



WAKE COUNTY
PUBLIC SCHOOL SYSTEM

ENROLLMENT PACKET

FOR STUDENTS ENTERING KINDERGARTEN



Welcome to the Wake County Public School System!

We are excited to have your child join our school district. Please review the attached forms, fill them out, and return to your base school. You'll also need to bring the following materials during registration:

- Parent/legal guardian photo ID
- Proof of residence
- A certified copy of the child's birth certificate
- Immunization records

More details regarding required documents can be found at

www.wcpss.net/kindergarten.

WHAT TO EXPECT

We are committed to preparing our students to be productive citizens, graduating ready for college or career. That process starts now. In addition to strong instruction in core subjects, all schools offer enrichment activities in the arts, music, technology and more.

MAGNET SCHOOLS

We offer more than 40 magnet schools, each with a unique theme such as Leadership & Technology, International Baccalaureate, Gifted & Talented, Language Immersion, and more. Magnets can help students develop their talents and interests.

The application period is Jan 7-22. Visit wcpss.net/magnet to learn more.

STUDENT DATA SHEET

Page 1 of 3



INSTRUCTIONS

Complete this form for each child you are enrolling. A complete list of items required for enrollment can be found at www.wcpss.net/assignment. For assistance, contact your base school or the WCPSS Office of Student Assignment at (919) 431-7333.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो पर कॉल करें (919) 852-3303

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303

STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone Number () -
Current Grade	Is the student Hispanic/Latino? (This information is used for US. Census data.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Which category best describes the student's race? (This information is used for US. Census data).

American Indian or Alaska Native Asian Black or African American White Native Hawaiian or other Pacific Islander

FAMILY INFORMATION

List names and grades of siblings attending WCPSS:

List names of non-school age siblings:

Family's Home Address	Apartment or Suite Number	
City	State	Zip Code
Mailing Address (if different from family's home address)	Apartment or Suite Number	
City	State	Zip Code

With whom does the student reside? (Choose only one)

Mother only Father only Both parents Legal custodian Other (Please specify) _____

FOR OFFICE USE ONLY

Registering school	School number
Entry date (mm/dd/yyyy)	Entry code E1 E2 R2 R3 R5 R6
PowerSchool #	Teacher Track

CONTINUED ON NEXT PAGE >

STUDENT DATA SHEET



CONTACT INFORMATION

Include names of parents or other legal guardians below.

1. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	
2. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	
3. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	
4. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	
5. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	

STUDENT DATA SHEET

Page 3 of 3



WAKE COUNTY
PUBLIC SCHOOL SYSTEM

EMERGENCY CONTACT

Emergency Contact's First Name

Emergency Contact's Last Name

Emergency Contact's Phone Number
() -

Emergency Contact's Relationship to Child

SCHOOL HISTORY

Does the student have an IEP?

Yes No

Does the student have a 504 plan?

Yes No

What language is spoken at home?

English Other: _____

Does the student receive services through Title I?

Yes No

Has your child ever been enrolled in a Wake County school? Yes No

If "yes", which school did your child attend? School name: _____ Start date _____ End date _____

Has your child ever been enrolled in a North Carolina school? Yes No

If "yes", which school did your child attend? School name: _____ Start date _____ End date _____

Which school did your child last attend? School name: _____ Start date _____ End date _____

Address of last school your child attended

Type of school last attended

Public Private Charter Home

City

State

Zip Code

HEALTH INFORMATION

Note any unusual physical conditions such as convulsion disorders, severe allergies or any condition for which the school should extend extraordinary care:

CONSENT FOR RELEASE OF INFORMATION

I authorize the release of my student's information to persons listed under the Family Information and Emergency Contact sections. I certify that all information provided above is true. Anyone listed as mother, father, or legal guardian will receive automated phone calls, texts, and email. Parents and legal guardian will have the opportunity to customize their communication preferences.

