CLARENDON COUNTY SCHOOL DISTRICT

125 N. Boundary Street
Manning, SC 29102
Dr. Shawn Johnson, Superintendent
(803) 435-4435

F. E. DuBose Career Center
2026-2027 Student Registration

Date:			
Legal Last Name:	Legal First Name:	Legal Middle Name:	
Gender: ☐M ☐F	Social Security Number:	Medicaid Number:	
Grade:	Race/Ethnicity:	Birth Date:	
Mailing Address:	City:	State:	Zip:
911 Physical Address:	City:	State:	Zip:
Telephone Number: Home: ( )		Cell Number: ( )	

STUDENT HISTORY

Current School Enrolled:	
School Address (City/State/Zip Code):	

PARENT/LEGAL GUARDIAN INFORMATION

Student lives with:
☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other (*Specify Relationship*) _____

PARENT/LEGAL GUARDIAN 1

Parent(s)/Legal Guardian(s):		☐ Mother ☐ Father ☐ Legal Guardian ☐ Other (*Specify Relationship*) _____	
911 Physical Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Place of Employment:		Email Address:	
Telephone Number: Home: ( )	Work: ( )	Cell Number: ( )	

PARENT/LEGAL GUARDIAN 2

Parent(s)/Legal Guardian(s):		☐ Mother ☐ Father ☐ Legal Guardian ☐ Other (*Specify Relationship*) _____	
911 Physical Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Place of Employment:		Email Address:	
Telephone Number: Home:( )	Work:( )	Cell Number:( )	

EMERGENCY CONTACT TELEPHONE NUMBER

Name:	Relationship:	Home Phone:	Cell Phone:

Does the student have Health Problems? ☐ Yes ☐ No If yes, please explain:

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Student Pathway Interest Form

Clarendon County School District students receive first right of refusal for all F.E. DuBose Career Center program. Many of our classes have waiting lists, so we need your student's top three choices to ensure enrollment aligns with their interests. Submission of this form does not guarantee placement in any program due to high enrollment numbers from current CCSD students.

Please list your student's top three pathway interests in order of preference.

1. Pathway Choice 1: _____
2. Pathway Choice 2: _____
3. Pathway Choice 3: _____

Disclaimer

We want to emphasize that submission of this form does not guarantee placement in any of the programs due to high enrollment numbers from current CCSD students.

By signing below, you acknowledge that you have read and understand the information in this form.

Thank you for your interest in F.E. DuBose Career Center. We are committed to providing your student with a top-notch career and technical education!

Parent/Guardian Signature:	Date
Parent/Guardian Signature:	Date
District Representative Signature:	Date

****The tuition for non-traditional students is $500. This fee is non-refundable and is due at the time of registration.***

DISTRICT LEVEL USE FOR NEW ENROLLEES ONLY
Request for Enrollment is: ☐ Approved ☐ Denied for the Following
Reason:

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STUDENT DRIVER RULES AND RESPONSIBILITIES AND RELEASE

2026 - 2027

A student who desires to drive a private vehicle to or from school or a district-sponsored, off-campus event, parent(s), or legal guardian(s) must agree to abide by the rules and responsibilities below and must sign the release below. The option to drive a private vehicle is offered for the convenience of the student and his or her parent(s) or legal guardian(s). All students must purchase a parking decal at the front office within one (1) week of the start of school.

Rules and Responsibilities

1. A student driver is permitted to park on school premises as a privilege, not right.

2. A student driver must have a valid South Carolina driver's license.

3. A student driver must have liability insurance as required by law.

4. A student driver must obey the school's rules regarding driving and parking vehicles on school property. Unsafe or illegal driving and unauthorized parking on school grounds is prohibited and may result in a revocation of the privilege to drive a private vehicle to off-campus events.

5. The School District retains authority to conduct searches of both the interior and exterior of a student driver's vehicle whenever a school official has reason to believe that there is a violation of Board of Education policies, school rules, or/and South Carolina law.

