



Are parents/guardians employed? Trabajan los padres/guardianes?

Seeking employment? Están buscando trabajo?

In college? En la Universidad?

In High School or in GED program? En la secundaria o Programa de GED?

In job training? En entrenamiento de trabajo?

Other (Specify): otro (especifique)

Mother		Father	
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO

Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty? YES \_\_\_\_\_ NO \_\_\_\_\_

What language does this child speak most of the time? \_\_\_\_\_  
¿Qué idioma habla su hijo/a la mayor parte del tiempo?

What language do the parents speak most of the time? \_\_\_\_\_  
¿Qué idioma hablan los padres la mayor parte del tiempo?

Does your child have a chronic health condition or allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
¿Tiene su hijo/a alguna enfermedad grave o tiene alguna alergia?  
If yes, please list/describe: Si es Sí por favor describa: \_\_\_\_\_

Does your child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, do you have an action plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
¿Su hijo/a tiene asma? Si es Sí, ¿tiene un plan de acción?

Does your child take any medication(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list/describe: \_\_\_\_\_  
¿Toma su hijo/a algún medicamento? Nombre los medicamentos? \_\_\_\_\_

Does your child have a special need or an identified disability? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_  
¿Tiene su niño/a una necesidad especial o una discapacidad ya identificada? Explique: \_\_\_\_\_

Does your child have an IEP? Tiene su niño un plan Individual (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

List any particular fears or unique behavioral characteristics the child has.  
Enumere cualquier temor particular o características de comportamiento única que el niño/a tenga.

Where does your child stay while you work? \_\_\_\_\_  
¿Dónde se queda su hijo/a cuando usted trabaja?

Has your child attended daycare, Head Start, or nursery school? Yes \_\_\_\_\_ No \_\_\_\_\_ Name Of Daycare: \_\_\_\_\_  
¿Su hijo/a ha asistido a una guardería, Head Start o jardín infantil? Nombre de la guardería.

If yes, please list the program attended/ Si asistió, ¿A qué programa ha asistido su hijo/a?  
Dates attended/Fechas de asistencia \_\_\_\_\_

Are you receiving subsidized child care through DSS? Yes \_\_\_\_\_ No \_\_\_\_\_  
¿Recibe usted subsidio infantil del Dpto. de Servicios Sociales?

Please provide two other ways we can contact you, in case you can't be reached at previous phone numbers?  
Favor de proveer dos contactos, en caso de no localizarlos a los previos números de teléfono.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Nombre Parentesco Teléfono

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Nombre Parentesco Teléfono

ON THE BACK, MARK IN ORDER OF PRIORITY, THREE PRE-K LOCATIONS WHERE YOU WOULD LIKE FOR YOUR CHILD TO ATTEND AND CAN PROVIDE TRANSPORTATION. BELOW, PLEASE SIGN THE APPLICATION. En la parte de atrás, por favor marque en orden de prioridad tres localizaciones del programa de Pre-Kínder que le gustarían y a las cuales usted puede proveer transporte, por favor firme la aplicación.

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## PARENT/GUARDIAN ACKNOWLEDGEMENT RECONOCIMIENTO DE LOS PADRES/GUARDIANES

I am applying for my child to enroll in Pitt County Schools' Preschool Program under the following conditions:

Estoy aplicando para inscribir a mi niño/a en el Programa Pre-escolar de las Escuelas del Condado de Pitt bajo las siguientes condiciones:

**1. My child and my family are residents of North Carolina and reside in the Pitt County School district.**

Mi familia y hijo/a somos residentes de Carolina del Norte y residimos en el distrito de las Escuelas del Condado de Pitt.

**2. I will have a blue health form and updated immunization record completed within 30 days of enrollment.**

Tendré lista la hoja azul de salud y el carnet de vacunas más reciente de mi niño/a dentro de los 30 días de haberse inscrito.

**3. I can \_\_\_\_\_ I cannot \_\_\_\_\_ provide transportation for my child to school. (Regular bus transportation is not an option.)**

Puedo \_\_\_\_\_ No puedo \_\_\_\_\_ proveer transporte para mi niño/a a la escuela. (La transportación en el autobús amarillo no es una opción).

**4. I understand that I will be expected to participate in family/child activities at the school once a month.**

Entiendo que se espera de mi participación en las actividades de familia/nifio que la escuela ofrece una vez por mes.

