



New Hanover County Schools  
*Engaging Students, Achieving Excellence*

DR. LACHAWN SMITH  
*Deputy Superintendent*

March 2020

Dear Parents:

We are delighted to have you and your child become a part of New Hanover County Schools. Your child is about to embark upon one of the most exciting journeys of his or her life - kindergarten. We welcome the opportunity to provide your child with an excellent education and a positive, nurturing environment to grow and explore. I believe in the potential of every child.

In kindergarten, your child will be exposed to high-quality literature and he/she will begin to develop reading and writing skills. Our schools will offer your child extra-curricular activities from the arts to athletics. Parents can support students by providing a variety of learning experiences for them outside of the classroom such as visits to parks, museums and the public library.

I encourage you to be actively involved in your child's school life. We need parent volunteers and members of our schools' parent-teacher organizations to support our schools. When your child enters kindergarten, please continue to read to him/her at home and engage them in conversations that allow them to express their ideas and thoughts. These activities will greatly enhance your child's performance in the classroom.

When you enrolled your child today, you should have received a New Hanover County Schools Kindergarten Enrollment Packet and information about our school options for the magnet and year-round schools. If you have any questions about enrollment for the magnet or year-round schools, please contact Student Support Services at 910-251-2929.

With the very best wishes for you and your child, I welcome your family to New Hanover County Schools!

Sincerely,

LaChawn Smith, Ed.D.  
Deputy Superintendent



**NEW HANOVER COUNTY SCHOOLS**

Student Information Form

School Year \_\_\_\_\_ - \_\_\_\_\_

**(office use only)**

Pupil #: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Enrollment Code: \_\_\_\_\_

Homeroom/Teacher: \_\_\_\_\_

**(Please Print)****STUDENT INFORMATION:**Student Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (Middle) (Preferred First Name)Sex: ☐ M ☐ F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_Home Address: \_\_\_\_\_  
(Address) (Apartment #)

(City) (State) (Zip) (Home Phone)

Mailing Address (If different from home): \_\_\_\_\_  
(Address) (City) (State) (Zip)Has student ever attended a New Hanover County School or a school in North Carolina? ☐ Yes ☐ No NC Student ID # \_\_\_\_\_

If yes, which school and when \_\_\_\_\_

Previous School Enrollment: \_\_\_\_\_  
(School Name) (Address) (City) (State) (Phone) (Fax)**The U.S. Department of Education requires the collection of race and ethnicity data. Please complete the two items below:****ETHNICITY:** Are you of Hispanic Latino ethnicity – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture regardless of race? ☐ Yes ☐ No**RACE:** Please check one or more of the racial group(s) with which you identify.☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ American Indian or Alaska Native**LEGAL PARENT/GUARDIAN:**

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Lives with student? ☐ Yes ☐ No **If No,**

List address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Workplace: \_\_\_\_\_

US Military ☐Call this phone 1<sup>st</sup>: \_\_\_\_\_ home/work/cell

Circle one

Call this phone 2<sup>nd</sup>: \_\_\_\_\_ home/work/cell

Circle one

Call this phone 3<sup>rd</sup>: \_\_\_\_\_ home/work/cellLanguage Spoken: ☐ English ☐ Spanish**LEGAL PARENT/GUARDIAN:**

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Lives with student? ☐ Yes ☐ No **If No,**

List address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Workplace: \_\_\_\_\_

US Military ☐Call this phone 1<sup>st</sup>: \_\_\_\_\_ home/work/cell

Circle one

Call this phone 2<sup>nd</sup>: \_\_\_\_\_ home/work/cell

Circle one

Call this phone 3<sup>rd</sup>: \_\_\_\_\_ home/work/cellLanguage Spoken: ☐ English ☐ Spanish**EMERGENCY CONTACTS:** If Parent/Guardian cannot be reached, my child may be released to the following individuals:

1. _____	_____	_____	_____	_____	_____	Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish
Name	Relationship	Home #	Workplace	Work #	Cell #	
2. _____	_____	_____	_____	_____	_____	Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish
Name	Relationship	Home #	Workplace	Work #	Cell #	
3. _____	_____	_____	_____	_____	_____	Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish
Name	Relationship	Home #	Workplace	Work #	Cell #	

**SIBLINGS ENROLLED IN NEW HANOVER COUNTY SCHOOLS:**1. \_\_\_\_\_  
Name Relationship Age School/Grade M/F2. \_\_\_\_\_  
Name Relationship Age School/Grade M/F

Please note any medical information and/or family data below (death, divorce, terminal illness in family, child's physical problems, allergies, convulsions, or other information). Medical conditions which would limit your child's participation in school programs require a note from the doctor. (Use additional sheet if necessary)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Carolina Beach School Enrollment Package

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

Student Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

## Special Services:

Does your child have an Individualized Education Program ( IEP)? Yes No

Does your child have a 504 Educational plan? Yes No

## Medical Issues

Does your child have any serious medical concerns/conditions that we need to share with our school nurse and /or staff? Yes No If yes, please briefly describe or ask to speak with the nurse

## Custody

Do you have legal custody of this child? Yes No

Are both biological parents authorized to pick up the child from school? Yes No (If no, please provide legal documentation)

## Required Parent/Legal Guardian Signature

Parent/Legal Guardian Signature: \_\_\_\_\_

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

# Bus Transportation Request Form

Student Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Grade \_\_\_\_\_

Student will Ride Bus:

\_\_\_\_\_ AM only

\_\_\_\_\_ PM only

\_\_\_\_\_ Both (AM and PM)

Parent Name \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

This form will be submitted to the New Hanover County Department of Transportation for consideration. This process may take up to 3-5 days. Please arrange for alternative transportation for your child until you are notified. Per State guidelines elementary school stops cannot be closer than two (2) tenths of a mile.

## Forma de pedido de transportación

Nombre estudiante \_\_\_\_\_

Dirección \_\_\_\_\_

\_\_\_\_\_

Grado \_\_\_\_\_

El estudiante necesita transportación:

\_\_\_\_\_ AM (en la mañana solamente)

\_\_\_\_\_ PM (en la tarde solamente)

\_\_\_\_\_ Ambos (en la mañana y en la tarde)

Padre/guardián \_\_\_\_\_

Teléfono \_\_\_\_\_

Fecha \_\_\_\_\_

Esta forma será enviada al departamento de transportación de las Escuelas del Condado de New Hanover para su consideración. Este proceso puede tomar de 3-5 días. Por favor haga otros arreglos alternos de transportación para su hijo hasta que sea notificado con la información de transporte disponible para su estudiante. Las regulaciones del estado establecen que las paradas escolares para estudiantes de escuela elemental no pueden ser más cerca de 2 decimas de milla.



**New Hanover County Schools**  
**Home Language Survey Form/Formulario sobre el idioma del hogar**

Please complete this form in black pen only/Por favor complete este formulario con una pluma de color negro

<b>Student Information/Información sobre el estudiante</b>		<b>Date/Fecha:</b>
<b>First Name (Nombre):</b>	<b>Middle Name (Segundo Nombre):</b>	<b>Last Name (Apellido):</b>
<b>Country of Birth (País de Nacimiento):</b>	<b>Date first enrolled in any U.S. school (Private or Public, but not PreK) (Fecha de primera matrícula en cualquier escuela de EE.UU) (Privada o Pública pero no Pre-K):</b>	<b>Date of Birth (Fecha de Nacimiento):</b>
<b>School (Escuela):</b>	<b>Enrollment Date (Fecha de Matrícula):</b>	<b>Current Grade (Grado Actual):</b>
<b>Previous School (Escuela Anterior):</b>	<b>Previous School Location (Lugar de la escuela anterior):</b>	<b>Last Grade Attended (Último grado terminado):</b>

Questions for Parents/Guardians*(Preguntas para los padres/tutor legal)	Parent Response/Respuestas
1. What is the first language the student learned to speak? ¿Cuál fue 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 speak most often? ¿Cuál idioma habla el estudiante con más frecuencia?	

\*\*\*\*\*For Office Use Only (Para uso de la oficina)\*\*\*\*\*

**Directions:**

1. Parents/guardians of **ALL** new students (including preschool and Kindergarten) complete this form at the time of enrollment and record all information requested. **Provide interpreting services whenever necessary.**
2. Ensure that **ALL** questions on the form are completed. **If any of the above questions have a language other than English listed in the response column, scan it to: (nini.dejesus@nhcs.net) or fax it to: (910-254-4114) immediately to the ESL office attention Nini De Jesus/Martha Banderas.**
3. If it is determined that a student's home language is other than English, an English language proficiency test will be administered. Scores will be collected and documented.
4. **Place the original form in the student's cumulative folder.**
5. **Pre-K Centers will use this form for their information purposes only. Don't need to send to the ESL Office.**

Notes:	Person Reviewing this Survey  <hr/> The student's home language is: _____ Existing and current ELP scores? <span style="float: right;">Yes      No</span> Administer the English Language Proficiency Test? <span style="float: right;">Yes      No</span> Qualifies for Immigrant Status? <span style="float: right;">Yes      No</span>
--------	--



# Carolina Beach Elementary School

400 South Fourth Street  
Carolina Beach, NC 28428  
910-458-4340 phone or 910-458-0459 fax  
[www.nhcs.net/cbes](http://www.nhcs.net/cbes)

Dear Parent/Guardian:

In the event of an emergency at the Brunswick Nuclear Power Plant, Carolina Beach School will implement a plan to protect students' health. We are required to have FDA approved potassium iodide (KI) pills at the school in case there is a radiation accident at the nuclear plant. However, we need your permission to administer the potassium iodide. So please fill out the information below. We will also continue to take the other steps in our crisis plan to protect our students including evacuation and relocation to Ashley High School as determined by local county emergency management officials.

Potassium iodide (KI), if taken within the appropriate time period and at the appropriate dosage, will block the thyroid gland's uptake of radioactive iodine and reduces the risk of thyroid cancer. Since scientific studies have demonstrated that young children have the highest risk of health effects, we will have the pills at the school to administer to your child, if directed to by the New Hanover County Department of Emergency Management.

Please indicate below your decision for your child to receive the (KI) potassium iodide pills at school. This information must be returned to Carolina Beach Elementary School and kept on file while your student is enrolled at Carolina Beach School.

☐ Yes, I give permission for my child to receive the potassium iodide pill at school in the event of an emergency.

☐ No, I do not give my permission for my child to receive the potassium iodide pills at school in the event of an emergency.

☐ My child is allergic to iodine

Child's name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Grade Level/Teacher \_\_\_\_\_

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





# 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)

Birthdate (M/D/YYYY):

School Name:

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:



Public Health  
HEALTH AND HUMAN SERVICES





# PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016rev

**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):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health  
HEALTH AND HUMAN SERVICES



## N.C. Health Assessment/Required Immunizations

North Carolina General Statutes #130A-440 and #130A-155 state all students enrolling in public school must provide a certificate of immunization and a health assessment completed by a physician. **ALL students enrolling into the N.C. public schools for the first time must submit proof of a health assessment completed by a physician.** If documentation is not presented on or before the student's first day of school, the principal shall present a notice of deficiency to the parent or guardian. The parent or guardian shall have thirty (30) calendar days from the first day of attendance to present the required health assessment and completed immunization certificate. Upon termination of thirty (30) calendar days, the principal shall not permit the child to attend school until the required forms have been presented.

Immunizations may be obtained from a family physician or at clinics conducted by the New Hanover County Health Department. Call the Health Department at 910-798-6500 to schedule appointments for physicals and immunizations as soon as possible if needed. The Health Assessment must be completed by a physician.

I received a Health Assessment form today when I enrolled my child. I understand that the Health Assessment as well as all required immunizations must be completed with documentation provided to the school by the first day of school attendance. I understand that if the Health Assessment and required immunizations are not presented to the school within thirty (30) calendar days of the child's first day of school, **the principal of the school shall not permit my child to attend school unless the required immunizations or required health assessment has been obtained and documentation submitted to school.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

My child's name is \_\_\_\_\_

## Evaluación de Salud y Vacunas Requeridas en Carolina del Norte

Los estatutos generales de Carolina del Norte #130A-440 y #130A-155 establecen que todo estudiante matriculándose en escuela pública deberá proveer un certificado de vacunas y una evaluación de salud certificada por un médico. **TODO estudiante matriculándose en una escuela pública de NC por primera vez deberá entregar un certificado de salud completado por un médico.** Si la documentación no es presentada en o antes del primer día de clases del estudiante, el director de la escuela deberá presentar al padre o guardián una notificación de deficiencia. El padre o guardián tiene (30) días, comenzando con el primer día de asistencia a la escuela, para presentar la evaluación de salud requerida y el certificado de vacunas completo. Al finalizar los (30) días, el director no podrá permitir la asistencia del estudiante a la escuela, hasta que las formas requeridas sean presentadas.

Las vacunas las puede obtener a través del médico de familia, el pediatra o las clínicas que ofrece el Departamento de Salud del Condado de New Hanover. Usted puede llamar al Departamento de Salud al 910-798-6500 para hacer cita para la evaluación de salud y las vacunas lo más pronto posible. La evaluación de salud deberá ser certificada por un médico.

Yo recibí hoy la forma de evaluación de salud cuando registré a mi hijo/a. Yo entiendo que la mencionada evaluación de salud, al igual que las vacunas requeridas deberán ser completadas y la documentación debe ser entregada a la escuela el primer día de clases. También entiendo que si la forma de evaluación de salud y las vacunas requeridas no son completadas en los primeros 30 días, a partir del primer día de clases del estudiante, **el director de la escuela no le permitirá la asistencia a la escuela a mi hijo/a a menos que éste/a haya cumplido con las vacunas requeridas y la forma de evaluación de salud que deben ser presentadas a la escuela.**

Firma del padre/guardián: \_\_\_\_\_

Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_

El nombre de mi hijo/a es: \_\_\_\_\_





# PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction

WWW.NCPUBLICSCHOOLS.ORG



## Occupational Survey

Student Name : \_\_\_\_\_  
Last Name First Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The Migrant Education Program, through the North Carolina Department of Public Instruction, provides support and instructional services to children and families who have moved in the past three years and who have done agriculture or fishing work. We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.

<p>1. Have you or someone in your family worked in any of the following areas below in the last three years?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Select all that apply and continue to question number 2)</p>			
<p>2. Have you or your family moved to another school district or to another city or county in the last three years?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
 Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards <input type="checkbox"/>	 Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant <input type="checkbox"/>	 Working in a dairy <input type="checkbox"/>	 Working in a fishery or on a shrimp or catfish farm <input type="checkbox"/>
 Working in a slaughter house (chicken, cow, or pig) <input type="checkbox"/>	 Working on a poultry or hog farm <input type="checkbox"/>	 Working in a plant nursery or orchard; growing or harvesting trees <input type="checkbox"/>	 Other similar work in agriculture, please explain: _____ _____ _____
<p>3. How long ago did you arrive to this county? Month _____ Year _____</p> <p>4. Parent(s)' Name(s) _____</p> <p>5. What is your current address?</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>6. Phone Number(s): _____</p>			

### FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



**New Hanover County Schools**  
**Technology Form Packet for Elementary School**

**Return this signed form with your selections to your child's teacher.**

Please read the documents in this packet carefully before making selections and signing this form. The signatures on this form are legally binding and indicate that the parties who have signed have read the policies and forms contained in this packet and understand the terms and conditions and their significance.

**This packet includes:**

- NHCS Policy: Network and Internet Safety for Students
- NHCS Policy: Acceptable Use of Personally Owned Devices (Bring Your Own Device, BYOD)
- Student Image Release

**Release Authorization for Student Image (please choose one):**

\_\_\_\_\_ I/We do give permission for images/photographs or school work to be used as described in the New Hanover County Schools Student Image form. Your permission grants NHCS approval to publicize without prior notification and remains in effect until NHCS receives written notice that you would like this revoked.

\_\_\_\_\_ I/We do NOT give permission for images/photographs or work to be used as described in the New Hanover County Schools Student Image form (this includes yearbooks and group photos).

**Student Agreement:**

As the student, I understand and will abide by the New Hanover County School's policies and forms contained in this packet. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action may result.

**School Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Parent or Guardian Consent:**

As the parent of this student I have read and explained to my child the New Hanover County School's policies and forms contained in this packet. I understand that network and internet access is provided for educational purposes. I recognize it is impossible for the school district to totally restrict access to controversial materials, and I will not hold it responsible for materials acquired on the network. Further, I hereby give permission for my child to use the network and I certify that the information contained on this form is correct.

**Parent or Guardian's Name:** \_\_\_\_\_

**Parent or Guardian's Signature:** \_\_\_\_\_



# Attention

## Kindergarten Parents:

- Kindergarten Playdate: **June 15, 2020** from 9:00am-11:00am on the CBES playground. Come and meet other upcoming Kindergarten students, their families, and the Kindergarten Teacher Team.
- Kindergarten Testing Date: **August 20, 2020**
- For the first three days of the school year, we do a staggered start entry for kindergarten.
- During this time, your child will come to school ONE DAY ONLY of these first three days.
- Your child's staggered start day will be one of the following days: **August 27<sup>th</sup>, 28<sup>th</sup> or 31<sup>st</sup>**
- On this day, you will walk your child to class between 8:45-9:00am and arrive back at school to pick them up from our classroom between 1:30-1:45pm.
- Our whole class will begin together on Thursday, **September 1<sup>st</sup>** for a full day 8:00am-2:30pm.

Thank you!

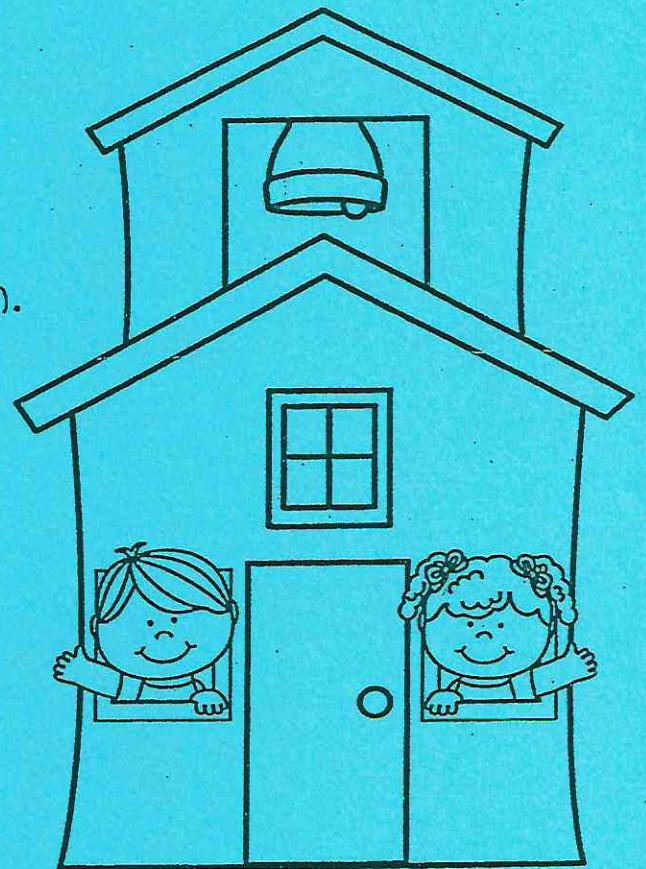
**The Kindergarten Team @ CBES**



# Before School Starts

Please Work With Your Child On

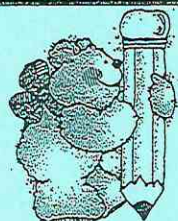
- ☐ Saying his or her first AND last name.
- ☐ Write their first name or attempt to.
- ☐ Tell an adult if something is wrong.
- ☐ Tell an adult when they need help.
- ☐ Take care of basic needs on own (restroom, tissues.)
- ☐ Read often. (You read to them, they pretend read.)
- ☐ Sing or recite nursery rhymes.
- ☐ Use scissors and glue.
- ☐ Follow two step directions.
- ☐ Sing the alphabet.
- ☐ Tie their shoes on their own.
- ☐ Count to 10.
- ☐ Take turns and share.
- ☐ Know their phone number



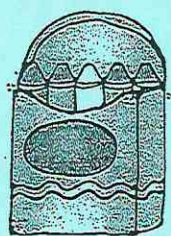
Thank You!



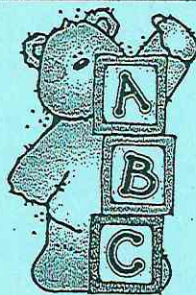
# My Kindergarten Goals



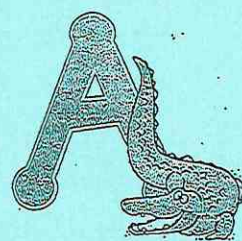
I can write my  
first and last  
name!



I know my  
colors!



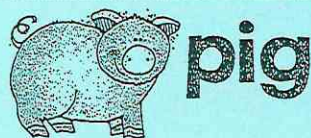
I know all my  
letter names!



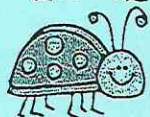
I know all my  
letter sounds!

a e i o u

I know all the  
vowels and their  
sounds!



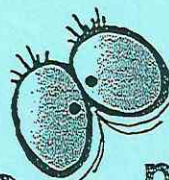
pig



bug

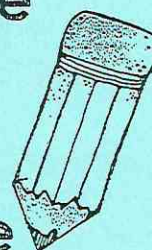
I can read  
CVC words!

the can

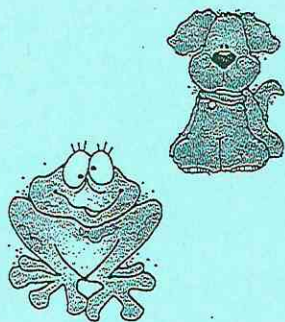


see my  
I can read all  
my sight words!

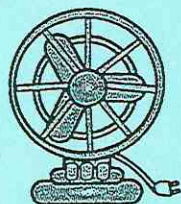
the can



see my  
I can write all  
my sight words!

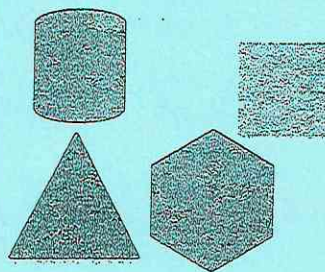


I can rhyme!

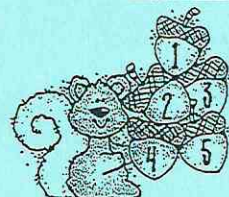


/f/ /a/ /n/

I can segment  
words!



I can identify  
shapes!



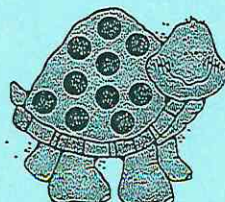
I can identify  
numbers  
1-20!

20!!

I can write the  
numbers  
1-20!

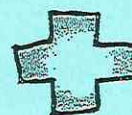


I can count to  
100 by 1's!



10's

I can count to  
100 by 10's!



I can add and  
subtract!