6. A student driver who fails to provide access to the interior of a private vehicle upon reasonable request, by a school official, may be subject to school disciplinary action, including loss of all parking privileges, and the vehicle may be towed at the student driver's expense.

7. A student driver who fails to display a School District parking permit in full view on each vehicle parked on school grounds, the vehicle may be towed at the student driver's expense.

8. A student driver who fails to arrive at school on time, driving privileges will be revoked for a semester after the second unexcused tardy.

9. A student driver that violates the parking rules will be issued a ticket.

   a. 1st Offense $15.00
   b. 2nd Offense $25.00
   c. 3rd Offense Vehicle towed at student's expense.

10. A student driver and their parent(s) or legal guardian(s) assumes sole responsibility for the student driver driving to and from an off-campus event efficiently and safely. The school district has no duty to supervise the student driver's off campus driving or provide directions, driving advice, guidance, or vehicle maintenance/repairs.

11. Although the school district assumes no responsibility for policing or supervising a student driver's

off-campus driving, a student driver should obey all traffic laws, rules, and regulations. A report to school district officials of unsafe or illegal driving by a student driver may result in a revocation of the privilege to drive a private vehicle to off-campus events.

12. A student driver and their parent(s) or legal guardian(s) have read and fully understand these rules and responsibilities and agree to abide by them.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date
_____	_____	_____
Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date

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VEHICLE REGISTRATION FORM for STUDENT DRIVERS
2026-2027

Student Name: _____

Address: _____

_____

Name of Registered Owner: _____

Proof of Insurance #: ☐ Yes ☐ No

Insurance Company Name and Identification Number:

Address of Owner: _____

_____

Make of Vehicle: _____ VIN: _____

Color: _____ Tag Number: _____ State: _____

Signature of Student: _____

Signature of Parent/Guardian: _____

Each student who drives to a Clarendon County School District High School must register the vehicle(s) and obtain a parking permit by showing proof of insurance and driver's license. A parking permit must be placed on the rearview mirror so that the number can be seen through the front of the windshield. All vehicles driven by the students must be registered. Parking permits must be displayed correctly in any car that is driven.

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STUDENT DRIVER RELEASE AND INDEMNITY AGREEMENT

2026 - 2027

Release and Indemnity Agreement:

I, the undersigned, understand that driving a motor vehicle involves health and safety risks, including but not limited to automobile accidents, which can result in death, serious injury, and property damage. I knowingly accept complete responsibility for any injury or accident that may occur involving the student driver below, and I assume all risks associated with any off-campus travel involving the student driver below.

I hereby release and covenant to hold harmless Clarendon County School District, its Board of Trustees, employees, former employees, agents, representatives, attorneys, and insurers from any actions, causes of action, claims, damages, costs, attorneys' fees, loss of services, expenses and compensation growing out of, in whole or in part, any off-campus travel involving the student driver below.

I also hereby knowingly waive any such claims that I may have. I further promise to indemnify and repay Clarendon County School District, its Board of Trustees, employees, former employees, agents, representatives, attorneys, and insurers any sum of money that they may be compelled to pay because of any claim arising out of or connected to the student driver's off-campus travel. These promises shall be binding on my heirs, legatees, administrators, and assigns. I have carefully read the foregoing Release and Indemnity Agreement, know the contents thereof, and sign the same as my own free act.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date
_____	_____	_____
Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date

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Student Media Consent and Release Form

The Family Educational Rights and Privacy Act (FERPA) allows schools to release "directory information," i.e., student's name, address, photograph, participation in officially recognized activities and sports, diploma or certificate, awards received, and other similar information. Throughout the school year, Clarendon County School District may highlight students in its efforts to promote CCSD activities and achievements. For instance, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, television, internet, DVDs, displays, brochures, Facebook, Twitter, YouTube, and other media types.

