

Woodruff High School

Dr. W. Rallie Liston, Superintendent

**Dr. Aaron D. Fulmer, Principal
710 Cross Anchor Road
Woodruff, South Carolina 29388**

Documentation of Handout Receipts—2016 Registration

Please check, indicating receipt of the specific document. Please return signed below to the box.

_____ **Yes**, My student and I have received a copy of the WHS Handbook for the 2016-2017 school year.

_____ **Yes**, My student and I have received a copy and are aware of the Technology Acceptable Use Policy for Spartanburg School District 4.

Our school recognizes student achievement by including student pictures and accomplishments in the local newspaper and on the school web page. Students recognized on the web page are identified in photos by name only. No other identifying information is included. Please check below if you give permission for your child's photo to be posted in the newspaper or web site.

_____ **Yes**, I give permission for my child's photo to be posted in the newspaper or web site.

A law (Sections 59-63-80 and 59-63-90 of the 1976 Code of Laws of South Carolina, amended May 26, 2005) requires school districts to let parents/legal guardians know about the rights that students with special health needs may have if they qualify for services related to Section 504 or the Rehabilitation Act of 1973 (Section 504), the Individuals with Disabilities Education Improvement Act (IDEIA) and/or medical homebound regulations. A notification letter is provided at registration at the beginning of the school year.

_____ **Yes**, I have received a copy of information regarding the rights of students with special health needs.

Student Name: _____
(please print)

Student Signature: _____

Parent signature: _____
(if at registration)