Parent/Guardian Signature

Date (mm/dd/yy)

TRANSPORTATION SERVICE REQUEST



INSTRUCTIONS

Use this form to request transportation service for students based on their home address of record with WCPSS. Parents must complete this form approximately one month before the start of school to guarantee bus service on the first day of school. Specific deadlines for requesting service can be found at www.wcpss.net/transportation. Students must be eligible for transportation to receive services. To check eligibility, visit www.wcpss.net/preview. Requests received after 30 days prior to the first day of school will be processed in the order received. Eligible students will be added to existing bus stops during the first 30 days of school if there is capacity. Bus stop locations are posted on the WCPSS Transportation web page at least one week prior to the start of school.

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TRANSPORTATION REQUEST

Will your student need bus transportation?

Yes No

Name of school enrolled

If yes, when will this student need transportation?

AM/PM (round-trip) AM only (morning rider) PM only (afternoon rider)

PARENT/GUARDIAN INFORMATION

Parent's First Name

Parent's Last Name

E-mail

Phone Number (Best number to reach you)

Street Address

City

State

Zip Code

STUDENT INFORMATION

Student's First Name

Student's Last Name

Street Address (If different from parent)

City

State

Zip Code

FOR OFFICE USE ONLY

Registering school

Student ID Number

Name of Staff Member

RESIDENCY FORM



INSTRUCTIONS

- Answers below will be used to determine if the student is eligible to receive services to support his/her educational success.
- **Answers are confidential and will not be reported to landlords, housing authorities, law enforcement or immigration.**
- If you need assistance completing the form, please alert school staff.
- If you would like a private, confidential conversation about this form, please ask for the McKinney-Vento Liaison at the school.

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RESIDENCY INFORMATION

YES - The student lives with a parent/legal guardian in a permanent residence owned or leased by the parent/legal guardian → [IF YES, STOP HERE] ←

Where is the student staying at night? (You may choose more than one option.)

- A friend, relative or other person(s) is letting the student and/or family stay at their place temporarily
- In a car, park, campsite, abandoned building/home In a motel/hotel In a shelter Moving from place to place In a church
- In a place where a housing program helps pay for rent (ex. The Caring Place, Families Together, Passage Home, Support Circle)

Residency and Educational Rights

A student without a fixed, regular, and adequate living situation has the following rights:

- Immediate enrollment and free transportation to the WCPSS school he/she was attending when he/she was forced to move;
- Or, immediate enrollment in the school assigned to the address where he/she is currently staying with bus transportation provided;
- Immediate enrollment even if he/she does not have all of the documents normally required at the time of enrollment;
- Access to free meals, Title I and other educational programs.

The McKinney-Vento Liaison will contact you if your student may be eligible for services that will support your child's education. If you have any questions about these rights, please ask to speak with the McKinney-Vento Liaison at the school or you may call the McKinney-Vento District Liaison, Michelle Mazingo, at (919) 694-0574.

FAMILY INFORMATION

I am a (please choose one): Parent Legal Guardian Relative/Caregiver Student enrolling myself Foster Parent Other _____

Name of Person Enrolling Student

Address		Apartment, Suite or Room Number
City	State	Zip Code
Phone Number () -		Alternate Phone Number () -
Do you rent or own this address? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is this address temporary because of financial or other hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENCY FORM

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WAKE COUNTY
PUBLIC SCHOOL SYSTEM

STUDENT INFORMATION

Student's Last Name	Student's First Name	Date of Birth (mm/dd/yyyy)
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Name of any other schools attended this CURRENT school year: _____ _____ <i>*If eligible, transportation may be provided for your child to their last school.</i>	Does this student have a current IEP, receive Special Education Services, have a 504 plan or receive other extra help? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List ALL siblings including age 0-4 and children under age 21 not in school (additional services may be available):	Please mark next to the item(s) you would like more information about:																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:40%;">Date of Birth</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Date of Birth													<table style="width:100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Pre-school Programs <input type="checkbox"/> Before/After School Programs <input type="checkbox"/> Special Education Services <input type="checkbox"/> Title 1 (Elementary Only) <input type="checkbox"/> 504 Accomodations <input type="checkbox"/> School Supplies <input type="checkbox"/> Mental Health Services (Adult) <input type="checkbox"/> Mental Health Services (Child) </td> <td style="vertical-align: top; border-left: 1px solid black; padding-left: 10px;"> <input type="checkbox"/> Housing <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunizations <input type="checkbox"/> Address Confidentiality Program <input type="checkbox"/> Other _____ _____ </td> </tr> </table>	<input type="checkbox"/> Pre-school Programs <input type="checkbox"/> Before/After School Programs <input type="checkbox"/> Special Education Services <input type="checkbox"/> Title 1 (Elementary Only) <input type="checkbox"/> 504 Accomodations <input type="checkbox"/> School Supplies <input type="checkbox"/> Mental Health Services (Adult) <input type="checkbox"/> Mental Health Services (Child)	<input type="checkbox"/> Housing <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunizations <input type="checkbox"/> Address Confidentiality Program <input type="checkbox"/> Other _____ _____
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By signing below, I agree that I have received and understood the residency and educational rights above.

