

# Boiling Springs Intermediate School

2055 Hanging Rock Road  
Boiling Springs, SC 29316

Principal: Tammy Greer

Assistant Principals: Stacey Kimble  
Josh Patterson

Dear Parents of Boiling Springs Intermediate School Students:

It is the goal of Spartanburg School District Two employees to educate every child to the highest levels of achievement possible. We know that parents appreciate and share that objective. An important way for you to help ensure that your child reaches that goal is to get him or her to school, on time, every day. You know that we cannot teach your child if he/she is not here. However, we realize that there are times when your child is ill or cannot attend school due to extenuating circumstances. In those instances, we request that you send a note to school excusing the absence(s). Parents need to understand that according to District Policy JBD and JBD-R, which reflect the Code of Laws of South Carolina §59-65-90, "Students will be allowed ten lawful absences per year... Violations of these regulations may result in non-promotion to the next grade level." Additionally, according to the policy, "There is no limit on the number of physician excuses which will be accepted."

In other words, parent excuses will be accepted for up to ten days of absences per year. Written excuses from a physician must be secured for more than ten total absences or non-promotion may occur.

Other provisions of JBD and JBD-R are available for your examination here at the school. If you have any questions, please do not hesitate to contact me.

Sincerely,

Tammy Greer  
Boiling Springs Intermediate School

I understand the provisions of Policy JBD and JBD-R (Absences and Excuses) described above.

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Student Name

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Parent Signature

SPARTANBURG SCHOOL DISTRICT TWO  
TECHNOLOGY RESOURCES INTERNET USE  
STUDENT ACCEPTABLE USE AGREEMENT

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

I have read the District Acceptable Use Policy. I agree to follow the rules contained in this Policy. I understand that if I violate the rules, my access can be terminated, and I may face other disciplinary measures. Some violations may also constitute a criminal or civil offense and may result in legal actions being taken.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Section

I have read and counseled my student on the District Acceptable Use Policy. He/she will abide by the policy and school procedures.

I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the District system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my student regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Two Acceptable Use Policy. I will emphasize to my student the importance of following the rules for personal safety. Furthermore, I will instruct my student that he or she should have no expectations of privacy when accessing the Internet.

I (*give permission*) (*refuse permission*) for my student to have access to the Internet and certify that the information contained in this form is correct.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

## SCHOOL HEALTH SERVICES MEDICAL HISTORY AND QUESTIONS 2009-2010

Please answer all questions completely

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Teacher/Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mother/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Father/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Parent email: \_\_\_\_\_

### I GIVE DISTRICT 2 PERMISSION TO GIVE/USE FOR MY CHILD THE FOLLOWING: (Circle Yes or No)

YES	NO	ACETAMINOPHEN (store brand Tylenol) for minor pain
YES	NO	DIPHENHYDRAMINE (store brand Benadryl) for EMERGENCY allergic reactions
YES	NO	ORAJEL for minor toothache
YES	NO	NON-NEOMYCIN ANTIBIOTIC OINTMENT for minor cuts or abrasions
YES	NO	CALAMINE/CALADRYL LOTION for minor skin irritations
YES	NO	CALCIUM ANTACID (store-brand Tums) for minor stomach discomfort

I give Spartanburg School District 2 permission to share the above medical information with members of the school's faculty and staff who have a legitimate need to know, and to contact my child's doctor for additional information as needed.

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

Please mark all illnesses/conditions that apply to your child

Diabetes \_\_\_\_\_  
 ADD or ADHD – Describe \_\_\_\_\_  
 Seizures – Describe \_\_\_\_\_  
 Asthma – Does your child need to use an inhaler at school? \_\_\_\_\_ Before PE/exercise? \_\_\_\_\_  
 (NOTE: Primatene Mist will **NOT** be used at school)  
 Allergies – (food, insect, medication) Describe \_\_\_\_\_  
 Does your child need to keep an Epi-pen at school? \_\_\_\_\_  
 Heart Trouble – Describe \_\_\_\_\_  
 Sickle Cell Disease \_\_\_\_\_ Trait \_\_\_\_\_  
 Vision Problems – Describe \_\_\_\_\_  
 Hearing Problems – Describe \_\_\_\_\_  
 Other illnesses/conditions \_\_\_\_\_  
 Please list all medications your child takes: \_\_\_\_\_  
 Will these medications need to be given at school? \_\_\_\_\_

No medication will be given to any student without written or verbal consent of a parent/guardian.