During your child's school career, he or she will participate in various academic, athletic, fine arts, and other events and activities in which he or she may be photographed or interviewed by district or school staff or news media. Information about your child may appear in newspaper articles, on television, in radio broadcasts, on displays, on the website, on social media, or in the district or school promotional pieces (yearbooks, honor roll programs, newsletters, etc.) The release of "directory information" allows us to publicize your child's accomplishments. Please note that individual student records, including scholastic information, standardized test data, health records, and other similar information are not available for public inspection. This information is only available to the student's parents/guardians or the student of legal age.

As the parent or legal guardian of _____, I hereby give Clarendon County School District and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital or printed media.

Please check ONLY ONE response.

- ☐ YES, I give my permission.

- ☐ NO, I do not give my permission.

I understand that neither Clarendon County School District nor its representatives will reproduce a said photograph, interview, or likeness for any commercial value or receive monetary gain for any reproduction/broadcast of said photograph or likeness. I am also aware that I will not receive monetary compensation for my child's participation.

I certify that I have read the Student Media Consent and Release Form, that I fully understand its terms and conditions, and that I release Clarendon County School District, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

Student's full name (printed): _____

School student attends: _____

Parent/Guardian's full name (printed): _____

Parent/Guardian's signature: _____

Student's signature (if 18 years of age): _____

Date signed: _____

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Internet Acceptable Use Agreement
2026 - 2027

School District Internet Use Agreement

I understand and will abide by the Internet Acceptable Use Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

Student's Full Name:	
Student's Signature	
Date:	

Student Discipline Code Agreement

Student Discipline Code Agreement

I understand and will abide by the Student Discipline Code Agreement. I further understand that any violation of the regulations above is unethical and may constitute in further disciplinary action(s). Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

Student's Full Name:	
Student's Signature	
Parent Full Name:	
Parent Signature	
Date:	

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2026 - 2027 Student Health Information Form

Student Name: _____ Date of Birth: _____ Grade: _____

Address: _____

Parent/Legal Guardian: _____ Relationship to Student: _____

Phone #'s: Home/Cell: _____ Work: _____ Email: _____

Parent/Legal Guardian: _____ Relationship to Student: _____

Phone #'s: Home/Cell: _____ Work: _____ Email: _____

Does the student live with both parents? Yes__ No__ If **No,** who does the student live with? Mother__ Father__ Grandparent__

Other__ Relationship to student: _____ Does this person have guardianship papers?_____

Emergency Contact to call in the event that parents/guardians cannot be reached:

Name:_____ Relationship to Student:_____ Phone #'s:_____&_____

Name:_____ Relationship to Student:_____ Phone #'s:_____&_____

Name:_____ Relationship to Student:_____ Phone #'s:_____&_____

List names of student's siblings in Clarendon District Two: _____

Healthcare Provider Name:_____ Phone:_____ Email:_____

Dental Provider Name:_____ Phone:_____ Email:_____

Health Insurance: CHECK ONE: Medicaid ___ (list **10-digit** number)_____ Private___ None___

Indicate if your child has been diagnosed with any of the following conditions **by a doctor:**

Check	Condition	Explain
	ADD/ADHD	Current Medication:
	Allergies EpiPen should be available at school with completed medication forms on file.	Food: Insects: Medications: Other:
	Asthma: Inhaler should be available at school with completed medication forms on file.	Medication:
	Bladder/Urinary Condition	
	Bleeding Disorder	
	Bone or Muscle Condition	
	Cancer/Leukemia	Type:
	Diabetes	Medication: Devices:
	Epilepsy/Seizures	Last episode:__/__/__ Medication:
	Hearing Impairment	Hearing Aid: Y / N Ear: Right__ Left__
	Heart Condition Murmur only__	Corrected? Y / N How?
	High Blood Pressure	Medication:

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	Mental Health Illness	Diagnosis: Medications:
	Sickle Cell Trait only__	Last Crisis: __/__/__ Last Hospitalization: __/__/__
	Vision Problem NOT corrected by glasses	

Please list and explain any condition not listed above or that you need more room for._____

_____

Please list all medications your child is taking (prescription or non-prescription) that are not listed above._____

_____