcome back our students for face to face instruction. The first days of school are always filled with what we refer to as the “nuts and bolts” where we provide you and your student(s) with pertinent information, and with so much given to students in such a short time, it can become overwhelming for all parties involved.

The Beaufort County School District Household Application for Free and Reduced-Price Meals is a confidential form that uses income, benefits, and household living status, to determine a family’s eligibility for these services. Not only is the form confidential, but so is your child’s status. If he or she qualifies for services, not even teachers are privy to this information. Only one form needs to be completed per household, even if there are multiple children at different schools in the District. We have applications at the school, but the process is now available online. The link to the online application is: https://paypams.com/OnlineApp.aspx

It is imperative that each family, regardless of whether you believe you will qualify, take a moment to complete the application. If approved, students will not only receive free or reduced meals for the school year, but will also qualify for the following benefits:

- 3 waivers for College Board Testing (SAT and or ACT)
- Waived application fees from certain colleges and universities
- Assistance with other school related fees

Many families who need these services will not get them until the application is completed. Please take a moment to do so and return as soon as possible.

Hilton Head Island High School and the Beaufort County School District are here to serve you in whatever ways we can. If you need assistance completing the applications, or have questions, please contact the school at (843) 689-4800 and we will assist you directly.

Sincerely,

Steve Schidrich
Principal
Hilton Head Island High School
Steven.schidrich@beaufort.k12.sc.us
Estimados padres / tutores de Hilton Head Island High School:

Con placer y entusiasmo damos la bienvenida a nuestros estudiantes para recibir instrucción cara a cara. Los primeros días de clases siempre estarán llenos de lo que llamamos "tuercas y tornillos" donde les brindaremos a usted y a su(s) estudiante(s) la información pertinente, y con tanta información dada a los estudiantes en tan poco tiempo, puede convertirse abrumador para todas las partes involucradas.

La Solicitud para el distrito escolar del condado de Beaufort para comidas gratuitas o de precio reducido es un formulario confidencial que utiliza los ingresos, los beneficios y el estado de vida del hogar para determinar la elegibilidad de una familia para estos servicios. El formulario no solo es confidencial, sino también el estatus de su hijo. Si él o ella califica para los servicios, ni siquiera los maestros están al tanto de esta información. **Solo se debe completar un formulario por hogar, incluso si hay varios niños en diferentes escuelas del distrito.** Tenemos solicitudes en la escuela, pero el proceso ahora está disponible en línea. El enlace a la aplicación en línea es: [https://paypams.com/OnlineApp.aspx](https://paypams.com/OnlineApp.aspx)

Es imperativo que cada familia, independientemente de si cree que calificará, se tome un momento para completar la solicitud. Si se aprueba, los estudiantes no solo recibirán comidas gratuitas o reducidas durante el año escolar, sino que también calificarán para los siguientes beneficios:

- 3 exenciones para los exámenes del College Board (SAT o ACT)
- Tarifas de solicitud exentas de ciertos colegios y universidades
- Asistencia con otras tarifas relacionadas con la escuela

Muchas familias que necesitan estos servicios no los obtendrán hasta que se complete la solicitud. Tómese un momento para hacerlo y regrese lo antes posible.

La escuela secundaria Hilton Head Island y el distrito escolar del condado de Beaufort están aquí para servirle en todo lo que podamos. Si necesita ayuda para completar las solicitudes o tiene preguntas, comuníquese con la escuela al (843) 689-4800 y lo ayudaremos directamente.

Sinceramente,

Steve Schidrich
Director
Hilton Head Island High School
[Steven.schidrich@beaufort.k12.sc.us](mailto:Steven.schidrich@beaufort.k12.sc.us)
Dear Parents,

In compliance with the Department of Health and the State of South Carolina, Beaufort County School District has now adopted a new medication permission form. This form is not only different in format, but it is also different in procedure. In previous years, we have accepted a permission for medication form signed by parents with a prescription labeled box. From this point forward, the permission medication form must be signed by a physician as well as the parent. Any prior permission forms used will not be valid. Standard forms from the physicians' offices will not be accepted either. It must be the updated Beaufort County School District medication form. The medication must be accompanied in the prescription labeled bottle or box as before. These forms can be found on the BCSD website or obtained from the school. I am attaching one for your convenience so that you may have time to obtain the signed form from the physician during the summer. If your child has more than one medicine, you will need more than one form. I urge you not to wait until the start of school as the doctors’ offices are very busy during that time and you may not be able to get the form completed in time. The forms for next year need to be dated no earlier than July 1, 2020.

If you have any questions regarding the new policy or form, please feel free to reach out to us so that we can make this transition to the new forms as easy as possible.

Thank you,

[Signature]

School Nurse
2020-2021 Academic School Calendar
All Beaufort County Schools

(July 2020 - June 2021)

Aug 24 K-8 Learn-Evaluate-Analyze-Prepare (LEAP)
Days teachers return to school (Voluntary, Paid
Site-Based Professional Development, and Student
Instruction/Assessment Days)
Aug 31 All PK-12 teachers return to school
Aug 31 - Sept 4 No school - Staff Development
Sept 7 No school Labor Day
Sept 8 First day of school for students
Sept 25 Progress Reports HS
Oct 9 Progress reports for ES and MS
Oct 16 Progress reports HS
Nov 3 No school - Election Day
Nov 10 Last day of 1st quarter
Nov 10 Early dismissal for students
Nov 11 No school - Veteran's Day
November 20 REPORT CARDS
Nov 25 No school - weather make-up day
Nov 25 - 27 No school - Thanksgiving Break
Nov 30 Students return to school
Dec. 4 Progress reports HS
Dec. 18 Progress reports for ES and MS

Dec 22 Early dismissal for students
Dec 23 No school - weather make-up day
Dec 23 - Jan 3 No school-winter break
Jan 4 Students return to school from winter break
Jan. 6 Progress reports HS
Jan 18 No school-Dr. Martin L. King, Jr. Day
Feb - Mar Prekindergarten and Kindergarten registration
Feb - Mar School choice selections
Jan 29 Last day of 2nd quarter/1st semester
Feb 1 No school - staff development
Feb 2 1st day of 2nd semester
Feb. 12 REPORT CARDS
Feb 15 No school - President's Day
Feb. 23 Progress reports HS
Mar Prekindergarten Screenings/Child Find
Mar. 8 Progress reports ES and MS
Mar 15 Progress reports HS
Apr 2 No school - Good Friday
Apr 7 Last day of 3rd quarter
Apr 9 Early dismissal for students
Apr 12-16 No school - Spring Break

Apr 19 Students return to school
April 23 REPORT CARDS
May 4 Progress reports for HS
May 18 Progress reports ES and MS
May 25 Progress reports for HS
May 31 No school - Memorial Day
June 17 Last day of 4th quarter & students
Jun 18 No school - weather make-up day. *Will be
used as a staff development day if not used for weather make-up
Jun 21 - 23 No school - staff development
Jun 24 - No school - tentative staff development
Day if June 18 is used as a weather make-up day*
Jun. 25 Report cards HS
Graduation Dates for High Schools
June 16 Beaufort High School
June 17 May River High School
June 18 AM Whale Branch Early College High School
June 18 PM Hilton Head Island High School
June 21 AM Bluffton High School
June 21 PM Battery Creek High School
*Summer Graduation - August at BOHS