**All medication from home must be in its original container.**

All medication administration will be assisted only by the school nurse or other authorized personnel. Parents will be notified when a child is ill and will be expected to make necessary arrangements for **IMMEDIATE** transportation home. For the protection of your child, as well as other children, do **not** send a sick child to school. Please remember the health room staff is not allowed to diagnose an illness. It is for **EMERGENCY** use only.

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_ Hospital \_\_\_\_\_

Please list three people who could pick your child up from school in case of an emergency:

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

**spartanburg District Two Schools  
HOME LANGUAGE SURVEY**

**FOR OFFICE USE ONLY:**  
Original - Permanent Record - filed on \_\_\_\_\_  
Copy - ESOL Teacher - copy sent on \_\_\_\_\_  
-- District Office/Attn: Instruction - copy sent \_\_\_\_\_

Today's Date: \_\_\_\_\_ School: Bailing Springs Intermediate

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student's Home Address: \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Age: \_\_\_\_\_

Student's Native Language: \_\_\_\_\_ Place of Birth (state/country): \_\_\_\_\_

Current Grade Placement: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Date when first entered U.S. schools: \_\_\_\_\_

List schools attended since entered United States:

School	City	State	Dates Attended

Names of brother(s) and sister(s)	Age/Grade	Current School

*(Continue on a separate piece of paper, if necessary.)*

**STUDENT:**

- Was the first language you spoke English? YES NO
- Can you speak English? YES NO
- Can you read English? YES NO
- Can you understand spoken English? YES NO
- Can you speak a language(s) other than English? YES NO If yes, what language(s) \_\_\_\_\_
- Which language do you use most often with your friends? \_\_\_\_\_
- Which language do you use most often with your parents? \_\_\_\_\_
- Does anyone in your home speak a language other than English? YES NO
- What are your favorite subjects in school? \_\_\_\_\_ What activities do you like in your free time (when you are not working or studying)? \_\_\_\_\_

**PARENT/GUARDIAN:**

- What language is used most in your home? \_\_\_\_\_
- Has your child attended school in a country other than the United States? YES NO If yes, where? \_\_\_\_\_
- In what grade was your child last enrolled? \_\_\_\_\_
- Has your child ever attended special classes for English as a Second Language? YES NO If yes, where? \_\_\_\_\_  
How long? \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Note to Parent/Guardian:

The ESOL instructor will test all children for whom English is not their first language. This will be done to determine the English proficiency of each student. Based on the results of these tests, information gained from this survey and past teacher's recommendations when applicable, recommendations will be made concerning ESOL classes. The results of the tests along with the recommendations for each individual student will be sent to the parent/guardian of the student.

**BOILING SPRINGS INTERMEDIATE STUDENT DATA SHEET**

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

STUDENT'S FULL NAME \_\_\_\_\_  
(Last) (First) (Middle)

Name you prefer to be called \_\_\_\_\_

Name and Address of School Last Attended \_\_\_\_\_

Last grade completed \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street number, City, State, Zip)

Residence Address (if difference from mailing address) \_\_\_\_\_

Birthdate \_\_\_\_\_ Ethnic Code \_\_\_\_\_ Sex \_\_\_\_\_ Social Security No. \_\_\_\_\_

Parents or Guardians (please circle) \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Father's or Step-Father's Full Name (please circle) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address if different from student's \_\_\_\_\_

Home Phone if different from student's \_\_\_\_\_

Mother's or Step-Mother's Full Name (please circle) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address if different from student's \_\_\_\_\_

Home Phone if different from student's \_\_\_\_\_

Emergency Contacts (other than parents or guardians)

Name/Relationship/Phone \_\_\_\_\_

Name/Relationship/Phone \_\_\_\_\_

Name/Relationship/Phone \_\_\_\_\_

Health Problems (i.e., allergies, diabetes, ADD, etc.) **PLEASE FILL OUT STUDENT HEALTH INFORMATION FORM**

Medications taken at school **PLEASE FILL OUT PERMISSION REQUEST FORM**

Is English the student's first language Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child presently attending (please circle) **Gifted Classes** Resource Classes ESOL Classes