**5. I understand home visitations will be conducted by the preschool teacher and assistant teacher.** Entiendo que una visita al hogar será realizada por la maestra y la maestra asistente.

**6. I understand that regular attendance is very important. Children with frequent absences or tardies may be dropped from this program.** Entiendo que la asistencia regular es muy importante. Los niños que frecuenten ausencias o llegadas tardes pueden ser dados de baja del programa.

**7. I understand my child will be screened to determine eligibility for services. My signature gives the school permission to screen my child for vision, dental, hearing, speech, and overall development.** Entiendo que mi niño/a será evaluado para determinar la elegibilidad para recibir servicios pre-escolares. Mi firma da permiso a la escuela para poder realizar la evaluación de la vista, dental, oído, habla y el desarrollo en general.

**8. My signature confirms that the information provided on this application is accurate and complete.**

Mi firma confirma que la información proveído en esta aplicación es correcta y completa.

**9. Student Transfers: Due to our Pre-K waiting list, there is a process for changing classrooms or schools. There are no direct transfers to a different class at the same school or to a different school. When one of the following conditions exist:**

**1. Family situation changes (relocation, transportation, etc.) where a child can no longer attend their currently assigned school.**

**2. A parent is not satisfied with the currently assigned classroom.**

Parents can start the location/class change process by first withdrawing their child from the current class. Then the site selection information will be updated on the application and the child will be placed back on the waiting list. Parents will be called when a new slot is available.

TRANSFERENCIA DE ESTUDIANTES: Debido a nuestra lista de espera de Pre-K, hay un proceso para cambiar aulas o escuelas. No hay transferencias directas a una clase diferente en la misma escuela o a una escuela diferente. Cuando existe una de las siguientes condiciones:

**1. Cambios en la situación familiar (reubicación, transporte, etc.) donde un niño/a ya no puede asistir a la escuela asignada actualmente.**

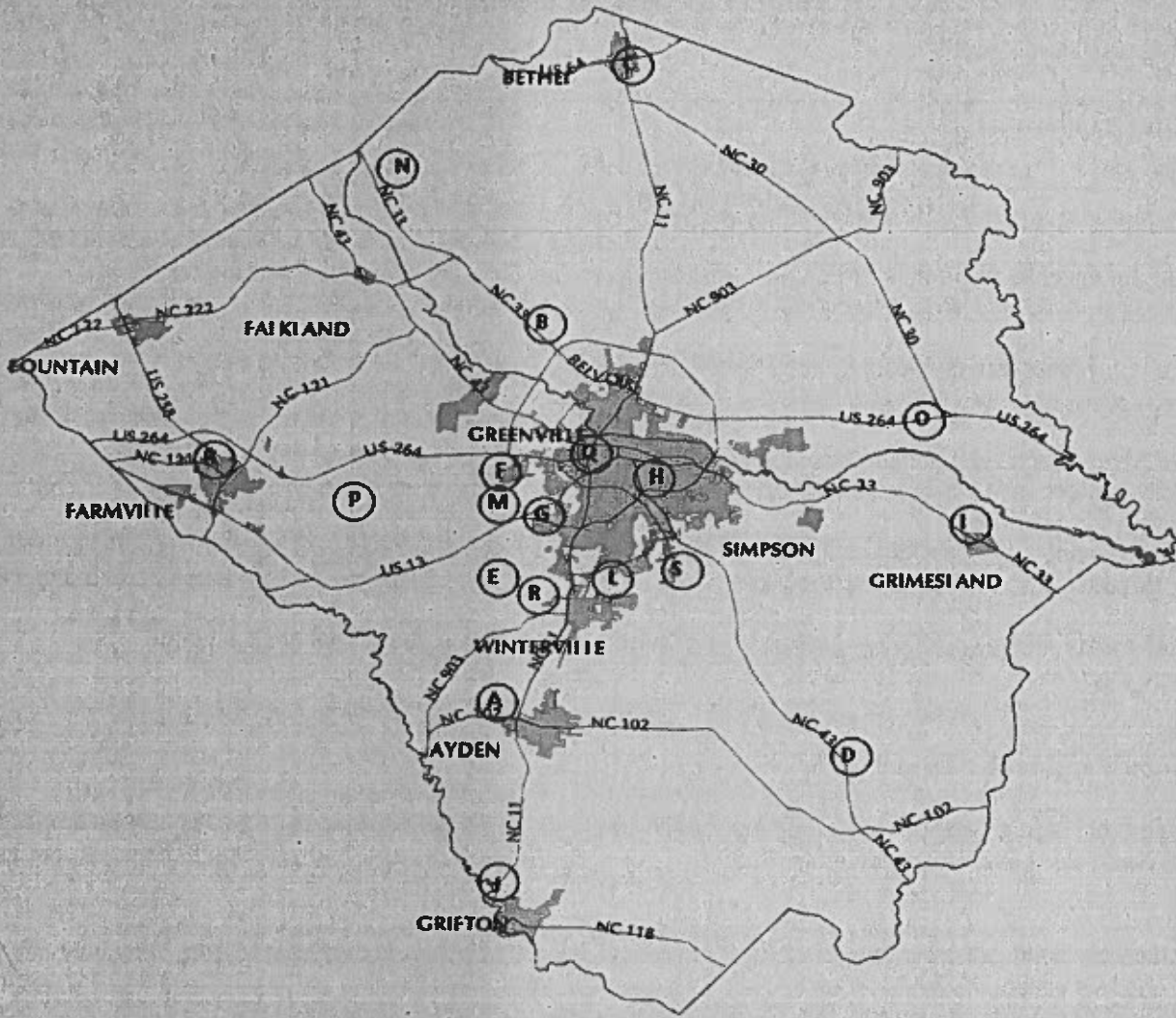
**2. Un padre no está satisfecho con el aula asignada actualmente.**