Full day
for students
No school
for students
First day back
for students
Early Dismissal
for students
Weather make-up
day, if needed
In-service day
for school staff
1st day for
teachers
1st day 2nd
semester
Calendario escolar académico 2020-2021
Todas las escuelas del condado de Beaufort

(Rev. 85/95)

JULIO 2020
AUGUSTO 2020
SEPTIEMBRE 2020
OCTUBRE 2020

NOVIEMBRE 2020
DICIEMBRE 2020
ENERO 2021
FEBRERO 2021

MARZO 2021
ABRIL 2021
MAYO 2021
JUNIO 2021

24 de agosto K-8 Aprenden-Evaluar-Analizar-Preparar (LEAP) Días en que los maestros regresan a la escuela (Días voluntarios, pagados, de desarrollo profesional y de instrucción / evaluación del estudiante)

Aug 31 Todos los maestros de PK-12 regresan a la escuela
Aug 31 - Sept 4 No hay clases-Desarrollo del personal
Sept 7 No hay clases-Día del Trabajo
Sept 8 Primer día de clases para estudiantes
Sept. 25 Informes de progreso HS
Oct. 9 Informes de progreso para ES y MS
Oct. 16 Informes de progreso HS

Nov 3 No hay clases - Día de las elecciones
Nov 10 Último día del 1er trimestre
Nov 10 Salida temprana para estudiantes
Nov 11 No hay clases - Día de los Veteranos
November 20 LAS BOLETAS DE CALIFICACIONES
Nov 25 No hay clases - día de recuperación por clima
Nov 25 - 27 No hay clases-vacaciones de Acción de Gracias
Nov 30 Los estudiantes regresan a la escuela

Dic. 18 Informes de progreso para ES y MS
Dic 22 Salida temprana para estudiantes
Dic 23 No hay clases - día de recuperación por clima
Dic 23 - Jan 3 No hay classe-vacaciones de invierno
Ene 4 Alumnos regresan a clases de las vacaciones de invierno
Ene. 6 Informes de progreso HS
Ene 18 No hay clases-Dr. Martin L. King, Jr. Day
Feb 1-2 Mar Registro de prekindergarten y kindergarten
Feb 3-4 Selecciones de elección de escuela
Ene.29 Último día del 2do trimestre / 1er semestre
Feb 1 No hay clases-Desarrollo del personal
Feb 2 1er día del 2do trimestre
Feb. 12 LAS BOLETAS DE CALIFICACIONES
Feb 15 No hay clases - President's Day
Feb. 23 Informes de progreso HS
Mar Exámenes de prekindergarten / Child Find
Mar. 8 Informes de progreso para ES y MS
Mar 15 Informes de progreso HS
Abr 2 No hay clases - Viernes Santo
Abr 7 Último día del 3er trimestre
Abr 9 Salida temprana para estudiantes

Abr 12-16 No hay clases - Vacaciones de primavera
Abr 19 Los estudiantes regresan a la escuela
Abr 23 LAS BOLETAS DE CALIFICACIONES
May 4 Informes de progreso HS
May 18 Informes de progreso para ES y MS
May 25 Informes de progreso HS
May 31 No hay clases - Memorial Day
Jun 17 Último día del 4to trimestre y estudiantes
Jun 18 No hay clases - día de recuperación del clima, *
Se usará como un día de desarrollo del personal si no se usa para compensar el clima
Jun 21 - 23 No hay clases - Desarrollo del personal
Jun 24 - No hay clases - desarrollo tentativo del personal si el 18 de junio se usa como día de recuperación por clima
Jun. 29 LAS BOLETAS DE CALIFICACIONES
Fechas de graduación para escuelas secundarias
Junio 16 Beaufort High School
Junio 17 May River High School
Junio 18 AM Whale Branch Early College High School
Junio 18 PM Hilton Head Island High School
Junio 21 AM Bluffton High School
Junio 21 PM Battery Creek High School

*Graduación de verano - Agosto en BCHS
<table>
<thead>
<tr>
<th>Type of Absence</th>
<th>Lawful/Excused Absences</th>
<th>Unlawful/Unexcused Absences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Seat Time Need to be Made Up?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Can Academic Work be Made Up?</td>
<td>No (depend on teacher approval)</td>
<td>No</td>
</tr>
<tr>
<td>Time from accumualted tardies reduces the instructional hours credited by attendance. Each tardy reduces seat-time by 15 minutes.</td>
<td>Time from accumualted tardies reduces the instructional hours credited by attendance. Each tardy reduces seat-time by 15 minutes.</td>
<td>Time from accumualted tardies reduces the instructional hours credited by attendance. Each tardy reduces seat-time by 15 minutes.</td>
</tr>
</tbody>
</table>

- If a student misses 50% or more of a class, they will receive an absence.
- 40 full classes for quarter-long (1/2 credit) classes.
- Students must attend a minimum of 80 full classes to meet seat time requirement.
- Classes at Hilton Head Island High are 90 minutes long.
- Students should refer to the BSDS calendar to determine the total number of days in each semester.
- The number of school days in each semester varies.

One hundred twenty (120) instructional hours of class attendance is needed to be awarded a high school credit.

Attendance Appeal: Seven Schmidt, Principal
Attendance / Seat Time Overview
2020/21 Hilton Head Island High School

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**Attendance Codes**
- PR - Principal Approved
- OSS - Out of School Suspension
- MED - Medical
- LEC - Legal Proceedings
- EX - Parent Note (Excused)
- DSM - Early Dismissal
- COL - College Visit
- BRY - Bereavement

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*Revert to except 12.25.13 for the above codes.*

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Seattime for excersive absences and/or tardies can be recovered through Saturday/Sunday or after-school programs offered at HHHS. Any student who has not met the seat time requirement for any class(es) will receive a Failing for Absences (F) in lieu of a passing grade.

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UNEX - Unexcused Absences
Pn - Parent Note Absences
ONST - On Site Services (Testing)
FT - Field Trip (School Sponsored)
or in an approved seat-time recovery program at HHIS.
Seat time can only be made up before/after school (with the class teacher, if the teacher's schedule allows)

This will include quizzes, tests, writing assignments, etc.

For excused (lawful) absences, students will be granted the opportunity to make-up any missed assignments and/or work due to the absences.

All make-up time and class work must be completed by the last day of school for the Spring semester.
All make-up time and class work must be completed within 30 days from the last day of the course for the Fall semester.

Examples of make-up work that address both time and academic requirements of a course may include the following:

- EDGenuity with approval of the principal
- After-school and/or before school

In order to receive one Carnegie unit of credit, a student must be in attendance at least 720 hours per unit; regardless of the number of days missed. Therefore, districts should allow students whose excusable absences are approved to make up work missed to satisfy the 720-hour requirement.

Under the following circumstances:
- Prearranged absences for other reasons and/or extreme hardships at the discretion of the principal.
- There is a recognized religious holiday of their faith.
- There is a death of a serious illness in their immediate family.
- They are ill and their attendance in school would endanger their health or the health of others.

