

Registering School _____

School # _____

FOR OFFICE USE ONLY

ENTRY DATE []- []- [] ENTRY CODE: E1 E2 R2 R3 R5 R6
NCWISE ID#/MF [] TEACHER _____ TRACK []

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 ([])

WITH WHOM DOES STUDENT RESIDE? (circle one) Mother only Both Parents Father only 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

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: _____

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: _____



Student Name and Photograph/Video Privacy Release

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 son or daughter to be in the class photographs or yearbook please contact the school directly.

This form also allows a parent or guardian the choice whether or not their child 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 child’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 child’s image. You should select this option if you do not want your child’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 child’s image to be published or displayed in print, video, and/or digital media. Selecting this option means that your child’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 child return it to his or her school. **This consent form remains valid throughout your child’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.**

Print Student’s Full 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.

_____/_____
Parent/Guardian (or Student over age 18) (Printed Name / Signature) Date

Verification of Child Custody

Only Parents or Legal custodians may register students for school. You will be asked to provide a Driver's License or other form of Photo ID.

Student's Name _____
(Please print)

Date _____

I, _____ am the:
(Print your name)

(Please check one of the following)

Father

Mother

Legal Custodian *(You must present Legal Custody papers to the school.)*

...of the above named child.

Are there any custody issues involving this student of which the school needs to be aware? Yes No (Please check one)

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

Yes No (Please check one)

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: _____

Discipline Status Enrollment Form

Students transferring into or requesting re-enrollment in the Wake County Public Schools System must complete this form.
Note: This form should NOT be given to students who are immediately returning from suspension.

Please Print

Name of Student Requesting Enrollment							
Age		Date of Birth	/	/	Grade		
Address of Student				City		Zip	
Parent's/ Guardian's Name							
Address (if different from above)				City		Zip	
Home Telephone	()	Work Telephone	()				
Last School Attended					Withdrawal Date		
Address of Last School							
City			State		Zip		
Phone Number of Previous School	()						
Identified for Special Education Services	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the exceptionality:				

Current Discipline Status of Student Seeking Enrollment

Check appropriate box:

- Is not currently*** suspended or expelled from any school and does not have pending suspension or expulsion.
- Has been **recommended** for long-term suspension (more than ten (10) days) or expulsion (permanent removal from school) from _____ (school), and that recommendation is currently pending. Describe the offense for which the recommendation is being made and the proposed beginning and ending dates of the suspension/expulsion. ***(A copy of suspension/expulsion data must be attached.)***

- Has been long-term suspended (more than ten (10) days) or expelled from and is currently serving the term of suspension or expulsion _____ (school). Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion. ***(A copy of suspension/expulsion data must be attached.)***



Students Records Request

The following student has enrolled in the Wake County School System at _____ School.

Student Name: _____

Date of Birth: _____

School Transferring From: _____

Address: _____

Phone: _____ Fax: _____

Please forward to us all records you have on this student including the following so that enrollment may be completed.

- Student Cumulative Folder
- Attendance Reports
- Report Cards
- Student Health Information
- Student Confidential Information(Special Educations Services)
- Student Related Services Information (Speech, PT, OT)

Records should be sent to:

School Name: _____

Address: _____

Fax #: _____

We appreciate your taking time to mail this information at your earliest convenience. **If there is an IEP or other special services for this student, please FAX that information as soon as possible.** If further information is needed, please feel free to contact us. Thank you.

Federal Law 99.21- "No Parent Signature required for Educational Records sent to another Educational Agency."