

NEW STUDENT ENROLLMENT PACKET

NEW STUDENT ENROLLMENT

INSTRUCTIONS:

Step 1: Call the school your student will attend and set up an enrollment appointment.

My Student's School: _____

My Student's Enrollment Appointment: _____, _____, _____
Day of Week Date Time

Step 2: There are several basic items you will need to bring to your enrollment appointment.

- Photo Identification of parent/legal guardian**
- Student's birth certificate (original preferred)**
In North Carolina, birth certificates are available from the Register of Deeds in the county where the child was born (www.ncard.us). For children born in any other state, go to the National Center for Health Statistics website for information about how to obtain a copy of a birth certificate from that particular state (www.cdc.gov/nchs/w2w/index.htm).
- Proof of guardianship (necessary only if you are not listed as a parent on the student's birth certificate)**
Can include birth certificate, divorce papers, Social Services paperwork, or paperwork signed by a judge awarding custody. Custody paperwork authorized by a judge or Social Services/Foster Care Placement is required for all children under 18 years of age who are not living with their natural parent.
- Copy of up-to-date immunization records**
By law, immunization proof must be received within 30 calendar days of enrollment. These can be provided by your doctor's office.
- Health assessment form**
For all students that are new to North Carolina Public Schools. You must use the NC Health Assessment Transmittal form provided by your doctor's office. By law, this must be received within 30 calendar days after enrollment.
- Two proofs of residency**
Commonly accepted proofs are: voter registration card, pay stub, utility bill, rental/owner contract, property tax bill, or automobile insurance policy, just to name a few. Bills should be dated within the last 30 days.
- Most recent report card or transcript (if available)**
This will be helpful to the school in properly placing your student in the correct grade level and classes.
- Withdrawal Form (High School Only)**
This form will be given to the parent/student by the previous school at the time of withdrawal.

Step 3: Complete the following pages 1 through 7 and print/email/bring them, along with the items from Step 2 above, to your enrollment appointment.

Step 4: Remember to inform school staff of any special needs your student may have.

504 Plan, IEP (Individualized Education Plan), AIG (Academically or Intellectually Gifted), special health care needs, etc.

LEGAL GUARDIAN: Only a parent or legal guardian may enroll a student in Pitt County Schools unless the student is 18 years of age or older.

CUSTODY: Without court-ordered documentation, we cannot deny a biological parent access to a student or students' record. Please provide custody documents to the school as soon as possible.

STUDENT INFORMATION

STUDENT'S LEGAL LAST NAME	STUDENT'S LEGAL FIRST NAME	STUDENT'S LEGAL MIDDLE NAME
STUDENT'S PREFERRED NAME OR PRONUNCIATION:		PRIMARY PARENT/GUARDIAN EMAIL:
DATE OF BIRTH (MM/DD/YYYY)	SEX MALE FEMALE	PRIMARY PHONE NUMBER () -
GRADE LEVEL WHICH STUDENT WILL BE IN FOR SCHOOL YEAR OF ENROLLMENT:	IS THE STUDENT HISPANIC/LATINO? (This information is used for the U.S. census data.) YES NO	
WHICH CATEGORY OR CATEGORIES BEST DESCRIBE THE STUDENT'S RACE? SELECT <u>ALL</u> THAT APPLY. (Used for the U.S. census data.)		
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander		
NOTE ANY PHYSICAL OR MENTAL HEALTH CONDITIONS SUCH AS CONVULSION DISORDERS, DIABETES, HEART CONDITIONS, SEVERE ALLERGIES, OR ANY CONDITION FOR WHICH THE SCHOOL SHOULD EXTEND EXTRAORDINARY CARE:		
STUDENT'S HOME ADDRESS		APARTMENT OR SUITE NUMBER
CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM STUDENT'S HOME ADDRESS)		BOX NUMBER
CITY	STATE	ZIP CODE
WITH WHOM DOES THE STUDENT RESIDE – CHECK ONLY ONE:		
BOTH BIOLOGICAL PARENTS <input type="checkbox"/>	BIOLOGICAL MOTHER ONLY <input type="checkbox"/>	BIOLOGICAL FATHER ONLY <input type="checkbox"/>
BIOLOGICAL MOTHER & STEPPARENT <input type="checkbox"/>	BIOLOGICAL FATHER & STEPPARENT <input type="checkbox"/>	LEGAL CUSTODIAN(S)/ GUARDIAN(S) <input type="checkbox"/>
LEGAL GUARDIAN		
ONLY A PARENT OR A LEGAL GUARDIAN MAY ENROLL A STUDENT IN PITT COUNTY SCHOOLS.		
PROOF OF GUARDIANSHIP		
CAN INCLUDE BIRTH CERTIFICATE, DIVORCE PAPERS, SOCIAL SERVICES PAPERWORK, OR PAPERWORK SIGNED BY A JUDGE AWARDING CUSTODY. CUSTODY PAPERWORK AUTHORIZED BY A JUDGE OR SOCIAL SERVICES/FOSTER CARE PLACEMENT PAPERWORK IS REQUIRED FOR ALL STUDENTS UNDER 18 YEARS OF AGE WHO ARE NOT LIVING WITH THEIR NATURAL PARENT.		
CUSTODY		
WITHOUT COURT ORDERED DOCUMENTATION – WE CANNOT DENY A BIOLOGICAL PARENT ACCESS TO A STUDENT OR STUDENT'S RECORD.		
CUSTODY DOCUMENTS MUST BE SUPPLIED TO THE SCHOOL AS SOON AS POSSIBLE		