_____ Signature of Parent(s)/Guardian(s)/Caregiver(s)/Student	_____ Date (mm/dd/yyyy)
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HOME LANGUAGE SURVEY



**WAKE COUNTY
PUBLIC SCHOOL SYSTEM**

INSTRUCTIONS

The Wake County Public School System strives to provide access to school information in a language that parents can understand. Therefore, your response to the following questions is needed. If a language other than English is listed in any question 1-3, or a country other than U.S. is listed, make an appointment with WCPSS' **Center for International Enrollment** to begin the enrollment process.

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STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Date of Birth (mm/dd/yyyy)	School	School Year
Country of student's birth	Student's initial entry into a U.S. school (mm/dd/yyyy)	

HOME LANGUAGE INFORMATION

Federal and state policies require schools to determine the language(s) spoken at home by each student. If the answer to any of the questions below is a language other than English, your child may be assessed on the WIDA ACCESS Placement Test (W-APT) to determine English language proficiency. Based on the results, your child may be identified as LEP and qualify for ESL services. All identified LEP students will be assessed annually until exiting LEP identification.

Please answer the following questions:

What language does your son/daughter most frequently use to communicate?	What language do you most frequently speak to your son/daughter?
What language did your son/daughter learn when he/she first began to talk?	
Do you need translation services to understand WCPSS school records? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Do you need an interpreter for school system meetings involving your child's education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Parent/Guardian Signature	Date (mm/dd/yyyy)
Parent/Guardian Home/Cell Phone () -	Parent/Guardian Work Phone () -

SCHOOL AND CIE OFFICE USE ONLY

School staff member assisting parent (please print)	Position
Signature of staff member assisting parent	Date (mm/dd/yyyy)
CIE appointment date / call (919) 431-7404	Appointment time
Signature of CIE staff member receiving fax	Date (mm/dd/yyyy)
Date HLS faxed to CIE / Fax: (919) 431-7410	

KINDERGARTEN PARENT OBSERVATION FORM



Page 1 of 2

INSTRUCTIONS

Welcome to Kindergarten in the Wake County Public School System. It is important for us to get to know each child and his or her family. You know your child best. By sharing your insights and expectations, you will help us plan a program to best meet your child's needs. Please provide any comments that will help make this kindergarten year a rewarding experience for your child.

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STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Child lives with:	Relationship to child:	Child's date of birth (mm/dd/yyyy):
List the names and ages of the child's brothers:		List the names and ages of the child's sisters:

List others living in the home:

Has your child attended a preschool/daycare? Yes No

If yes, how long? 6 months 1 year 2 years More than 2 years List schools: _____

Has your child received early intervention services (speech/language therapy, educational interventions, counseling, etc.)?

Yes No If yes, please explain: _____

GENERAL HEALTH INFORMATION

Please list any health concerns that you or your doctor have observed (asthma, stomach aches, seizures, bed wetting, nightmares, etc.):

Does your child have any food allergies?

Yes No If yes, please list: _____

Was your child a full-term baby?

Yes No

Is your child presently on medication?

Yes No If yes, what medication and for what purpose? _____

Has your child had any significant injuries, illness, or hospitalizations?

Yes No If yes, please explain: _____

Has your child had any traumas or family stress (relocation, separation, divorce, death in the family, etc.)?

Yes No

Do you have any concerns about your child's development (social, language, motor, academic, etc.)?

Yes No

CONTINUED ON NEXT PAGE >

KINDERGARTEN PARENT OBSERVATION FORM



Page 2 of 2

LANGUAGE/LITERACY DEVELOPMENT

Please write comments in the space provided, if necessary.

How often do you read to your child?

- Every day 2-3 times a week Once a week One a month Not at all/Never

Does your child express his/her ideas clearly?

- Yes No

Does your child understand stories read to him/her?

- Yes No

Does your child try to read books from memory?

- Yes No

PERSONAL/SOCIAL DEVELOPMENT

Please write comments in the space provided, if necessary.

Does your child play well with at least one child?

- Yes No

Does your child usually make an effort to solve problems before seeking help?

- Yes No

Does your child show concern for using materials and equipment safely and appropriately?

- Yes No

Does your child cry often?

- Yes No

Does your child separate easily from parents(s)?

- Yes No

Does your child continue an activity without constant attention and encouragement?

- Yes No

Does your child accept limits set by adults?

- Yes No

OTHER INFORMATION

Please tell us what you would like us to know about your child.

Please tell us what you would like your child to gain from this year in Kindergarten.

STUDENT NAME AND PHOTOGRAPH/VIDEO PRIVACY RELEASE



INSTRUCTIONS

This form explains potential uses of student photographs and video images by the Wake County Public School System (WCPSS) and allows you to grant or deny permission to the WCPSS to release your child's image for display or publication.

Yearbook and class photos are handled separately. If you do not want your child to be in the class photographs or yearbook, contact the school directly.

This form also allows a parent or guardian the choice whether or not their student may be identified by name on the school or district's Internet websites. Student names may be released unless a parent or guardian has expressly contacted the school and requested that their student's "directory information" not be shared. However, as a safeguard, the district does not directly publish student names to the Internet unless given permission by a parent or guardian.

The WCPSS uses internal and external media to highlight the K-12 experience in a variety of ways, which may include the use of photographs and videos of students. For example, student images may be published or displayed in printed materials (such as brochures and newsletters), videos, school websites, and information about school events and activities provided to external organizations and media outlets. Parents have two options for granting or denying consent:

- Parents may deny permission for any display or publication of their student's image. You should select this option if you do not want your student's photograph to be used on the WCPSS or individual school websites, in WCPSS or school publications, or in release to external organizations (such as PTA and booster clubs) or the media.
- Parents also may grant permission for their student's image to be published or displayed in print, video, and/or digital media. Selecting this option means that your student's photograph and name may appear in WCPSS or school publications, on the WCPSS or individual school websites, and may be released to external organizations (such as PTA and booster clubs) or the media.

Please complete this form and have your student return it to his or her school. **This consent form remains valid throughout your student's K-12 experience with the Wake County Public School System or until a new form is completed and signed by a parent/guardian or eligible student.**

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CONSENT FOR NAME, PHOTO AND VIDEO

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
----------------------------------	-----------------------------------	------------------------------------

Photo/Video Release

I deny permission to use my child's image for display, publication or release to external organizations.

I grant permission for use of my child's image in print, video and/or digital media. I understand that my child's image may be used or released by the WCPSS without additional notification and that my child's name may appear along with his or her photograph.

Name Release

I grant permission for my child to be identified by name on the school or district's Internet websites.

I deny permission for my child to be identified by name on the school or district's Internet websites.

Name of Parent/Guardian (or student, if over age 18)

Signature	Date (mm/dd/yyyy)
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VERIFICATION OF CHILD CUSTODY



WAKE COUNTY
PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

For information regarding district policies on custody, please review Board Policy 6030 and R&P 6030.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

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यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएँ चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

STUDENT INFORMATION

Student's Legal Last Name

Student's Legal First Name

Student's Legal Middle Name

Complete the information below.

I, _____ am the [Father Mother Legal Custodian] of the above named child.
PRINT YOUR NAME CHECK ONE

Are there any custody issues involving this student of which the school needs to be aware?

Yes No

Have custody papers been presented to the school for this student?

Yes No

Note: A copy of custody papers is requested by the school, when applicable, to ensure that the school contacts the person who has legal custody of the student concerning school matters. We appreciate your cooperation in this matter.

Signature of person completing this form

Date (mm/dd/yyyy)

CONSENT FOR TECHNOLOGY AND DIGITAL RESOURCE USE

INSTRUCTIONS

Parental permission is required in order for your student to access technology and digital resources at school. The Wake County Public School System (WCPSS) uses a variety of technology and digital resources to enable and enhance instruction. With permission, students may use physical devices, including but not limited to, computers, tablets, iPads, and iPods (all of which allow some degree of Internet access.) Students may also access web-based applications to create, review, store, share and potentially post their work on the Internet. Examples of these tools include, but are not limited to Google Apps for Education (not Gmail), SAS Curriculum Pathways, and WCPSS student E-Mail (K-5 at the principal's request) . In addition, student information and student work may be maintained by and stored on web-based instructional sites and applications. Not all tools are used at all grade levels.

WCPSS has several processes in place to protect students while using technology and digital resources. Students are educated every year about appropriate online behavior, including interacting with other individuals on social networking websites and cyber bullying awareness and response. The district also uses Internet filters to remove most harmful content. Students' Internet activity and e-mail communications may be monitored by school personnel as provided in Board Policy 3225.

Students are expected to use technology and digital resources under their teacher's direction for educational purposes only in accordance with Board Policy 3225 and related 3225 R&P referred to collectively as the Responsible Use Policy or RUP.

- You may grant permission for your student to access technology and digital resources. You should select this option if you want your student to use computers, tablets, etc. and be allowed to access web-based curriculum tools. Your permission grants WCPSS the right to create a WakeID necessary to access web-based instructional tools. The WakeID is visible in various applications to teachers and students across the school system.
- Parents may deny permission for their student to access technology and digital resources. You should select this option if you do not want your student to use a computer or other physical device or to access web-based curriculum tools.
- Several mandatory state and federal student assessments are solely available over the Internet. These tests and assessments will be administered to ALL students. Temporary technology access for these tests will be granted for students who do not have a signed opt-in on file.

Please complete this form and have your student return it to his or her school. Consent remains valid throughout your student's K-12 experience with the Wake County Public School System or until a new form is completed and signed by a parent/guardian and eligible student.

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PERMISSION FOR TECHNOLOGY AND DIGITAL RESOURCE USE

Student's Legal Last Name	Student's Legal First Name	Student ID (required)
Technology and Digital Resource Permission		
<input type="checkbox"/> I GRANT permission for my student to use all technology and digital resources, both devices and web based applications. We have read and agree to the terms of the WCPSS Student Responsible Use Policy.		
<input type="checkbox"/> I DENY permission for my student to use any technology and digital resources, both devices and web based applications. We have read the WCPSS Student Responsible Use Policy.		
Name of Parent/Guardian		
Parent Signature	Date (mm/dd/yyyy)	
Student Signature	Date (mm/dd/yyyy)	

MILITARY CONNECTED STUDENTS



INSTRUCTIONS

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard or Reserves, Retired Military, Disabled Veteran or a Federal Civil Service Employee?

- **If yes**, complete and return one form for each school-aged child in your household.
- **If no**, discard form.

N.C. General Statute 115C-12(18) requires schools to develop a means to serve the unique needs of students identified as military-connected students. The information you provide will help us to better support military connected students during pivotal times. Your child's military connected information will be entered into PowerSchool and will be accessible to student support staff. An icon will be present on your child's PowerSchool record indicating that he or she is military connected. The information gathered by this form will not be placed in your child's cumulative folder.

N.C. General Statute 115C-12(18) can be found at: www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_115C/GS_115C-12.pdf

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

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STUDENT INFORMATION

Student's Last Name	Student's First Name	Student's Middle Name
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FAMILY INFORMATION

Please list immediate family members who are connected to the U.S. military. Immediate family member is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the student.

Relationship to Student (required)	Branch (required)	Status (required)	Base/Unit (optional)	Grade (optional)
	Air Force Army Coast Guard Marine Corps Navy	Active Duty National Guard Reserves Retired Military Disabled Veteran Federal Civil Service	The facility where the service member fulfills their duty or role. Examples include Fort Bragg, N.C. National Guard JFHQ/Armories, Knightdale Reserve Center, Ohio, Afghanistan, etc.	Enlisted (E1 - E9) Officer (O1-O10) Warrant Officer (W1-W5)
1.				
2.				
3.				



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:





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:

