



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

Crossroads I  
5625 Dillard Drive  
Cary, NC 27518

# **ENROLLMENT PACKET**

**FOR STUDENTS ENTERING KINDERGARTEN**

# STUDENT DATA SHEET

Page 1 of 2



## 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](http://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 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	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
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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)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary 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

<b>Mother/Stepmother's First Name</b>	<b>Mother/Stepmother's Last Name</b>
Mother/Stepmother's Place of Employment	Mother/Stepmother's Email
Mother/Stepmother's Cell Phone ( ) -	Mother/Stepmother's Work Phone ( ) -
<b>Father/Stepfather's First Name</b>	<b>Father/Stepfather's Last Name</b>
Father/Stepfather's Place of Employment	Father/Stepfather's Email
Father/Stepfather's Cell Phone ( ) -	Father/Stepfather's Work Phone ( ) -
<b>Legal Custodian's First Name (if not parent)</b>	<b>Legal Custodian's Last Name</b>
Legal Custodian's Place of Employment	Legal Custodian's Email
Legal Custodian's Cell Phone ( ) -	Legal Custodian's Work Phone ( ) -

CONTINUED ON NEXT PAGE >

### FOR OFFICE USE ONLY

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

# STUDENT DATA SHEET



## FAMILY INFORMATION (continued)

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) \_\_\_\_\_

## 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

## EMERGENCY HEALTH INFORMATION

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

Emergency Contact's First Name

Emergency Contact's Last Name

Emergency Contact's Phone Number

(   )   -

Emergency Contact's Relationship to Child

# MCKINNEY-VENTO QUESTIONNAIRE



**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

## INSTRUCTIONS

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C.11431 et.seq. The answers to this residency information help determine the services the student may be eligible to receive. This is not to be taken as an exhaustive list. Other factors may be involved which are not included but may meet the student status for McKinney-Vento. Please be aware that presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs (TEC Sec. 25.002(3)(d)).

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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	PowerSchool #
Is your current address a temporary living arrangement? <input type="checkbox"/> Yes (Please continue filling out this form.) <input type="checkbox"/> No ( <b>STOP</b> . You have completed this form.)		
Is this temporary living arrangement due to loss of housing, economic hardship or similar reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where is the student presently living? (Please check one box.) <input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> Awaiting foster placement <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> Moving from place to place <input type="checkbox"/> With a parent or guardian in the residence of a friend or relative temporarily <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite		
With whom is the student living? (Please check one box.) <input type="checkbox"/> One parent or legal custodian <input type="checkbox"/> Two parents <input type="checkbox"/> One parent and another adult <input type="checkbox"/> Relative (not parent or legal custodian) <input type="checkbox"/> An adult (not a parent or legal guardian) <input type="checkbox"/> Unaccompanied by adult <input type="checkbox"/> Friend <input type="checkbox"/> Alone		
Last School Attended		

## PARENT/GUARDIAN INFORMATION

Name of Legal Parent(s)/Legal Guardian(s)	Phone Number ( ) -
Address	Apartment or Suite Number
City	State
Zip Code	
Signature of Parent(s)/Legal Guardian(s)	Date (mm/dd/yyyy)
<i>If applicable</i> -Signature of DSS Case Manager	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 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 <b>student's</b> birth	Student's <b>initial</b> 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 <b>translation</b> services to understand WCPSS school records? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Do you need an <b>interpreter</b> 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



**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

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## 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 (dd/mm/yyyy):
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List the names and ages of the child's brothers:	List the names and ages of the child's sisters:
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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

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# KINDERGARTEN PARENT OBSERVATION FORM



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## 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

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

<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/Guardian (or student, if over age 18)

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



## INSTRUCTIONS

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 identification.

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## STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
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Complete the information below.

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

**Note:** Legal custodians must present legal custody papers to the school.

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 (dd/mm/yyyy)
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