FAMILY INFORMATION

PARENT / LEGAL GUARDIAN #1 - FIRST NAME	PARENT / LEGAL GUARDIAN #1 - LAST NAME
PARENT / LEGAL GUARDIAN #1 - PLACE OF EMPLOYMENT	PARENT / LEGAL GUARDIAN #1 - EMAIL
PARENT / LEGAL GUARDIAN #1 - CELL PHONE	PARENT / LEGAL GUARDIAN #1 - WORK PHONE
PARENT / LEGAL GUARDIAN #2 - FIRST NAME	FATHER/STEPFATHER/LEGAL GUARDIAN'S LAST NAME
PARENT / LEGAL GUARDIAN #2 - PLACE OF EMPLOYMENT	PARENT / LEGAL GUARDIAN #2 - EMAIL
PARENT / LEGAL GUARDIAN #2 - CELL PHONE	PARENT / LEGAL GUARDIAN #2 - WORK PHONE
NAMES AND GRADES OF SIBLINGS ATTENDING PITT COUNTY SCHOOLS	LIST NAMES OF NON-SCHOOL AGED CHILDREN

IS THE STUDENT MILITARY CONNECTED? (IS A PARENT, STEPPARENT, SIBLING OR ANY OTHER PERSON WHO RESIDES IN THE SAME HOUSEHOLD AS THE STUDENT SERVING IN THE ACTIVE OR RESERVE COMPONENTS OF THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD?)

- NO
 YES IF YES, PLEASE COMPLETE AS MUCH OF THE FOLLOWING AS POSSIBLE:

RELATIONSHIP TO STUDENT	BRANCH OF SERVICE	STATUS	GRADE	INSTALLATION	UNIT/SQUADRON
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HOME LANGUAGE

IN ORDER TO SERVE YOUR STUDENT MOST EFFECTIVELY, IF YOUR STUDENT HAS A PRIMARY LANGUAGE OTHER THAN ENGLISH, THE PITT COUNTY PUBLIC SCHOOL SYSTEM IS REQUIRED TO ASSESS YOUR STUDENT'S ENGLISH WITH THE NC STATE LANGUAGE PROFICIENCY TEST.

WHAT WAS THE FIRST LANGUAGE THIS STUDENT SPOKE?	IS THERE ANOTHER LANGUAGE SPOKEN IN YOUR HOME? IF SO, WHAT LANGUAGE? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO
DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH? IF SO, WHAT LANGUAGE? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	WHAT MONTH AND YEAR DID THIS STUDENT FIRST ATTEND A UNITED STATES SCHOOL? <div style="text-align: center;"> _____ / _____ MONTH YEAR </div>

IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE COMMUNICATION FROM THE SCHOOL? _____

EDUCATION BACKGROUND

DOES THE STUDENT HAVE AN IEP (Individualized Education Plan)? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES THE STUDENT HAVE A 504 PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DOES THE STUDENT RECEIVE SERVICES THROUGH TITLE 1? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR STUDENT <u>EVER</u> BEEN ENROLLED IN A PITT COUNTY SCHOOL? IF "YES", WHICH SCHOOL DID YOUR STUDENT ATTEND? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> SCHOOL NAME START DATE END DATE </div>	
HAS YOUR STUDENT <u>EVER</u> BEEN ENROLLED IN A SCHOOL IN NORTH CAROLINA? IF "YES" WHAT SCHOOL DID YOUR STUDENT ATTEND? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> SCHOOL NAME START DATE END DATE </div>	
WHAT SCHOOL DID YOUR STUDENT LAST ATTEND? _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> SCHOOL NAME START DATE END DATE </div>	
ADDRESS OF LAST SCHOOL YOUR STUDENT ATTENDED: _____	TYPE OF SCHOOL ATTENDED: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> CHARTER <input type="checkbox"/> HOME

RESIDENCY INFORMATION

INSTRUCTIONS:

- THIS FORM MUST BE COMPLETED FOR EACH STUDENT TO HELP DETERMINE IF THE STUDENT IS ELIGIBLE TO RECEIVE SERVICES TO SUPPORT HIS/HER EDUCATIONAL SUCCESS. THE INFORMATION YOU PROVIDE IS CONFIDENTIAL. YOUR STUDENT WILL NOT BE DISCRIMINATED AGAINST BASED UPON THE INFORMATION PROVIDED.
- FALSIFYING RECORDS IS AN OFFENSE UNDER SECTION 37.10 PENAL CODE AND SUBJECTS THE INDIVIDUAL TO LIABILITY FOR TUITION AND/OR OTHER COSTS.

CHECK ONLY ONE FOR CURRENT - LIVING ARRANGEMENT:

PERMANENT HOUSING: STUDENT LIVES WITH PARENT/LEGAL GUARDIAN IN A PERMANENT RESIDENCE OWNED OR LEASED BY A PARENT/LEGAL GUARDIAN. IF YES, STOP HERE.

DOUBLED UP: A FRIEND, RELATIVE OR OTHER PERSON(S) IS/ARE LETTING THE STUDENT AND/OR FAMILY STAY AT THEIR RESIDENCE TEMPORARILY.

HOTEL/MOTEL: NAME: _____ ROOM NUMBER: _____

SHELTER: STUDENT/FAMILY IS LIVING IN AN EMERGENCY OR TRASITIONAL SHELTER.

OTHER TEMPORARY LIVING SITUATION: STUDENT/FAMILY IS LIVING IN A CAR, VAN, CAMPGROUND, PARK, STREET OR OTHER PUBLIC PLACE.

UNACCOMPANIED YOUTH: STUDENT IS NOT IN THE PHYSICAL CUSTODY OF A PARENT OR GUARDIAN.

THERAPEUTIC FOSTER HOME

PARENT/GUARDIAN VERIFICATION

I VERIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

_____ PARENT/GUARDIAN PRINT NAME PARENT/GUARDIAN SIGNATURE DATE

PITT COUNTY SCHOOLS ARE DEDICATED TO THE QUALITY OF OPPORTUNITY WITHIN ITS COMMUNITY, ACCORDINGLY, PITT COUNTY SCHOOLS DOES NOT PRACTICE OR CONDONE ANY DISCRIMINATION IN ANY FORM AGAINST STUDENTS ON THE GROUNDS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE, OR HANDICAP.

TRANSPORTATION & EMERGENCY CONTACTS		
STUDENT WILL BE TRANSPORTED TO/FROM SCHOOL BY:	MORNING (AM): <input type="checkbox"/> BUS <input type="checkbox"/> CAR	AFTERNOON (PM): <input type="checkbox"/> BUS <input type="checkbox"/> CAR
STUDENT HAS PERMISSION TO:	WALK HOME FROM SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO	RIDE BIKE HOME FROM SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO
IN CASE OF EMERGENCY		
#1 EMERGENCY CONTACT'S FIRST NAME	#1 EMERGENCY CONTACT'S LAST NAME	
#1 EMERGENCY CONTACT'S PHONE NUMBER	#1 EMERGENCY CONTACT'S RELATIONSHIP TO STUDENT	
#1 CAN PICK UP FROM SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	#1 SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
#2 EMERGENCY CONTACT'S FIRST NAME	#2 EMERGENCY CONTACT'S LAST NAME	
#2 EMERGENCY CONTACT'S PHONE NUMBER	#2 EMERGENCY CONTACT'S RELATIONSHIP TO STUDENT	
#2 CAN PICK UP FROM SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	#2 SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
#3 EMERGENCY CONTACT'S FIRST NAME	#3 EMERGENCY CONTACT'S LAST NAME	
#3 EMERGENCY CONTACT'S PHONE NUMBER	#3 EMERGENCY CONTACT'S RELATIONSHIP TO STUDENT	
#3 CAN PICK UP FROM SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	#3 SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
#4 EMERGENCY CONTACT'S FIRST NAME	#4 EMERGENCY CONTACT'S LAST NAME	
#4 EMERGENCY CONTACT'S PHONE NUMBER	#4 EMERGENCY CONTACT'S RELATIONSHIP TO STUDENT	
#4 CAN PICK UP FROM SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	#4 SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	

STUDENT HEALTH HISTORY

PLEASE COMPLETE THIS BRIEF HEALTH HISTORY SO THAT YOUR STUDENT’S HEALTH NEEDS MAY BE ADDRESSED ACCORDINGLY, ALLOWING US TO PROVIDE A SAFE ENVIRONMENT FOR YOUR STUDENT.

