

Davidson County Schools Enrollment/Registration Information

For Office Use Only (Section In Gray)		Student ID #	
Grade		E1 Int enroll-this year	R3 Transfer from another LEA
Admission Date		E2 Int enroll from non-NC school	R5 Re-enroll Previous W1
Homeroom / Team		R2 Transfer within Same LEA	R6 Re-enroll Previous W2
Enrolling School			
Proof of Residency <i>More than 2 proofs may be required</i>		Utility Bill Purchase Agreement	Phone Bill (<i>not</i> Cell Phone) USPS Official Change of Address Form
		Rent/Lease Agreement Other	
Student Information			Date of Birth
Legal Last Name			First Name
Middle Name			Preferred First Name
Last School Attended	Location-City, State	Last School Phone No.	
Ethnicity (check one)	Gender Male Female		Primary Phone No.
<input type="checkbox"/> Hispanic			
<input type="checkbox"/> Non-Hispanic			
Primary 911 Address			
Race (Check All Applicable)	Street No. & Name		
<input type="checkbox"/> Am Indian/Alaska Native	City & Zip Code		
<input type="checkbox"/> Native Hawaiian/Pacific Islander			
<input type="checkbox"/> Black/African-American	Mailing Address (if different from 911 Address)		
<input type="checkbox"/> Asian	Street No. & Name		
<input type="checkbox"/> White	City & Zip Code		
School Age Siblings			
Last Name	Sibling 1	Last Name	Sibling 2
First Name	Relationship	First Name	Relationship
DOB		DOB	
Last Name	Sibling 3	Last Name	Sibling 4
First Name	Relationship	First Name	Relationship
DOB		DOB	
In the case of joint custody, correspondence and phone communication will be provided to the Primary Address and Phone No. listed above, unless other arrangements have been made with the school.			
Parent/Guardian/Legal Custodian Information			
If the parents are separated or divorced, the school needs the following information to determine the legal rights of the parents. As a general rule, both parents have an equal right to make decisions regarding their child's education, to visit with their child at school, and to access their child's education records. These rights may be restricted to one parent by court order or agreement. <u>A COPY OF THE CUSTODY PAPERS MUST BE SUPPLIED TO THE SCHOOL.</u>			
Parent's Marital Status (choose one)	Married	Separated	Divorced
	Widow(er)	Single	
If separated/divorced, who has <i>primary</i> physical custody	Father	Mother	Joint
	Other		
If separated/divorced, student lives with	Father	Mother	Joint
	Other		
Mother/Guardian Information		Father/Guardian Information	
Last Name		Last Name	
First Name		First Name	
Language of Parent		Language of Parent	
Employer		Employer	
Occupation		Occupation	
Business Phone		Business Phone	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Special Programs	Please check if your child has been served in any of the following programs:		
Exceptional Children (IEP)	504	Gifted/AIG	Title I Reading
		ESL	Other (specify)

Student Name: _____

Medical Information

Physician Name		Phone #	
Dentist Name		Phone #	
Preferred Hospital			
Allergies		Reactions	
Other health conditions and/or medications routinely taken			Life Threatening Y N
Does your child carry an Epipen?	Y N	Does your child carry an Asthma Inhaler?	Y N

If my child needs to receive medications at school, I understand my doctor and I must complete the proper Health Forms obtained from the school.

Emergency Contacts - Who to contact if Parents/Guardians listed above cannot be reached-DO NOT LIST PARENTS a second time

Anyone NOT listed will be unable to pick up the student without prior parent consent-please list in the order you would like called

Last Name		Last Name	
First Name		First Name	
Relationship		Relationship	
Can pick up student	Yes No	Can pick up student	Yes No
Lives with student	Yes No	Lives with student	Yes No
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Last Name		Last Name	
First Name		First Name	
Relationship		Relationship	
Can pick up student	Yes No	Can pick up student	Yes No
Lives with student	Yes No	Lives with student	Yes No
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Last Name		Last Name	
First Name		First Name	
Relationship		Relationship	
Can pick up student	Yes No	Can pick up student	Yes No
Lives with student	Yes No	Lives with student	Yes No
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Certification Statement

Must be signed by ALL applicants

I, _____ (Parent/Guardian/Legal Custodian) certify that all information provided is correct and complete to the best of my knowledge.

TYPE OR PRINT

Signature of Parent/Guardian/Legal Custodian _____

Date _____

SAFE SCHOOLS DECLARATION

For students transferring from outside the Davidson County School System ONLY

The child I am enrolling with this form is not under suspension or expulsion from attendance at a private or public school in this or any other state and has not been convicted of a felony in this or any other state. Note: If student is under suspension or expulsion or has been convicted of a felony, please give an explanation. You must include the length of this suspension or expulsion.

Please do not sign until directed to do so by a Notary Public

Signature of Parent/Guardian/Legal Custodian _____

Date _____

Dated this ____ day of _____, 20____, _____ personally appeared before me, is personally known by me, or has proven their identity by providing adequate documentation to me, and in my presence signed the Safe Schools Declaration above. This person made an oath or affirmed to me that the information given is true.

Witness my hand and official seal this ____ day of _____, 20____.

Notary Public _____

My commission expires _____



Home (Primary) Language Survey
Evaluación del Primer Idioma del Estudiante

Date / Fecha: ___/___/___ Grade / Grado: ___

School / La escuela: _____

If a family is unable to complete this form, additional assistance may be obtained from an interpreter or school personnel.
Si la familia no pueden llenar esta forma, puede que necesiten asistencia adicional de un intérprete o empleado de la escuela.

Interpreter: Karla Prater (336-474-8209) Sandra Saldana (336-731-8256)

This survey must be administered to every student prior to enrollment in school. If the answer to any one of these questions reveals that a student or family speaks a language other than English, the student must take an English Language assessment (W-APT). The purpose of the assessment is to identify students who may need additional academic support as they acquire English language skills (Lau.v. Nichols, U.S. Supreme Court, 1974). If a student is identified as needing additional English language support, parents or guardians will have the option to accept or waive ESL services.

Este cuestionario se debe administrar a todos los estudiantes antes de ser registrados en la escuela. Si la respuesta a cualquiera de estas preguntas revela que el estudiante o la familia hablan un idioma diferente del ingles, el estudiante deberá tomar una evaluación del idioma ingles (W-APT). El propósito de esta evaluación del idioma del ingles es para identificar a los estudiantes que necesiten apoyo académica adicional mientras adquieren destrezas en el idioma de ingles (Corte Suprema: Lav. Vs. Nichols 1974). Si el estudiantes es identificado como un estudiante que necesita ayuda adicional en el idioma de ingles, los padres o encargados tendrán la opción de aceptar o rechazar los servicios de Inglés como Segundo Idioma, y si es necesario, como manda la LEY FEDERAL, reciba una enseñanza adecuada y asistencia en ingles.

Student Name/ Nombre del Estudiante: Last / Apellido First / Nombre Middle / Segundo Nombre
Date of Birth / Fecha de Nacimiento: Month / Mes Day / Dia Year / Año Country of Birth / País de Nacimiento:
Date of Entry into US Public Schools / Fecha de entrada a las Escuela Públicas de EE.UU.:
Parent's Name / Nombre de los Padres: Phone / Teléfono:
Address / Dirección:

Answer each question carefully / Conteste cuidadosamente:

- 1. What is the first language the student learned to speak? ¿Cuál es el primer idioma que el estudiante aprendió a hablar?
2. What language is most often spoken in the home? ¿Qué idioma se habla con más frecuencia en la casa?
3. What language does the student use most often? ¿Qué idioma se habla con más frecuencia?
4. Does the student speak any other languages at home ON A REGULAR BASIS? ¿El estudiante habla otros idiomas en la casa REGULARMENTE? No Yes / Si

If so, what are they? / ¿Si es así, cuál es? Do NOT include foreign languages studied in school or solely learned through media (TV, tape, CDs, toys) / (no incluya idiomas estudiados en la escuela o aquellos aprendidos pro medio de la television, casetes, CDS or juguetes.)

Signature / Firma del Padre de Familia o Encargado

This form is to be filled out one time and placed in the student's cumulative folder.
Esta forma se dee llenar una vez y ser colocada en el expediente acumulativo.



August 24, 2015

Dear Parent or Guardian,

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 required the North Carolina State Board of Education/North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career.

The collection of such information will be a mandatory collection starting in the 2015-16 school year. The Session Law 2014-15 that describe this requirement can be accessed at: <http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>.

To ensure compliance with Session Law 2014-15, please complete the following information if there are immediate family members of your child connected to U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or Civil Service Employee. "Immediate family member: is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the child. If no such person exists for your student, there is no need to return this form to the school. If you have more than one student, please return a separate form for each student to their school.

STUDENT NAME:				
Relationship	Branch	Status	Grade	Military Installation
<p>Branches: Air Force, Army, Coast Guard, Marine Corps, Navy Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Civil Service Employee Grade: Enlisted (E1 through E9), Officer (O-1 through O10), Warrant Officer (W-1 through W-5) Military Installation: The facility where the service member fulfills their duty role in the military. (i.e. Camp Lejeune, MCAS Cherry Point, Fort Bragg, MCAS New River, Pope Army Air Field, Seymour Johnson Air Force Base, Coast Guard Station – Elizabeth City, NG Raleigh Armory, Knightdale Reserve Center, etc.)</p>				

Please return this form to the school by September 21, 2015. If you have any questions, please call your child’s school.

Thank you and most of all, a special thanks to our military and their family for your service and sacrifice for our country!

Dr. Lory Morrow, Superintendent
Davidson County Schools