Los padres pueden comenzar el proceso de cambio de cupos / clase retirando primero a su hijo de la clase actual. Luego, la información de selección del sitio se actualizará en la aplicación y el niño volverá a estar en la lista de espera. Se llamará a los padres cuando haya un nuevo turno disponible.

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Signature(s)/ Firma

Date/ Fecha



SELECT YOUR TOP THREE CHOICES FROM THE SCHOOLS BELOW. NUMBER THEM 1, 2 AND 3  
 SELECCIONE SUS TRES OPCIONES DE LA LISTA DE ESCUELAS ABAJO. NÚMERELOS 1, 2 Y 3

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A) Ayden Elementary School<br>187 3 <sup>rd</sup> Street<br>Ayden, NC 28513        | <input type="checkbox"/> G) Children's World Learning Center<br>1360 Greenville Blvd SW<br>Greenville, NC 27834   | <input type="checkbox"/> M) Lakeforest Elementary School<br>3300 Briarcliff Drive<br>Greenville, NC 27834    |
| <input type="checkbox"/> B) Belvoir Elementary School<br>2568 NC 33 West Greenville, NC<br>27834            | <input type="checkbox"/> H) Nancy W. Darden Child<br>Development Center at ECU<br>169 Rivers Building College of<br>Human Ecology<br>Greenville, NC 27858 | <input type="checkbox"/> N) Northwest Elementary School<br>1471 Holland Road<br>Greenville, NC 27834         |
| <input type="checkbox"/> C) Bethel Elementary School<br>210 E. Washington Street<br>Bethel, NC 27812        | <input type="checkbox"/> I) G.R. Whitfield Elementary School<br>4839 School Rd<br>Grimesland, NC 27837  | <input type="checkbox"/> O) Pactolus Elementary School<br>3405 Yankee Hall Road<br>Greenville, NC 27834      |
| <input type="checkbox"/> D) Chicod Elementary School<br>7557 NC Hwy 43 South<br>Greenville, NC 27858        | <input type="checkbox"/> J) Grifton Elementary School<br>513 E. McCrae Street<br>Grifton, NC 28530  | <input type="checkbox"/> P) Possessing Keys to the Kingdom<br>2659 Railroad Street<br>Bell Arthur, NC 27811  |
| <input type="checkbox"/> E) Creekside Elementary School<br>431 Forlines Rd<br>Winterville, NC 28590         | <input type="checkbox"/> K) HB Sugg Elementary School<br>3992 Grimmersburg St.<br>Farmville, NC 27828   | <input type="checkbox"/> Q) Sadie Sautler Educational Center<br>400 Spruce Street<br>Greenville, NC 27834    |
| <input type="checkbox"/> F) Children's World Aspiring Minds<br>804 John Hopkins Dr.<br>Greenville, NC 27834 | <input type="checkbox"/> L) East Carolina Kiddie College<br>4024 B. Old Tar Rd<br>Winterville, NC 28590   | <input type="checkbox"/> R) W.H. Robinson Elementary School<br>2439 Railroad Street<br>Winterville, NC 28590 |
|   |   | <input type="checkbox"/> S) Wintergreen Primary<br>4710 County Home Road<br>Greenville, NC 27858             |

**TURN IN YOUR APPLICATION WITH A COPY OF  
THESE ITEMS:**

**ENTREGUE LA APLICACION CON LOS SIGUIENTES  
REQUISITOS:**

**We will NOT process this application if these items are not included/  
NO procesaremos la aplicacion sin los siguientes requisitos:**

- **BIRTH CERTIFICATE/ ACTA DE NACIMIENTO**  
(Mother's copy is acceptable)
- **SHOT RECORDS/ RECORD DE VACUNAS**
- **INCOME VERIFICATION/ VERIFICACION DE INGRESOS**
  - \* **1 Month worth of check stubs, Tax returns or a letter from your employer.**  
*\*Talones de cheques del ultimo mes, Su reciente declaracion de impuestos o una carta del empleador que indique el pago por hora y las horas por semana.*
  - \* **If you are unemployed please complete the PCS NCPK Program income statement provided.**  
*\*Si esta desempleado, complete la carta de ingreso del programa PCS NCPK proveida dentro de la aplicacion.*
  - \* **Please note if the child lives with both parents, we need both parents income.**  
*\* Tenga en cuenta que si el niño vive con ambos padres, necesitamos el ingreso de ambos padres.*

**THINGS YOU NEED TO DO/ COSAS QUE DEBES HACER:**

- **COMPLETE THE TOP PORTION OF THE NC HEALTH ASSESSMENT AND DROP IT OFF TO YOUR CHILD'S PHYSICIAN.(COMPLETE LA PARTE DE ARRIBA DEL FORMULARIO AZUL DE SAULD DE NC Y LLEVELO AL MEDICO DE SU HIJO)**
- **PLEASE SELECT (3) PREK-K PROGRAMS THAT YOU WOULD LIKE FOR YOUR CHILD TO ATTEND ON THE BACK OF THE APPLICATION. (POR FAVOR SELECCIONE (3) ESCUELAS DONDE LE GUSTARIA QUE SU HIJO ASISTA EN LA PARTE POSTERIOR DE LA APLICACION)**

**(Please complete this document only if you are unemployed)**  
**PITT COUNTY SCHOOLS NCPK PROGRAM APPLICANT INCOME STATEMENT**

**(1) I hereby certify under penalty of perjury that (please explain),**

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**(2) I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for child's dismissal from the NCPK PROGRAM and/or require repayment of all cost incurred for services rendered to the family.**

**(3)** \_\_\_\_\_  
**Parent/Guardian (Applicant) Date**

**(4)** \_\_\_\_\_  
**Applicant's Address City Zipcode**

**(5) Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**(6)**  
**OFFICE USE ONLY**

\_\_\_\_\_  
**Signature of Certifying Official Date**

\_\_\_\_\_  
**Signature of Verifying Official Date**

**The information that you are providing will ONLY be used to determine income eligibility for families requesting to participate in the NCPK program. This information will not be shared with any other organization or be used for purposes other than to determine income eligibility for NCPK Services.**



**PUBLIC SCHOOLS OF NORTH CAROLINA**

State Board of Education | Department of Public Instruction

January 2016

**Hearing screening information:**

Passed hearing screening:  Yes  No

Concerns related to student's hearing:

**Recommendations, concerns, or needs related to student's health and required school follow-up:**

School follow-up needed:  Yes  No

**Medical Provider Comments:**

**Please attach other applicable school health forms:**

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

**Health Care Professional's Certification**

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: \_\_\_\_\_

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health  
HEALTH AND HUMAN SERVICES



# PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

## NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

### PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

M  F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin:  1 Yes  2 No

Race:

1 Other Non-White  2 White  3 Black  4 American Indian  5 Chinese  
 6 Japanese  7 Hawaiian  8 Filipino  9 Other Asian  10 Unknown

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

### HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening:  Yes  No

Concerns related to student's vision:



Public Health  
HEALTH AND HUMAN SERVICES