Student’s Name _____ Date of Birth _____
 School _____ Grade _____
 Parent/Guardian Names: _____ Phone: _____
 Primary Doctor: _____ Phone: _____
 Dentist: _____ Phone: _____
 Health Insurance: Private Insurance Medicaid or Health Choice/Health Check Uninsured

Is this the student’s first time enrolling in a NC Public School?
 NO
 YES – All children new to NC Public Schools (including transferring from private, charter, and home schools) **must** present a health assessment transmittal and immunization form within 30 calendar days of the student’s first day of attendance. These forms are available at your student’s pediatrician’s office.

Check all that apply to your student:

No Health Concerns

- | | | |
|--------------------------|-----------------------------|------------------------------|
| Asthma (see below) | Cancer* | Seizures (see below) |
| ADHD/ADD | Diabetes (see below) | Severe Allergies (see below) |
| Autism Spectrum Disorder | Eating Disorder* | Sickle Cell Anemia |
| Behavioral/Emotional* | Heart Condition (see below) | Sickle Cell Trait |
| High Blood Pressure | Migraine Headaches | Stomach/Bowel Problem* |
| Bleeding Problem* | Orthopedic Disability* | Other* |

*Name of Condition/Disorder: _____

ASTHMA: Date inhaler last used: _____ Will an inhaler be used at school? Yes No

SEIZURES: Date of last seizure: _____ Type of Seizure: _____
 Is medication needed at school? Yes No

HEART CONDITION: Name of Condition _____
 Are there any prescribed limitations for this heart condition? _____

DIABETES: Does your student have a diabetes care plan? Yes No
 Will your student check blood sugar levels at school? Yes No Urine ketones? Yes No
 Will your student take insulin at school? Yes No Insulin pump? Yes No

SEVERE ALLERGIES: Allergic to: _____

Date of last reaction: _____ Treatment required: Epi Pen Oral Medication Other

Will an Epi-pen be kept at school? Yes No

DIET: Does your student require a prescribed diet or have a food allergy? Yes No

Describe: _____

MEDICATIONS: Is your student on any medications that will need to be given at school? Yes* No

*** Medication Authorization Forms are required for all medications at school and are updated annually or when changes are made. You can pick these forms up from your student's school.**

IF YOU HAVE CHECKED "YES" TO ANY OF THE ABOVE, IT IS YOUR RESPONSIBILITY TO PROVIDE THE APPROPRIATE MEDICAL DOCUMENTATION FOR ANY ADDITIONAL ACCOMMODATIONS TO BE MADE FOR YOUR STUDENT. I give my permission for the school nurse to share or receive health-related information needed to care for my above-named student with other healthcare providers (for example doctors, specialists, case managers) during the school year. The purpose of exchanging this data shall be for diagnostic/educational purposes only. I understand that I may revoke this consent at any time, except to the extent that action based on this consent has been taken. This authorization is fully understood and is made voluntarily on my part.

SIGNATURE OF PARENT/GUARDIAN

BEST CONTACT NUMBER

DATE

It is the responsibility of the parent/guardian to notify the school nurse of any changes in the student's health status during the year.



AFFIDAVIT A

NOTE: To be used for any student seeking to transfer into the district who lives with Parent(s) / Guardian / Legal Custodian

**STATE OF NORTH CAROLINA
COUNTY OF PITT**

Please Print or Type

IN THE MATTER OF				
Full Name of Student		DISCIPLINARY STATUS AFFIDAVIT BY PARENT, GUARDIAN OR LEGAL CUSTODIAN (G.S. 115C-366(a4)) (Policy Code 4115)		
Address				
City	State			Zip
Current Grade	Last School Attended			
Sex	Date of Birth	Age	Printed Name of Parent, Guardian or Legal Custodian	

This is to certify that the above-referenced student who is transferring to:

_____ (Name of School)

from _____ (Name of School)

Check One:

- is not currently under suspension or expulsion from attendance at a private or public school in this or any other state and has never been convicted of a felony in this or any other state; or
- is currently under suspension or expulsion from attendance at a private or public school in this or any other state or has been convicted of a felony in this or any other state, but is currently identified as being eligible for special education and related services under the Individuals with Disabilities Education Improvement Act, 20 U.S.C. § 1400, et seq. (2004). *If this box is checked, you must attach evidence of the student's current eligibility.*

Sworn Under Oath or Affirmation.

Signature of Parent/Guardian/Custodian or Student (if 18 yrs. of age or older)

SWORN TO AND SUBSCRIBED BEFORE ME

This ____ day of _____, 20____.

by _____
(Name of Parent, Guardian, Legal Custodian or Student)

(Signature of Notary Public)

My Commission Expires: _____
(Notary Seal)

1717 West Fifth Street, Greenville, NC 27834
252.830.4200