



**WAKE COUNTY**  
**PUBLIC SCHOOL SYSTEM**

Crossroads I  
5625 Dillard Drive  
Cary, NC 27518

# **ENROLLMENT PACKET**

FOR STUDENTS ENTERING 1<sup>st</sup>-5<sup>th</sup> GRADE

# 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.wcps.net/assignment](http://www.wcps.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

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

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

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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

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

Which category best describes the student's race? (This information is used for U.S. 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) <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both parents <input type="checkbox"/> Legal custodian <input type="checkbox"/> 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 custodians below.

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

# STUDENT DATA SHEET

Page 3 of 3



## 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What language is spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Other: _____	Does the student receive services through Title 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child <u>ever</u> been enrolled in a Wake County school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", which school did your child attend?    School name: _____    Start date _____    End date _____		
Has your child <u>ever</u> been enrolled in a North Carolina school? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> 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 custodian will receive automated phone calls, texts, and email. Parents and legal custodian will have the opportunity to customize their communication preferences.

Parent/Legal Custodian Signature	Date (mm/dd/yyyy)
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# TRANSPORTATION SERVICE REQUEST



## INSTRUCTIONS

Use this form to request transportation service for students based on their home address of record with WCPSS. Parents/Legal Custodians 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](http://www.wcpss.net/transportation). Students must be eligible for transportation to receive services. To check eligibility, visit [www.wcpss.net/preview](http://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.

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

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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/LEGAL CUSTODIAN INFORMATION

Parent's/Legal Custodian's First Name

Parent's/Legal Custodian'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/legal custodian)

City

State

Zip Code

### FOR OFFICE USE ONLY

Registering school

Student ID Number

Name of Staff Member

# RESIDENCY FORM



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## STUDENT INFORMATION

I am a (please choose one):  Parent  Legal Custodian  Relative or Caregiver  Student enrolling myself  Foster Parent

Name of Person Enrolling Student		Wake County school(s) student attended in current school year		Student Powerschool #, if known	
Student's Last Name		Student's First Name		Date of Birth (mm/dd/yyyy)	
Street Address		Apt./Rm./Suite #	City		Zip Code
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		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	
Phone Number ( ) -		Alternate Phone Number ( ) -		Email Address	

## RESIDENCY INFORMATION

Answers below will not be reported to Child Protective Services, landlords, housing authorities, law enforcement or immigration.

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

- The student lives with a parent or legal custodian in a residence owned or leased by the parent or legal custodian → [If the residence is owned or leased by the parent or legal custodian, you may stop here.]
- In a motel or hotel  In a shelter  Moving from place to place  In a church
- 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 or home
- In a residence where a church or other organization pays for all or part of the current 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 that is eligible for McKinney-Vento has the following rights:

- Immediate enrollment and free transportation to the WCPSS school he or she was attending when he or she was forced to move;
- Or, immediate enrollment in the school assigned to the address where he or she is currently staying with bus transportation provided;
- Immediate enrollment even if he or 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 school 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 school McKinney-Vento Liaison or you may call the McKinney-Vento District Liaison, Michelle Mozingo, at (919) 694-0574

# RESIDENCY FORM



## FAMILY INFORMATION

Answers below will not be reported to Child Protective Services, landlords, housing authorities, law enforcement or immigration.

List all siblings including age 0-4 and children under age 21 who are not in school. Additional services and/or resources may be available.

Name of Siblings	Last Wake County School Attended (if school age)	✓ If age 0-5 and not in school	✓ If age 16-21 and not in school	Date of Birth (mm/dd/yyyy)	Gender	Race

Please mark next to the item(s) listed below if you would like to receive information on these additional resources:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Housing or Shelter                | <input type="checkbox"/> Food                                | <input type="checkbox"/> Clothing                        | <input type="checkbox"/> School Supplies           |
| <input type="checkbox"/> Birth Certificate                 | <input type="checkbox"/> Immunizations                       | <input type="checkbox"/> Address Confidentiality Program | <input type="checkbox"/> School Based Medical Plan |
| <input type="checkbox"/> Preschool Program                 | <input type="checkbox"/> Before/After School Program         | <input type="checkbox"/> Special Education Services      | <input type="checkbox"/> 504 Accommodation         |
| <input type="checkbox"/> Mental Health Services for Adults | <input type="checkbox"/> Mental Health Services for Children | <input type="checkbox"/> Other: _____                    |  |

By signing below, I agree that I have received and understood the residency and educational rights above.