Any student who misses school must present a written excuse within 3 days of returning to school, signed by his/her parent/legal guardian. The

BCSD Student Code of Conduct
Daily Schedules for synchronous learning opportunity (virtual and brick and mortar):

**Virtual:**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45– 9:45am</td>
<td>1st Block</td>
</tr>
<tr>
<td>9:45-10:15am</td>
<td>1st Block Intervention</td>
</tr>
<tr>
<td>10:25– 11:25am</td>
<td>2nd Block</td>
</tr>
<tr>
<td>11:25– 11:55am</td>
<td>2nd block Intervention</td>
</tr>
<tr>
<td>12:05-12:35pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:35-1:35pm</td>
<td>3rd block</td>
</tr>
<tr>
<td>1:35-2:05pm</td>
<td>3rd Block Intervention</td>
</tr>
<tr>
<td>2:15-3:15pm</td>
<td>4th Block</td>
</tr>
<tr>
<td>3:15-3:30pm</td>
<td>4th Block Intervention</td>
</tr>
</tbody>
</table>

*Note: Each block has “intervention” time, where teachers end formal class, but extend the time with smaller groups (ESOL, SPED, those needing extra assistance or supervised individual practice).*

**Brick and Mortar:**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45– 10:15am</td>
<td>1st Block</td>
</tr>
<tr>
<td>10:25– 11:55am</td>
<td>2nd Block</td>
</tr>
<tr>
<td>12:05-2:05pm</td>
<td>3rd Block (lunch time built in)</td>
</tr>
<tr>
<td>2:15-3:45</td>
<td>4th block</td>
</tr>
</tbody>
</table>

*Note: the 10 minute time between blocks allows for a staggered release of students to hallways. Schools may modify this time frame based on safety and numbers (not to exceed 10 minutes between and not to overlap start times for virtual classes).*
School Counselors

Student last name begins with

Ms. Ditroia A-E
Lisa.Ditroia@beaufort.k12.sc.us 843-689-4830

Ms. Videla F-K
Tammy.Videla@beaufort.k12.sc.us 843-689-4916

Ms. Diamond L-Q
January.Diamond@beaufort.k12.sc.us 843-689-4934

Ms. Dopson R-Z
Cheryl.Dopson@beaufort.k12.sc.us 843-689-4918

Ms. Benton Admin Assistant
Katie.Benton@beaufort.k12.sc.us 843-689-4922
HHIHS Leadership

Mr. Schidrich  
Steven.Schidrich@beaufort.k12.sc.us  843-689-4858

Mr. Lorenz  
Michael.Lorenz@beaufort.k12.sc.us  843-689-4802

Mr. Aites  
Klintan.Aites@beaufort.k12.sc.us  843-689-4804

Ms. Karszes  
Kristen.Karszes@beaufort.k12.sc.us  843-689-4801

Mr. Holland  
Frank.Holland@beaufort.k12.sc.us  843-689-4917

Mr. Monmonier  
Joseph.Monmonier@beaufort.k12.sc.us  843-689-4806
Pre-pay for School Meals at www.paypams.com or using the PayPAMS Mobile App

Money goes directly into your child’s account.
No more lost money!

CURRENT USERS
Tips for the beginning of the school year:

1. Login to the site at least one week before the beginning of the school year. Check that your credit/debit card on file has not expired, your email address is updated, and that your automatic payment plan’s stop date has not expired.

2. Forgot Password: If you previously registered with PayPAMS but forgot your password, go to PayPAMS.com, click ‘Login’ then click on the ‘Forgot Password’ link. If you were unable to retrieve your password through the ‘Forgot Password’ link, contact customer support from the ‘Contact Us’ page. Do not register again. Note: passwords are case sensitive.

3. Balance Transfer from Year to Year: Any remaining student meal account balance will automatically transfer to the next school year. Important note: If your child moved from one school to another within the same school district, it may take a day or two from the beginning of the school year to transfer the remaining balance from the old school to the new school. During that time period, the balance on PayPAMS may show as $0.00. If you are not sure if your child’s account had a remaining balance from the previous school year, we recommend you make a payment.

4. Refunds: PayPAMS processes refunds only for the exact payment amount. If the student has already used some of the money, or has graduated, please contact the school district.

5. Moved to a different school district: If you moved to a different school district, you can keep the same username and password information. Login to your account, go to ‘Contact Us’ and select subject ‘Moved from District’. Do not register again. Note: PayPAMS cannot transfer money from one school district to another. Contact your previous school district for refunds.

NEW USERS
Sign Up Now:

1. Go to PayPAMS.com and click on the ‘Sign Up Now!’ button on the home page.

2. Select your state, then select your school district.

3. Create a username and password and enter your contact information.

4. Add children to your account.

5. Make payments or set up automatic payments based on low balance.

HELPFUL TIPS
When Registering:

1. Username: Create a unique username. If the system indicates that the username is taken, select a different username.

2. Duplicate Accounts: If the system indicates that an account already exists with the same phone number or email address, contact customer support from the ‘Contact Us’ page.

3. Meal Account Balance and Cafeteria Purchases: It takes 1-2 school days before balances and cafeteria purchases information for new registrants can be displayed. However, you can make payments immediately upon registration. If you cannot view balances two days after you added the student to the account, contact customer support from the ‘Contact Us’ page.
**PAYMENTS**

1. **Posting Payments**: It takes one to two school days for a payment to replenish your child's account at the school cafeteria. Your balance on PayPAMS website will reflect your recent payment only after the school cafeteria confirms receipt of payment.

2. **Payment Confirmation**: When a payment is processed, a confirmation number will be displayed and an email will be sent verifying that the payment was processed. If a confirmation number is not displayed, the payment was not processed.

3. **Declined Payments**: If your payment is declined, verify that all billing information is correct. If all information is correct and payment is still declined, contact the issuing credit card company for further information. Reasons a card can be declined: insufficient credit/funds in account, incorrect billing information entered, closed credit card account, or credit card expiration date.

4. **Payments for the same student from two separate accounts**: To prevent duplicate accounts, PayPAMS allows associating a student to only one account. If both parents/guardians cannot share the same username and password, contact customer support from the ‘Contact Us’ page.

5. **Convenience Fees**: Depending upon the school district, a nominal convenience fee may be charged to cover the cost of processing payments and maintaining the website. To check if your school district charges a convenience fee, please click ‘Sign Up Now!’ on the PayPAMS homepage, then select your state and school district.

6. **Credit Card Types**: PayPAMS accepts both credit and debit cards. When registering, please check which cards your district accepts.

7. **Credit Card / Bank Statement**: PayPAMS payments will show up on your credit card/bank statement as payments to ‘PayPAMS.com’, or ‘PAMS<your school district>CO’.

8. **Payments at the School Cafeteria**: For questions regarding cash or check payments submitted directly at the school cafeteria, please contact the school cafeteria directly. Do not contact PayPAMS.

**NEED ASSISTANCE?**

Please visit PayPAMS.com and click ‘Help’ to navigate to PayPAMS Help Center!

**LOW BALANCE EMAIL NOTIFICATIONS**

1. **Email Notifications**: To make sure emails from PayPAMS are not blocked, add customerservice@paypams.com to your address book and safe list.

2. **Change of Email address**: If you change your email address be sure to update your user profile on PayPAMS.

