

Registering School \_\_\_\_\_

School # \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>ENTRY DATE</b>	<input type="text" value="- -"/>	<b>ENTRY CODE:</b>	<b>E1</b>	<b>E2</b>	<b>R2</b>	<b>R3</b>	<b>R5</b>	<b>R6</b>
<b>NCWISE ID#/MF</b>	<input type="text"/>	<b>TEACHER</b>	<input type="text"/>				<b>TRACK</b>	<input type="text"/>

STUDENT'S LEGAL LAST NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT'S LEGAL FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

**SEX** (check one)  Male or  Female

**ETHNICITY** (check one)  Hispanic/Latino  Not Hispanic/Latino

**RACE** (check all that apply)  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Does your child have an **IEP?**  Y  N **or 504 Plan?:**  Y  N

Does your child receive services through: **ESL?**  Y  N **or Title One?**  Y  N

**ADDRESS** \_\_\_\_\_  
Street City State Zip

**BIRTH** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **HOME PHONE** (\_\_\_\_) \_\_\_\_\_  
mm dd yyyy

**WITH WHOM DOES STUDENT RESIDE?** (circle one)  Mother only  Father only  Both Parents  Legal Custodian  Other \_\_\_\_\_

**FATHER/STEPFATHER** \_\_\_\_\_ **CELL PHONE** (\_\_\_\_) \_\_\_\_\_  
**PLACE OF EMPLOYMENT** \_\_\_\_\_ **WORK PHONE** (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**MOTHER/STEPMOTHER** \_\_\_\_\_ **CELL PHONE** (\_\_\_\_) \_\_\_\_\_  
**PLACE OF EMPLOYMENT** \_\_\_\_\_ **WORK PHONE** (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**LEGAL CUSTODIAN** \_\_\_\_\_ **CELL PHONE** (\_\_\_\_) \_\_\_\_\_  
(if not parent)  
**PLACE OF EMPLOYMENT** \_\_\_\_\_ **WORK PHONE** (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**MAILING ADDRESS** (If different from above) \_\_\_\_\_  
Street City State Zip

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Has your child ever been enrolled in a Wake County School?  Y  N Which school? \_\_\_\_\_ Dates: \_\_\_\_\_  
 Has your child ever been enrolled in a North Carolina School?  Y  N Which school? \_\_\_\_\_ Dates: \_\_\_\_\_

Name of last school your child attended: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Address of last school attended: \_\_\_\_\_

Type of school last attended:  Public  Private  Charter  Home  
Street City State Zip

List siblings attending WCPSS: \_\_\_\_\_ Grades \_\_\_\_\_  
 List non-school age siblings: \_\_\_\_\_

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**Emergency Medical Information** – Note any unusual physical conditions, convulsion disorders, severe allergies, etc. - any condition for which the school should extend extraordinary care: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency contact person: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_