\_\_\_\_\_  
Signature of Parent(s)/Legal Custodian(s)/Caregiver(s)/Student

\_\_\_\_\_  
Date (mm/dd/yyyy)

# HOME LANGUAGE SURVEY



## INSTRUCTIONS

The Wake County Public School System strives to provide access to school information in a language that parents/legal custodians 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

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
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/ Legal Custodian Signature	Date (mm/dd/yyyy)
Parent/Legal Custodian Home/Cell Phone ( ) -	Parent/Legal Custodian 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	



# VERIFICATION OF CHILD CUSTODY



## INSTRUCTIONS

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

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## 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)

# 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 legal custodian 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 legal custodian 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 legal custodian.

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/Legal Custodians have two options for granting or denying consent:

- Parents/Legal Custodians 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/Legal Custodians 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/custodian or eligible student.

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## CONSENT FOR NAME, PHOTO AND VIDEO

<b>Student’s Legal Last Name</b>	<b>Student’s Legal First Name</b>	<b>Student’s Legal Middle Name</b>
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**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/Legal Custodian (or student, if over age 18)

Signature	Date (mm/dd/yyyy)
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# DISCIPLINE STATUS FORM

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## INSTRUCTIONS

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

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## STUDENT INFORMATION

<b>Student's Legal Last Name</b>		<b>Student's Legal First Name</b>		<b>Student's Legal Middle Name</b>	
Date of Birth (mm/dd/yyyy)		Age		Grade	
Student's Address				Apartment or Suite Number	
City		State		Zip Code	
Parent's/Legal Custodian's Name					
Parent's/Legal Custodian's Address (if different from above)				Apartment or Suite Number	
City		State		Zip Code	
Home Phone Number ( ) -				Work Phone Number ( ) -	

## PREVIOUS SCHOOL ATTENDED

School Name		Withdrawal Date (mm/dd/yyyy)	
School Address		Phone Number ( ) -	
City		State	
Was the student identified for Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the exceptionality:	

CONTINUED ON NEXT PAGE >

SCHOOL USE ONLY | SCHOOLS MUST COMPLETE ALL SPACES.

<input type="checkbox"/> APPROVED ENROLLMENT. If approved, place in cumulative folder.		<input type="checkbox"/> DENIED ENROLLMENT. If denied, <b>immediately</b> fax to student due process office at (919) 431-7319.	
Name of School	School official signature	Date	

SDP USE ONLY

SDP decision	Date
Contacted	Date

# DISCIPLINE STATUS FORM

PAGE 2 OF 2



## CURRENT DISCIPLINE STATUS

A copy of suspension/expulsion data must be attached to this form.

Check appropriate box:

- The student is **NOT** currently suspended or expelled from any school or does not have a pending suspension or expulsion
- The student is/has been recommended for a long-term suspension of more than ten days or expulsion (permanent removal from school) from \_\_\_\_\_ and that recommendation is currently pending.

SCHOOL NAME

Describe the offense for which the recommendation is being made and the proposed beginning and ending dates of the suspension/expulsion.

- The student is/has been long-term suspended for more than ten days or expelled and is currently serving the term of suspension or expulsion from \_\_\_\_\_.

SCHOOL NAME

Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion.

## FELONY CONVICTIONS

Has this student been convicted of a felony?

- Yes  No

If yes, what was the conviction?

City/Town Where Conviction Occurred

State Where Conviction Occurred

Date of Conviction (mm/dd/yyyy)

Description of Offense

Probation Officer

Phone Number

( ) -

Court Counselor

Phone Number

( ) -

## PARENT OR COURT APPOINTED CUSTODIAN AFFIDAVIT

Initial below:

\_\_\_\_\_ I verify that the above information is true and accurate.

\_\_\_\_\_ I give consent to the Wake County Public School System to share this document with student's previous school and to obtain information or records from that to verify the information on this form.

I understand that providing false information is a criminal act. If it is found that a person willfully and knowingly provide d false information in this affidavit, they shall be guilty of a Class I misdemeanor and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment, not to include state funds (G.S. 115C-366(a3)).

Signature of the Parent/Court-Appointed Custodian \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY A NOTARY PUBLIC

State of North Carolina

County of: \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public for said County and State, do hereby certify that \_\_\_\_\_

personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_



Wake County Public School System  
Crossroads I  
5625 Dillard Drive  
Cary, NC 27518

# RE: STUDENT RECORDS REQUEST

**Date:** \_\_\_\_\_

The following student has enrolled in the Wake County School System:

Student's Legal Last Name		Student's Legal First Name		Student's Legal Middle Name	
Date of Birth (dd/mm/yyyy)					
School Transferring From:					
Address					
City		State		Zip	
Phone Number (     )     -			Fax Number (     )     -		

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					
City		State		Zip Code	
Phone Number (     )     -			Fax Number (     )     -		

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.

# 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/legal custodian and eligible student.

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 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 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

## 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/Legal Custodian		
Parent/Legal Custodian 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?

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

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

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](http://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

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

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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 Last Name

Student's First Name

Student's Middle Name

## 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, legal custodian 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.				



**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:

