

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. 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 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

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
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 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

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CONTACT INFORMATION

Include names of parents or other legal custodians below.

1. First Name		Last Name	
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	Place of Employment
2. First Name		Last Name	
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	Place of Employment
3. First Name		Last Name	
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	Place of Employment
4. First Name		Last Name	
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	Place of Employment
5. First Name		Last Name	
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	Place of Employment

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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/yy)
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