

# STUDENT DATA SHEET

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## 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 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

<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 ( ) -
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:
<b>Family's Home Address</b>	Apartment or Suite Number
City	State
Zip Code	
<b>Mailing Address</b> (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

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## CONTACT INFORMATION

Include names of parents or other legal guardians below.

<b>1. First Name</b>		<b>Last Name</b>	
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	
<b>2. First Name</b>		<b>Last Name</b>	
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	
<b>3. First Name</b>		<b>Last Name</b>	
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	
<b>4. First Name</b>		<b>Last Name</b>	
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	
<b>5. First Name</b>		<b>Last Name</b>	
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	

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**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? <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 I? <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 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)
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