



BEAUFORT COUNTY SCHOOL DISTRICT

Dear Parents of Charter, Home and Governor's Schools residing within Beaufort County School District,

As you are aware, two new laws concerning participation in District activities were recently passed and signed into law by the Governor that allow Charter school, Home school and Governor's school students to try out for and, if selected, participate in Interscholastic activities at their residence zoned school. Our efforts are to support this new law and in doing so, we want to ensure a seamless transition into programs at our schools.

Extracurricular activities in our schools are defined as those activities sponsored solely by the resident school, carry no academic credit, do not fall within the scope of the regular curriculum, and have no requirement for enrollment in a class at the resident school. To participate in an activity, students will be asked to complete the application packet (which can be obtained at any school or on our webpage at www.beaufort.k12.sc.us). Although the application is self-explanatory, we will be glad to assist with any questions that you may have.

We are strong advocates of the value of extracurricular activities. It is in these vital programs where young people learn lifelong lessons as important as those taught in the classroom. These extracurricular activities support the academic mission of our schools, are inherently educational, and foster success in later life.

Again, we welcome you and wish you well. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Gregory A. McCord
Student Services Officer

Post Office Drawer 309
Beaufort, South Carolina 29901-0309



BEAUFORT COUNTY SCHOOL DISTRICT

Parents'/Guardians/Athlete's Risk Acknowledgement

Student/Athlete's Name: _____ Date of Birth: _____

My/Our child wishes to participate in the athletics program at _____.
(name of school)

I/We understand that there may be risks involved with this participation and will schedule a meeting with the school's Athletic Director/Team Coach who can answer questions that we may have regarding concerns associated with risks and extracurricular activities.

I/We understand that the risks involved include a full range of injuries, from minor to severe. I/We recognize the possibility that my/our child might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in the athletics program. I/We understand that neither the protective equipment and padding used in this sports program, the safety rules and procedures of the various sports, the coaching instruction received, nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries that he/she might sustain. I/we agree to accept these risks as a condition of my/our child's participation in this program.

Additional or Special Conditions Risk Acknowledgement

(NOTE: Fill this box out ONLY if your child has a pre-existing condition that may increase risk of injury and/or illness. If this section does not apply to you, then write "not applicable" or "NA" in the first space.)

I understand that my/our child's _____ creates
(condition)
additional risks, and I/we discussed these risks with the athletic director, coach(es), and the sports
medicine provider(s) in a meeting on _____. They explained to me/us that, because of
this condition, the special risks for my/our child are as follows: (List all concerns, If you need more room,
write on the back of this form:)

I/we understand these concerns and agree to follow all directions and recommendations of my/our
physicians and sports medicine providers in this program. I/we also agree to accept these additional risks
as a part of my/our child's participation in the program.

Date

Signature of Parent/Guardian

Date

Signature of Student/Athlete

BEAUFORT COUNTY SCHOOL DISTRICT

Interscholastic Activity Participation Application and Permission form for 2012-13 (Home School Students)

Directions: This Application is to be filled out by the designated individuals and **the parent/legal guardian must present** this Application with all requested documents and applicable fees to the Office of Student Services located at 2900 Mink Point Blvd, Beaufort, SC. **This Application is required for each activity in which the home school student seeks to participate.** Items marked with an asterisk (*) are required only for those activities governed by the South Carolina High School League.

Section I: Required Documentation – When submitting this application, the parent/legal guardian must have:

1. **Proof of Residence:** **1.** Driver's license or a government issued photo ID; **2.** One current major utility bill (electric, gas, water); and **3.** Current Lease, Property Tax Notice, or Mortgage Statement—if not available, a second major utility bill may be submitted.
2. Most recent **report card and final report card from previous school year** (180 day period) (each activity)
3. Proof of vaccinations and immunizations as required by S.C. Code Ann. § 44-29-180.
4. * Student **Physical Examination/Parent Permission Form** completed, signed, and attached (once per year)
5. * **Student Athletic Insurance Fee** (as applicable) (once per year)
6. * **Risk Acknowledgement Form** signed and attached (one time only for entire school career)
7. * **State Certified Copy of Student's Birth Certificate** attached (will be returned to student; one time only for entire school career)

NOTES: All forms online at <http://www.beaufort.k12.sc.us>

Section II: To be completed by the parent/legal guardian of the student

Interscholastic Activity in which the Student Seeks to Participate			____/____/____ Date of Application
Student's Last Name	First Name	Middle Name	____/____/____ Date of Birth
Address		City/Town	Zip Code
_____ Name of Parent or Legal Guardian (please print)			
I certify the address above is our legal residence, the above named student resides with me, and I am his/her parent or legal guardian. I authorize the student's home school to release his/her educational records to the BCSO for the purpose of determining eligibility.			
_____ Signed: Parent or Legal Guardian			

Section III: To be completed by the Administrator of the student's home school

2012-13 Grade Level of Student: _____		Year the Student Entered 7 th (for MS student) 9 th (for HS student) Grade: _____	
Home School Association _____		Home School Association Contact number _____	
Home School Association EMAIL _____			
I certify the following items regarding the above student's information as being truthful and accurate:			
1. The student has been taught in the home school setting for one full academic year prior to this application.			
2. The student is eligible at our home school and has met all requirements for eligibility of the South Carolina Code of Laws (Section 59-39-160) and *Article VII of the South Carolina High School League's Constitution.			
_____ Signed: Administrator of Home School			

BEAUFORT COUNTY SCHOOL DISTRICT

2012-2013 Athletic Participation Application and Permission Form (Charter School Students)

Directions: This Application is to be filled out by the designated individuals and **the parent/legal guardian must present** this application with all requested documents and applicable fees to the Office of Student Services located at 2900 Mink Point Blvd, Beaufort, SC. **This Application is required for each activity in which the charter school student seeks to participate.** Items marked with an asterisk (*) are required only for those activities governed by the South Carolina High School League.

Section I: Required Documentation – When submitting this application, the parent/legal guardian must have:

1. **Proof of Residence:** 1. Driver's license or a government issued photo ID; 2. One current major utility bill (electric, gas, water); and 3. Current Lease, Property Tax Notice, or Mortgage Statement—if not available, a second major utility bill may be submitted.
2. Most recent **report card and final report card from previous school year** (180 day period) (each activity)
3. Proof of vaccinations and immunizations as required by S.C. Code Ann. § 44-29-180.
4. * Student **Physical Examination/Parent Permission Form** completed, signed, and attached (once per year)
5. * **Student Athletic Insurance Fee** (as applicable) (once per year)
6. * **Risk Acknowledgement Form** signed and attached (one time only for entire school career)
7. * **State Certified Copy of Student's Birth Certificate** attached (will be returned to student; one time only for entire school career)

NOTES: All forms online at <http://www.beaufort.k12.sc.us>

Section II: To be completed by the parent/legal guardian of the student

_____ Extracurricular Activity for which the Student Seeks to Participate			____/____/____ Date of Application
_____ Student's Last Name	_____ First Name	_____ Middle Name	____/____/____ Date of Birth
_____ Address		_____ City/Town	_____ Zip Code
_____ Name of Parent or Legal Guardian (please print)			
I certify the address above is our legal residence, the above named student resides with me, and I am his/her parent or legal guardian. I authorize the student's home school to release his/her educational records to the BCSD for the purpose of determining eligibility.			
_____ Signed: Parent or Legal Guardian			

Section III: To be completed by the Administrator of the student's home school

2012-13 Grade Level of Student: _____	Year the Student Entered 7 th (for MS student) 9 th (for HS student) Grade: _____
I certify the following items regarding the above student's information as being truthful and accurate:	
1. The student is eligible at our charter school and has met all requirements for eligibility of the South Carolina Code of Laws (Section 59-39-160) and *Article VII of the South Carolina High School League's Constitution.	
_____ Signed: Administrator of Home School	