**LOW BALANCE AUTOMATIC PAYMENTS**

1. **Low Balance Automatic Payments Trigger**: PayPAMS recommends triggering automatic payments when the student meal account balance falls below $12.00. Having a lower ‘minimum balance’ when setting up Automatic Payments may not allow enough time to replenish your child’s account.

2. **Automatic Payment Confirmation**: If you sign up for Automatic Payments, you will receive an email confirmation of the payment, including current balance.

3. **Declined Automatic Payment**: Your automatic payment will not be processed if the card was updated, declined, expired, or if the ‘Stop Date’ that was set initially has passed.

**CAFETERIA PURCHASES**

While PAMS displays cafeteria purchases, we do not regulate what the children are purchasing or eating. For questions regarding purchases at the cafeteria, contact the school cafeteria directly. Student Activity is only displayed from the day the student was added to PAMS. Data is available for 90 days.

**KEEP THIS FOR REFERENCE:**

USERNAME ___________________________

PASSWORD ___________________________
Pre-pago de Comidas Escolares en PayPAMS!
Conozca PayPAMS: Sistema de Manejo de Cuentas para Padres de Familia www.paypams.com

Money goes directly into your child's account. No more lost money!

**RECOMENDACIONES Cuando se Registre**

1. **ID de Estudiante/ID de Cuenta de Comida**: Antes de iniciar el proceso de registro tenga el ID del estudiante o de la Cuenta de Comida a su alcance. Si no cuenta con esta información pregunta al niño o llame a la escuela.

2. **Usuario**: Cree un usuario **único**. Si el sistema indica que el usuario ya está ocupado, seleccione un usuario diferente.

3. **Regístrese a través del Sistema de Teléfono PAMS**: Si usted se registró previamente a través del sistema telefónico PAMS y quiere accesar su cuenta por el Internet, **no cree otra cuenta**. Ingrese a PayPAMS.com usando su **número de teléfono** como el **usuario**. Su contraseña será la misma que fue creada por teléfono.

4. **Cuentas Duplicadas**: Si el sistema indica que una cuenta ya existe con el mismo número de teléfono o correo electrónico envíe un correo electrónico a support@PayPAMS.com

5. **Contraseña Olvidada**: Si usted se registró previamente con PAMS pero olvidó su contraseña, haga clic en el link de **Forgot Password?** en la página de inicio de PayPAMS.com. Si el link no funciona envíe un correo electrónico a support@PayPAMS.com. **No se registre nuevamente.**

6. **Saldo en Cuenta de Comida**: Toma de 1-2 días escolares antes que los saldos de nuevos registrantes puedan ser accesibles. Sin embargo, puede hacer pagos inmediatamente después de registrarse.

7. **Se cambio a otro distrito escolar**: Si usted ha cambiado de distrito escolar, envíe un correo electrónico a support@PayPAMS.com para establecer su nueva cuenta. **No se registre nuevamente.**

**COMO REGISTRARSE**

1. En PayPAMS.com haga clic en el botón de **¡Inscríbete Ahora!** en la Pagina de Inicio
2. Seleccione su estado y distrito escolar
3. Cree un Usuario y contraseña e introduzca su información de contacto
4. Añada niños a su cuenta

**Mantenga una copia para su referencia**

User Name (Nombre de usuario)

Password (Contraseña)
1. **Confirmación de pago:** Cuando un pago es procesado, un número de confirmación será creado y un correo electrónico le será enviado verificando que el pago ha sido procesado. Si el número de confirmación no se fue creado, entonces el pago no fue aceptado.

2. **Pagos Pendientes:** Toma de uno a dos días para que un pago sea incluido en su cuenta de estudiante de la cafetería escolar. Su saldo en el sitio Web de PayPAMS reflejará su pago más reciente cuando la cafetería confirme recibo de pago.

3. **Pagos Declinados:** Si su pago es denegado, verifique que toda la información de facturación es correcta. Si la información está correcta y el pago aún es rechazado contácte a la compañía emisora de su tarjeta de crédito para más información.

4. **Pagos automáticos y activación de notificaciones por correo electrónico:** PayPAMS le recomienda activar pagos automáticos y notificaciones cuando la cuenta del estudiante llega a $12.00. Si no activa notificaciones o pagos automáticos cuando el saldo del estudiante es muy bajo el próximo pago puede que no llegue a tiempo a la cuenta del estudiante.

5. **Pagos Automáticos:** Si se suscribe a pagos automáticos recibirá un correo electrónico de confirmación de pago incluyendo saldo actual.

6. **Notificaciones electrónicas:** Asegúrese que su cuenta de correo no bloquee mensajes de customerservice@paypams.com.

7. **Tipos de Tarjeta de Crédito:** PAMS solo acepta tarjetas Visa, MasterCard y Discover. También aceptamos tarjetas de débito con el logo de Visa o MasterCard.

8. **Tarjeta de Crédito/Estado de Banco:** Pagos de Tarjeta de Crédito son procesados por “Elavon”. Los pagos PAMS son descritos en su estado de cuenta de Tarjeta de Crédito o del Banco como pagos de “PayPAMS.com”, “Elavon”, o “PAMS<su distrito escolar> CO”.

9. **Información de Tarjeta de Crédito:** PAMS nunca pedirá información de tarjeta de crédito por correo electrónico. **No responda si recibe tal mensaje.**

10. **Transferencia de Dinero de un Año a Otro:** Saldo restante de la cuenta del estudiante será automáticamente transferido al siguiente año escolar.

11. **Reembolsos:** PAMS procesa reembolsos solo por la cantidad exacta de pago. Si el estudiante utilizó algo del dinero favor de contacte al distrito escolar.

12. **Pagos en la Cafetería de la Escuela:** Para preguntas relacionadas con pagos por cheque o en efectivo hechos directamente en la cafetería de la escuela, favor de contactar a la cafetería de la escuela.

13. **Navegador de Internet:** PAMS se integra fácilmente con los navegadores de Internet estándar, incluyendo Microsoft Internet Explorer, Mozilla Firefox y Netscape. Para computadoras MAC recomendamos usar el navegador Safari.

14. **Servicios Gratis:** No existen costos por chequear saldos de cuentas o por registrarse para recibir notificaciones por correo electrónico.

15. **Cuota de Servicio:** Una cuota nominal por servicio, si va a ser cobrada, será desplegada antes de procesar el pago. Para chequear si hay una cuota por servicio, haga clic en “¡Inscríbete Ahora!” en la página de inicio de PAMS, después seleccione su estado y distrito escolar.

---

**¿Más Preguntas?**

**Haga clic en ‘Help’ en la página inicial de PayPAMS.com**
Prescription Medication
Permission for School Administration

This form must be completed annually by the child’s prescriber and parent/legal guardian.

Please note the following:
1. Medication must be brought to the school nurse by a responsible adult. (Do not send with a child.)
2. Medication should be administered by a parent/guardian before or after school hours, when possible.
3. All prescribed medications must be provided to the school in a current, original labeled container issued by the pharmacist who filled the prescription and accompanied by this form.
4. Starting doses of a medication that a child has never taken before should not be given first at school.
5. BCSD may reject requests for certain medications to be given at school.
6. This form will apply if the child transfers to another school within BCSD.

<table>
<thead>
<tr>
<th>Child’s Full Name:</th>
<th>Date of Birth:</th>
<th>Gender: □ Male □ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>Homeroom Teacher:</td>
<td>Name of School:</td>
</tr>
</tbody>
</table>

**Section below must be completed by the Child’s Health Care Provider:**

<table>
<thead>
<tr>
<th>Name of Prescribed Medication:</th>
<th>Purpose for Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed Dose:</td>
<td>Prescribed Route:</td>
</tr>
<tr>
<td>Controlled Substance: □ No □ Yes</td>
<td>Special Storage Required: □ No □ Yes</td>
</tr>
</tbody>
</table>

**Time of day Medication is to be given at school:**
(Please specify preferred time. “Lunch” times vary from 10:30am-1:30pm)

| Number of days medication will be given at school: |
| □ until the end of the current school year |
| □ _____ day(s) □ _____ week(s) |

List possible side effects from this medication:

Does this child have any known allergies? □ No □ Yes (If yes, list all known allergies and reactions)

**Child’s Health Care Provider’s Name and Office Address (print or stamp):**

<table>
<thead>
<tr>
<th>Office Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Care Provider’s Signature</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Section below must be completed by the Parent/Legal Guardian:**

I agree with all of the following:
- I give permission for my child to be given the above medication as prescribed while at school.
- I give permission for the BCSD school nurse or designated BCSD employee to contact the prescriber, the pharmacist who filled the prescription, or their designee to discuss this medication and my child’s health.
- I give permission for the health care provider, pharmacist, and/or their designee to provide information about this medication and my child’s health to the BCSD school nurse or administrator.
- I further give permission for information about my child to be shared with persons who legitimately need to know for the safety and well-being of my child.
- I agree to follow the BCSD rules concerning medications.
- I agree that the medication will be given per BCSD policy.
- I agree I am responsible for providing school with the medication for my child and any supplies needed.
- I agree that I am responsible for notifying the school if my child’s medication(s) change in any way.

<table>
<thead>
<tr>
<th>Parent/Guardian’s Name (Print)</th>
<th>Parent/Guardian’s Signature</th>
<th>Date</th>
<th>Daytime Phone</th>
</tr>
</thead>
</table>

Revised 4/19
Prescripción Médica
Permiso para la Administración de la Escuela

Este documento debe ser completado por el médico y el padre/tutor legal.

Tenga en cuenta lo siguiente:
1. El medicamento debe ser llevada a la enfermera de la escuela por un adulto responsable. (No enviar con un niño.)
2. El medicamento debe ser administrado por un padre/tutor antes o después del horario escolar, cuando sea posible.
3. Todos los medicamentos recetados deben proporcionarse a la escuela en un contenedor original, con etiqueta original, emitido por el farmacéutico que surtió la receta y acompañado por este formulario.
4. Las dosis iniciales de un medicamento que un niño nunca ha tomado antes no deben administrarse primario en la escuela.
5. El BCSD puede rechazar las solicitudes de ciertos medicamentos que se administrarán en la escuela.
6. Este formulario se aplicará si el niño se transfiere a otra escuela dentro de BCSD.

<table>
<thead>
<tr>
<th>Nombre completo del niño:</th>
<th>Fecha de Nacimiento:</th>
<th>Genero:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Hombre □ Mujer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grado:</th>
<th>Profesor de aula:</th>
<th>Nombre de la escuela:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section below must be completed by the Child’s Health Care Provider:

Name of Prescribed Medication:  
Purpose for Medication:  
Prescribed Dose:  
Prescribed Route:  
Controlled Substance:  
□ No  □ Yes  
Special Storage Required:  
□ No  □ Yes  

Time of day Medication is to be given at school:  
(Please specify preferred time. “Lunch” times vary from 11:30am-1:30pm)  
Number of days medication will be given at school:  
□ until the end of the current school year  
□ ______ day(s)  □ ______ week(s)  

List possible side effects from this medication:  

Does this child have any known allergies?  
□ No  □ Yes (If yes, list all known allergies and reactions)  

Child’s Health Care Provider’s Name and Office Address (print or stamp):  
Office Phone:  
Office Fax:  

Health Care Provider’s Signature  
Date  

La Sección a continuación debe ser completada por el padre/tutor legal:

Estoy de acuerdo con todo lo siguiente:  
• Doy permiso para que mi hijo reciba el medicamento según la receta cuando en la escuela.  
• Doy permiso para que la enfermera de la escuela de BCSD o el empleado designado de BCSD se comunique con el recetador, con el farmacéutico que surtió la receta o con su representante para hablar sobre este medicamento y la salud de mi hijo.  
• Doy permiso para que el proveedor de atención médica, el farmacéutico y su persona designada proporcionen información sobre este medicamento y la salud de mi hijo a la enfermera o el administrador de la escuela del BCSD.  
• Además, doy mi permiso para que la información sobre mi hijo se comparta con personas que legítimamente necesitan saber sobre la seguridad y el bienestar de mi hijo.  
• Acepto seguir las reglas del BCSD con respecto a los medicamentos.  
• Estoy de acuerdo en que el medicamento se administrará según la política del BCSD.  
• Estoy de acuerdo en que soy responsable de proporcionar a la escuela los medicamentos y todos los utiles necesarios para mi hijo.  
• Acepto que soy responsable de notificar a la escuela si los medicamentos de mi hijo cambian de alguna manera.  

<table>
<thead>
<tr>
<th>Nombre del padre/tutor</th>
<th>Firma del padre/tutor</th>
<th>Fecha</th>
<th>Teléfono durante el día</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BEAUFTON COUNTY SCHOOLS
DRUG TESTING CONSENT FORM

I desire that ____________________________ (student) be able to participate in some or all of the following voluntary activities or privileges offered by the Beaufort County Schools: interscholastic athletics, other voluntary extracurricular activities, and campus parking privileges.

I hereby agree that:

· I have read and understand the Beaufort County School District administrative regulation governing random student drug testing. I have read and understand the regulation.

· ____________________________ (student) shall be enrolled in the Beaufort County Schools random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during this school year while enrolled in the Beaufort County Schools.

· Drug tests of students under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.

· Drug test results may be released to the student, the parent/guardian, the contracted Test Administrator for Beaufort County Schools, the Medical Review Officer, the Superintendent’s designee and the student’s school Principal.

Dated: ____________________________, 20_______.

Name of Student ____________________________ Name of Parent/Guardian ____________________________

Signature of Student ____________________________ Signature of Parent/Guardian ____________________________
ESCUELAS DEL DISTRITO ESCOLAR DE BEAUFORT
FORMA DE CONSENTIMIENTO PARA PRUEBA DE DROGAS

Deseo que __________________________ (estudiante) pueda participar en algunas o todas de las siguientes actividades voluntarias o privilegios ofrecidos por las Escuelas del Distrito Escolar de Beaufort: atletismo inter-escolar, otras actividades extracurriculares voluntarias y privilegio de estacionamiento.

Por la presente acepto que:

☐ He leído y entiendo el reglamento administrativo del Distrito Escolar del Condado de Beaufort que rige las pruebas de drogas al azar para estudiantes. He leído y entendido el reglamento.

☐ ____________________________ (estudiante) debe estar matriculado en el programa de pruebas al azar de las Escuelas del Condado de Beaufort empezando este año escolar y podrá ser sometido a la prueba de droga al azar en cualquier momento en el año escolar mientras este matriculado en las Escuelas del Condado de Beaufort conforme al reglamento.

☐ Las pruebas de drogas de los estudiantes bajo el reglamento de pruebas de drogas al azar son completamente voluntarias y un estudiante nunca está obligado a someterse a una prueba de drogas. Sin embargo, rehusarse a tomar una prueba de drogas dará lugar a las mismas consecuencias que una prueba de drogas positivo.

☐ Los resultados de la prueba pueden ser revelados al estudiante, el padre/tutor, el Administrador de Prueba para las Escuelas del Distrito de Beaufort, el Oficial de Revisión Medica, el designado del Superintendente y el Principal de la escuela.

Fecha: ____________________________, 20__________

Nombre del Estudiante ____________________________  Nombre del Padre/Tutor ____________________________

Firma del Estudiante ____________________________  Firma del Padre/Tutor ____________________________
Free and Reduced Meal Applications

We are asking that you complete the meal application process on-line at the web-site listed below prior to the beginning of school. This is a very easy process and the system will guide you through the application process. Upon completion, please save your submission number for easy reference should any issues need to be addressed. For those households without computer access, a paper application and instructions will be sent home with your student on the first day of school but please fill out only one application per household (online or paper). Please include all household members to assure proper benefit issuance.

- Please remember to sign the application and include the last 4 digits of the parent’s social security number or check the box that you do not have a social security number.
- Parents will be notified of their application status by the School Messenger Service and by US Mail (Paper Applications) or by email (Online Applications).
- If a student received free or reduced meal benefits last year and they were enrolled and active on the last day of school, they will continue to receive benefits until September 28, 2020 or until a new application is processed.
- If an application is not approved prior to 9/29/2020, the student will begin paying full price for meals and any negative balance accumulated will be due.
- If a student is new to Beaufort County School District, they will be considered a Paid student until a free and reduced meal application is approved. Per the USDA, a student is considered a paid student until an application is processed.
- If you know a child is Free or Reduced and siblings are listed as different categories of eligibility, please contact Dan Kolat at (843) 322-0806 or daniel.kolat@beaufort.k12.sc.us.

Apply NOW

Fill out your Free and Reduced Meal Application Online!
- Quick and easy step by step application
- Worry free - your information is safe and secure

www.paypams.com/onlineapp
DRESS CODE

Statement of Policy
This is the policy of the Beaufort County School District to regulate reasonable attire of students during the school day. Students in all schools need to wear an approved school uniform with only legally-mandated exceptions. To maintain an educational environment that is safe and productive to the educational process, students in all grades will abstain from wearing or possessing specified items during the school day.

Purpose
The Beaufort County School District has determined that reasonable regulation of school attire can further important educational interests, including the following:
- Reducing distraction and loss of self-esteem caused by teasing or competition over clothing.
- Minimizing disruption from wearing inappropriate clothing or possessing inappropriate items at school.
- Providing an environment where students can focus more on learning. Enhancing school safety by making it harder to conceal weapons or contraband.
- Enhancing school safety by helping teachers and administrators identify individuals that are not enrolled in the school when they encounter them on school grounds.
- Enhancing school safety by prohibiting gang colors and paraphernalia.
- Reducing the cost of school clothing.
- Providing an educational environment where financial disparities between students, as reflected in clothing, are minimized.
- Creating a greater sense of community and school pride among the students.
- Instilling discipline in students.
- Helping students and parents/legal guardians to avoid peer pressure.
- Helping prepare students for future roles in the workplace.
- Creating an atmosphere reflecting seriousness of purpose about education.

Dress Code Requirements

Shirts, sweaters and sweatshirts (tops)
- Students must wear unaltered shirts with a collar that are either solid white, black, gray, blue, or pink. Mock turtlenecks and turtlenecks are acceptable.
- Shirts may have a school spirit logo or a logo small enough that it could be covered by a student ID.
- Shirts must be of adequate length and material composition so that no midriff or undergarments can be seen regardless of movement.
- Students may wear solid, sweaters or sweatshirts over school uniforms. The sweaters or sweatshirts may be solid white, blue, black, pink, and gray.
- Clothing items that zip from top to bottom are not permitted as they are considered outerwear.
- In order to promote school spirit, students are permitted to wear any unaltered HHIHS Seahawk t-shirt or sweatshirt. HHIHS full-zip jackets are not permitted.
- This year, hoodies are permitted on a probational basis. Students are not to wear their hoods inside. If this becomes a recurring issue, then hoodies will no longer be permitted as determined by administration.

Slacks, skirts, shorts, jumpers, Capri length pants and shorts (bottoms)
- Bottoms may be solid khaki, black or navy. Skirts may be designated plaid. Denim or jeans of any color are not permitted except on school-approved days or events.
- Bottoms must be free of graphics and embroidery. With the exception of small labels, bottoms may not have insignias, words, holes or pictures.
- Shorts, skirts, shorts and jumpers will be modest and of sufficient length, no shorter than three (3) inches above the top of the knee when standing.
- Cargo-style pants or shorts are not permitted.
- Clothing may not exceed one size larger or smaller than necessary as determined by an administrator. “Low rise” clothing is not permitted. Pants, shorts and skirts must be worn at the natural waistline.
- Belts are optional; if worn, the buckles must not be over-sized, computerized or have any writing that is considered offensive.
"Jeggings", yoga pants, spandex, fishnet stockings, leggings, tights, sweatpants, joggers, mesh/gym shorts, and wind pants are not permitted even if they have belt loops or pockets.

Tights may only be worn if they are under appropriate length short, skirts or other approved bottoms.

**Coats and jackets (outerwear)**

- Outerwear may not be worn inside the school building during the school day.
- No full-zip shirts, sweaters, jackets or coats may be worn during the school day.
- Outerwear may be worn to school and placed in the student’s locker/bag upon arrival. Students are expected to be in dress code while in the school building.
- Blankets, Snuggies, and pillows are not permitted.

**Shoes, sneakers and boots (footwear)**

- Footwear must be worn at all times. Shoes will conform to special requirements, e.g. PE classes, ROTC, science labs, etc.
- Laces on shoes or sneakers must be tied.
- Crocs, Heelies, moccasins, and slippers are not permitted.
- No open-toed shoes or sandals may be worn unless they have a heal strap.

**Other clothing items or accessories**

- Any adornment that could be perceived as, or used as a weapon such as chains, spikes, large pendants/medallions, etc., are not permitted.
- Gang-related clothing, accessories, symbols or intimidating items of dress, as identified by local law enforcement agencies, are not permitted.
- Head coverings of any kind including, but not limited to, hats, caps, bandanas, curlers, masks, visors, kerchiefs, athletic sweatbands, earmuffs, sunglasses or hoods are not permitted. Head coverings will not be worn, carried, hung on belts or around the neck or kept in classrooms during regular school hours.

Students are expected to be dressed according to the uniform standards when school is in session. If you have questions on an item for dress code, please bring in the item prior to wearing and have it checked by administration.
Principal’s E-Mail List

As principal of Hilton Head Island High School, I like to send correspondence home periodically. I also send my notes and letters via e-mail. If you would like to receive communication from me electronically, please send an e-mail to the following address and put the following in the subject line:

Subject: Parent E-Mail List

steven.schidrich@beaufort.k12.sc.us

Thanks!

Steve Schidrich
Principal

Listado de Correo Electronico de la Directora

Como la Directora de la Escuela Secundaria de Hilton Head Island High School, me gusta enviar correspondencia, a los hogares, periodicamente. También envío mis notas y cartas através del correo electrónico. Si a usted le gustaría recibir mis comunicaciones electronicamente, por favor envie una correo electrónico a la siguiente direccion:

steven.schidrich@beaufort.k12.sc.us

En la linea de Tema (Subject) por favor escriba

Lista Electronica de Padres

Gracias!

Steve Schidrich, Directora
HHI Seahawks PTSO
2020-2021 Officers

Executive Board
Presidents          Audrey Clayton
Vice Presidents     Harriet Pollitzer
                   Lauren Brooks
Treasurer           Charlotte Sanford
Secretary           Annemarie Barger

Committee Chairs
Hospitality         Stephanie Tebrake
                   Maureen Hawkins
                   Shelby Basciano
Seahawk Support Circle
                   Audrey Clayton
                   Mary Rion Spangler
                   Tricia Lynch
                   Tina Rohr
                   Stephanie Tebrake
PTSO Store           Charlotte Sanford
                   Kelly Schlesener

CONTACT: HHIHSPTSO@gmail.com
Beaufort County School District
Proof of Residency for the 2020 - 2021 School Year

Beaufort County School District (BCSD) requires proof of residency of all students every school year. Proof of residency must be provided for a student’s enrollment to be complete. The intent of this process is to verify that students attend the school based on where they reside. You must provide documentation showing that you live at the address in accordance with Federal, State, and District guidelines. If your address changes, you must notify the school within 30 calendar days.

Student’s Name: ___________________________  School: ___________________________  DOB: ___/___/_____

I, ___________________________, am the parent/legal guardian of the students listed above.

(Parent/Guardian Name)

The student listed above resides with me at ___________________________.

(Street, City & Zip)

Length of time at the address listed ___________________________.

(Years and months)

BCSD does not discriminate in admission to school on the basis of race, color, national origin, religion, sex, disability, immigrant status, English-speaking status, or any other characteristic protected by applicable federal and state law.

BCSD will admit all children who live in the District, provided that the child lives with his/her parent, legal guardian, or foster parent.

A residence is that place where one has established his/her home and where one is habitually present, and to which, when one departs, he/she intends to return. Merely superficial residence in the BCSD, obtained for the sole or primary purpose of taking advantage of BCSD facilities, will not entitle the child in question to school attendance privileges.

You must provide documentation for both sections 1 and 2 as well as complete section 3

<table>
<thead>
<tr>
<th>Section 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must provide one (1) of the following documents. The document must show and match the parent/guardian and address listed above. If you are unable to provide one of the following documents, request the Alternate Proof of Residency Application.</td>
</tr>
<tr>
<td>Document</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Real Estate Tax Bill</td>
</tr>
<tr>
<td>Signed Lease</td>
</tr>
<tr>
<td>Military Housing Letter</td>
</tr>
<tr>
<td>Section 8 Letter</td>
</tr>
</tbody>
</table>

Please check and attach copies of the documents above. You should black out account and social security numbers on the documents. **All documents must be current and show the name and address of the parent(s)/guardian(s).** Envelopes will not be accepted.

Notice: Parent/Guardians will be given 30 days to provide documentation of residency from the date of enrollment. A home visit may be conducted by the school’s social worker or other school official if documentation is not provided within 30 days.

If it is found that a parent/guardian is knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district, the adult can be prosecuted for providing false information, a misdemeanor with a penalty of up to $200 or imprisonment for not more than 30 days and required to pay an amount equal to the cost of educating the child.
Section 2

You must provide one (1) of the following documents. The document must show and match the parent/guardian and address listed above. If you are unable to provide one of the following documents, request the Alternate Proof of Residency Application.

<table>
<thead>
<tr>
<th>Document</th>
<th>Details/Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utility Bill</td>
<td>Gas, Electric, Water/Sewer (Within last 60 days)</td>
</tr>
<tr>
<td>Phone Bill (Landline only)</td>
<td>Within last 60 days (Cell phone bills will not be accepted)</td>
</tr>
<tr>
<td>Cable Bill</td>
<td>Within last 60 days</td>
</tr>
<tr>
<td>Current Car Insurance declaration page</td>
<td>Must be an active policy</td>
</tr>
<tr>
<td>Current Home or Renters insurance declaration page</td>
<td>Must be an active policy</td>
</tr>
<tr>
<td>Vehicle Registration</td>
<td>Must be for current period</td>
</tr>
</tbody>
</table>

Please check and attach copies of the documents above. You should black out account and social security numbers on the documents. All documents must be current and show the name and address of the parent(s)/guardian(s). Envelopes will not be accepted.

Notice: Parent/Guardians will be given 30 days to provide documentation of residency from the date of enrollment. A home visit may be conducted by the school's social worker or other school official if documentation is not provided within 30 days.

If it is found that a parent/guardian is knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district, the adult can be prosecuted for providing false information, a misdemeanor with a penalty of up to $200 or imprisonment for not more than 30 days and required to pay an amount equal to the cost of educating the child.

Section 3

Affirmation and Warning

Please read the following statements and initial each.

I understand that if I change my residence that I must inform the school within 30 calendar days.

I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district, the adult can be prosecuted for providing false information, a misdemeanor with a penalty of up to $200 or imprisonment for not more than 30 days and required to pay an amount equal to the cost of educating the child.

I understand that I will be liable for payment of tuition, fees and all other applicable fines if I knowingly enroll or attempt to enroll a child in the school of a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident has a lawful right to attend.

Date: ______________________  Parent/Guardian (Print Name): ______________________  Parent/Guardian (Signature): ______________________

FOR OFFICE USE ONLY

Was an acceptable document submitted for Section 1? ☐ Yes ☐ No

If no, was the Alternate Proof of Residency Application supplied to the parent/guardian? ☐ Yes ☐ No

Was an acceptable document submitted for Section 2? ☐ Yes ☐ No

If no, was the Alternate Proof of Residency Application supplied to the parent/guardian? ☐ Yes ☐ No

Was Section 3 completed including the parent/guardian signature? ☐ Yes ☐ No

Date: ______________________  Enrollment Personnel (Print Name): ______________________  Enrollment Personnel (Signature): ______________________

☐ Form Complete  ☐ Form Incomplete
Distrito Escolar del Condado de Beaufort
Prueba de Residencia para el Año Escolar 2020 - 2021

El Distrito Escolar del Condado de Beaufort requiere prueba de residencia de todos los estudiantes cada año escolar. Se debe proporcionar un comprobante de residencia para que la inscripción del estudiante sea completada. La intención de este proceso es verificar que los estudiantes asistan a la escuela según el lugar donde residen. Debe proporcionar documentación que demuestre que vive en dicha dirección de acuerdo con las pautas federales, estatales y del distrito. Si su dirección cambia, debe notificar a la escuela dentro de 30 días.

Nombre del Estudiante: ___________________________ Escuela: ___________________________ Fec. Nac.: __/__/____

Yo, ___________________________, soy el padre/tutor legal del estudiante mencionado anteriormente.
(Padre/Tutor)

El estudiante mencionado anteriormente reside conmigo en ___________________________.
(Calle, Ciudad, Código de Área)

¿Cuánto tiempo han residido usted y su estudiante en la dirección indicada anteriormente? ____ años ___ meses

BCSD no discrimina en la admisión a la escuela por motivos de raza, color, origen nacional, religión, sexo, discapacidad, condición de inmigrante, de habla inglesa o cualquier otra característica protegida por la ley federal y estatal aplicable.

BCSD admitirá a todos los niños que viven en el Distrito, siempre que el niño viva con sus padres, tutores legales o padres adoptivos.

Una residencia es ese lugar donde uno ha establecido su hogar y donde uno está habitualmente presente, y al cual, cuando se va, tiene la intención de regresar. La mera residencia superficial en el BCSD, obtenida con el único o principal propósito de aprovechar las instalaciones del BCSD, no dará derecho al niño en cuestión a los privilegios de asistencia a la escuela.

Debe proporcionar documentación para las secciones 1 y 2, y debe completar la sección 3

<table>
<thead>
<tr>
<th>Sección 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debe proporcionar uno (1) de los siguientes documentos. El documento debe mostrar y coincidir con la dirección mencionada anteriormente, así como con el padre / tutor. Si no puede proporcionar uno de los siguientes documentos, solicite la Solicitud Alternativa de Prueba de Residencia de la escuela de su estudiante.</td>
</tr>
<tr>
<td><strong>Documento</strong></td>
</tr>
<tr>
<td>Factura del Impuesto Inmobiliario</td>
</tr>
<tr>
<td>Contrato de Renta Firmado</td>
</tr>
<tr>
<td>Carta de Vivienda Militar</td>
</tr>
<tr>
<td>Carta de Sección 8</td>
</tr>
</tbody>
</table>

Verifique y adjunte copias de los documentos anteriores. Debe bloquear los números de cuenta y de seguro social en los documentos. **Todos los documentos deben estar actualizados y mostrar el nombre y la dirección de los padres / tutores.** Los sobres no serán aceptados.

Aviso: Los padres / tutores recibirán 30 días para proporcionar documentación de residencia a partir de la fecha de inscripción. El trabajador social de la escuela u otro funcionario escolar puede realizar una visita al hogar si la documentación no se proporciona dentro de los 30 días.

Si se descubre que un padre / tutor proporciona información falsa a sabiendas o intencionalmente a un distrito escolar con respecto a la residencia de un niño con el fin de permitir que ese niño asista a cualquier escuela en ese distrito, el adulto puede ser procesado por proporcionar información falsa, un delito menor con una multa de hasta $ 200 o encarcelamiento por no más de 30 días y debe pagar una cantidad igual al costo de educar al niño.
### Sección 2

Debe proporcionar uno (1) de los siguientes documentos. El documento debe mostrar y coincidir con la dirección mencionada anteriormente, así como con el padre / tutor. Si no puede proporcionar uno de los siguientes documentos, solicite la Solicitud Alternativa de Prueba de Residencia de la escuela de su estudiante.

<table>
<thead>
<tr>
<th>Documento</th>
<th>Detalles/Ejemplos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factura de Servicios Públicos</td>
<td>Gas, Electricidad, Agua/Alcantarillado (dentro de los últimos 60 días)</td>
</tr>
<tr>
<td>Factura Telefónica (solo teléfono fijo)</td>
<td>Dentro de los últimos 60 días (no se aceptarán facturas de teléfonos celulares)</td>
</tr>
<tr>
<td>Factura de Cable</td>
<td>Dentro de los últimos 60 días</td>
</tr>
<tr>
<td>Página actual de declaración de Seguro de</td>
<td>Debe ser una póliza activa</td>
</tr>
<tr>
<td>Automóvil</td>
<td></td>
</tr>
<tr>
<td>Página actual de declaración de Seguro de Hogar</td>
<td>Debe ser una póliza activa</td>
</tr>
<tr>
<td>o Inquilinos</td>
<td></td>
</tr>
<tr>
<td>Registro de Vehículo</td>
<td>Debe ser del periodo actual</td>
</tr>
</tbody>
</table>

Verifique y adjunte copias de los documentos anteriores. Debe bloquear los números de cuenta y de seguro social en los documentos. **Todos los documentos deben estar actualizados y mostrar el nombre y la dirección de los padres / tutores.** Los sobres no serán aceptados.

Aviso: Los padres / tutores recibirán 30 días para proporcionar documentación de residencia a partir de la fecha de inscripción. El trabajador social de la escuela u otro funcionario escolar puede realizar una visita al hogar si la documentación no se proporciona dentro de los 30 días.

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### Sección 3

**Afirmación y Advertencia**

Lea las siguientes declaraciones y **escriba sus iniciales en cada una.**

- Entiendo que, si cambio mi residencia, debo informar a la escuela dentro de 30 días.
- Entiendo que, a sabiendas o deliberadamente, proporcionar información falsa a un distrito escolar con respecto a la residencia de un niño con el fin de permitir que ese niño asista a cualquier escuela en ese distrito, el adulto puede ser procesado por proporcionar información falsa, **un delito menor con una multa de hasta $200 o prisión por no más de 30 días y debe pagar una cantidad igual al costo de educar al niño.**
- Entiendo que seré responsable del pago de la matrícula, las tarifas y todas las demás multas aplicables si a sabiendas me inscribo o intento inscribir a un niño en la escuela de un distrito escolar sin pagar matrícula cuando sé que el niño es un no residente del distrito escolar, a menos que el no residente tenga el derecho legal de asistir.

____/____/____
Padre/Tutor (Letra de Molde) Padre/Tutor (Firma)

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Was an acceptable document submitted for Section 17?  □ Yes  □ No
If no, was the Alternate Proof of Residency Application supplied to the parent/guardian?  □ Yes  □ No
Was an acceptable document submitted for Section 27?  □ Yes  □ No
If no, was the Alternate Proof of Residency Application supplied to the parent/guardian?  □ Yes  □ No
Was Section 3 completed including the parent/guardian signature?  □ Yes  □ No

____/____/____
Date Enrollment Personnel (Print Name)  Enrollment Personnel (Signature)
□ Form Complete  □ Form Incomplete
**K-12 voluntary student accident insurance.**

**AVAILABLE COVERAGE OPTIONS**
Depending on which program your school provides, some or all of the following voluntary insurance products are available for purchase on a voluntary basis:

- School Time Only Student Accident Insurance
- 24-Hour Accident Coverage
- Student Dental Accident Insurance

**KIDS WILL BE KIDS!**
1. Make sure your child is properly covered against unforeseen accidents.
2. Purchase coverage at your convenience from any computer.
3. Follow the easy step-by-step instructions and you're done in minutes!

These Voluntary Participation Student Accident Insurance Plans offered through your school can be purchased easily online at: [www.BollingerSchools.com](http://www.BollingerSchools.com)

**Bollinger Specialty Group**
200 Jefferson Park, Whippany, NJ 07981
[www.BollingerSchools.com](http://www.BollingerSchools.com)