



Carolina Beach Elementary School

400 South Fourth Street
Carolina Beach, NC 28428
910-458-4340
910-458-0459 (Fax)
www.nhcs.net/cbes

Request for student records

Please release from PowerSchool

Today's Date _____

Previous School: _____

School Address: _____

Phone/Fax Numbers/Email: _____

Student Name	Current Grade	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Include:

- Cumulative Folder
- Confidential Folder – Present Individualized Education Plan IEP, Achievement & Psychological Report, testing results initial referral
- Immunization Record
- Test Data Record
- Attendance Record
- Report Card (Current)
- Birth Certificate
- Custody Papers (if any)

Parent Signature: _____

According to the Education Amendment of 1974, "Protection of the Rights and Privacy of the Parents and Students" section 438(b) (1). Parts A and B, page 97, states that "school officials, including teachers within the educational institution and officials of other schools in the school systems in which the student may intend to enroll may receive a student's records without a written consent for such release.

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)Gender: ☐ 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: _____

Parent Phone #1: _____ home/work/cell

Circle one

Parent Phone #2: _____ home/work/cell

Circle one

Parent Phone #3: _____ home/work/cell

Language Spoken: ☐ English ☐ Spanish**LEGAL PARENT/GUARDIAN:**

Relationship: _____

Last Name: _____

First Name: _____

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

List address: _____

E-Mail Address: _____

Workplace: _____

Parent Phone #1: _____ home/work/cell

Circle one

Parent Phone #2: _____ home/work/cell

Circle one

Parent Phone #3: _____ home/work/cell

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



January 2016rev

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 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: _____

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

Student Information/Información sobre el estudiante.		Date/Fecha:
1. First Name (Nombre):	2. Middle Name (Segundo Nombre):	3. Last Name (Apellido):
4. Country of Birth (País de Nacimiento):	5. Date first enrolled in any U.S. school. (fecha de primera escuela en U.S.):	6. Date of Birth (Fecha de nacimiento):
7. Enrolling School (Escuela actual):	8. Enrollment Date (Fecha de Matrícula):	9. Current Grade (Grado Actual):
10. Previous School (Escuela Anterior):	11. Previous School Location (Lugar de la escuela anterior):	12. Last Grade Attended (Último grado terminado):

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 & email it immediately** to Martha.banderas@nhcs.net and to Zenia.ward@nhcs.net (ESL office).
3. If the student's home language is other than English, an English language proficiency test will be administer to determine student's placement in the ESL program.
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? Yes No Administer the English Language Proficiency Test? Yes No Qualifies for Immigrant Status? Yes No
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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

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: _____

SAFE SCHOOLS
ENROLLMENT DOCUMENT

ENROLLMENT OF: _____

DATE: _____

SCHOOL: _____

Under North Carolina Law, General Statute 115C-366, enrollment to a school requires the student's parent, guardian or custodian to provide a statement made under oath or affirmation before a qualified official indicating whether the student is, at the time, under suspension or expulsion from attendance at a private or public school in this or any other state or has been convicted of a felony in this or any other state. Therefore, by your signature you affirm that the information you provide below is true.

My child, _____, is, at this time, not under suspension or expulsion from attendance at any public or private school nor has he/she been convicted of a felony in this or any other state.

By my signature I swear that this information is true.

Signature of legal guardian/parent or custodian

Date

Sworn to and subscribed before me _____, this
Notary Public

____ day of _____, 201____. My commission expires: _____

SEAL

NOTE AND CAUTION: This sworn statement is required by N.C.G. S. 115C-391 and a false statement may have serious legal consequences for both the student and parent/guardian.

A child shall not be enrolled in the New Hanover County Schools until this document is signed and provided to the school system.



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.

1. Have you or someone in your family worked in any of the following areas below in the last three years?

☐ No

☐ Yes (Select all that apply and continue to question number 2)

2. Have you or your family moved to another school district or to another city or county in the last three years?

☐ No

☐ Yes



Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards

☐

Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant

☐

Working in a dairy

☐

Working in a fishery or on a shrimp or catfish farm

☐

Working in a slaughter house (chicken, cow, or pig)

☐

Working on a poultry or hog farm

☐

Working in a plant nursery or orchard; growing or harvesting trees

☐

Other similar work in agriculture, please explain:

3. How long ago did you arrive to this county? Month _____ Year _____

4. Parent(s)' Name(s) _____

5. What is your current address?

Address _____

City _____

State _____

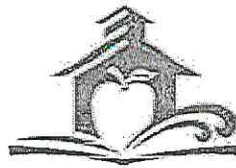
Zip Code _____

6. Phone Number(s): _____

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
Engaging Students, Achieving Excellence

Dr. Tim Markley
Superintendent

Julie Askew
*Assistant Superintendent
Student Support Services*

August, 2019

Dear Parent,

Welcome to a new school year. We hope this year will be a productive and happy new year for your student. New Hanover County Schools would like to inform you that Policy 8410, "Policies, Rules and Procedures Relative to Student Discipline in the New Hanover County Schools". The policy is available for viewing on our website at:

<https://tinyurl.com/Policy8410-StudentDiscipline>

Please take the time to discuss this policy with your child. You as a parent need to decide what is or is not appropriate for your child's viewing. Please sign and return the form below indicating that you have been notified of the availability of Policy 8410, Student Discipline.

Thank you for your continued support for the New Hanover County Schools.

Sincerely,

Julie Askew
Assistant Superintendent
Student Support Services

Cut on dotted line

I have received notification of the availability of Policy 8410, Student Discipline. I understand that this policy is available on line for viewing. If you do not have access to the internet, you may request a copy of this policy from your principal.

Parent Signature

Date

Student(s): _____

Teacher Name and classroom: _____

Please print clearly



NEW HANOVER COUNTY SCHOOLS SCHOOL NUTRITION SERVICES 2019-2020

1802 S. 15th Street, Wilmington, NC 28401

www.nhcs.net

Phone: 910-254-4212

IMPORTANT NEWS – CHANGES TO FREE/ REDUCED MEAL APPLICATIONS AND SITES

Community Eligibility Provision (CEP) allows schools to offer nutritious meals at no cost to all students through the National School Lunch and School Breakfast Programs.

The following schools are identified as eligible:

Alderman Elementary	Lake Forest Academy
Blair Elementary	Mary C. Williams Elementary
Bradley Creek Elementary	Murrayville Elementary
Career Readiness Academy at Mosley	NHHS
Castle Hayne Elementary	Pine Valley Elementary
College Park Elementary	Rachel Freeman Elementary
College Road Early Childhood Center (CRECC)	SEA TECH
Forest Hills Global Elementary	Snipes Academy
Freeman	Sunset Park Elementary
The International School at Gregory	Trask Middle
Holly Shelter Middle	WECH
Howe Pre-K Center	Williston Middle
JC Roe Center	Winter Park Elementary
Johnson Pre-K Center	Wrightsboro Elementary

If your child attends one of the above mentioned schools, you do not have to complete a free/reduced meals application nor will one be sent home with your child. If your child transfers to another school, not mentioned above, you will need to complete an application. Applications are available at each school as well as on our website www.nhcs.net/nutrition

STUDENT CAFETERIA ACCOUNTS

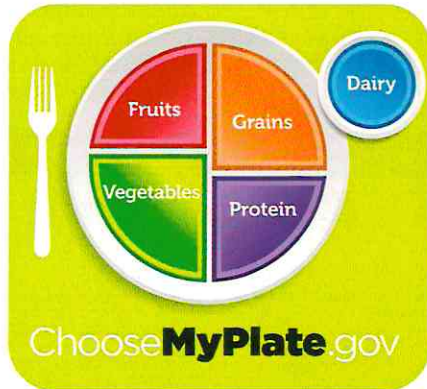
All students who do not qualify for Free/Reduced Meals are expected to pay for school meals at the time purchase. Pre-paid meal plans are encouraged. Students may purchase a la carte items (milk, ice cream, etc.) at individual prices, if they do not have an outstanding charge balance on their account.

Automatic calls will be sent to the homes of students who owe money to the cafeteria. If you receive a call, please send the amount due to your child's school to the cafeteria manager. For more information, please visit our website at www.nhcs.net/nutrition. Thank you for the opportunity to serve your child.

Thank You,
Imer S. Smith, RD, LDN, Director of Child Nutrition

2019-2020 MEAL PRICES

Students	Breakfast		Lunch	
	Reduced	Paid	Reduced	Paid
Elementary	\$.00	\$1.35	\$.40	\$2.55
Middle	\$.00	\$1.35	\$.40	\$2.55
High	\$.00	\$1.35	\$.40	\$2.60
Pre-K	\$.00	\$1.35	\$.40	\$2.55
Adults	a la carte price		a la carte price	



NHCS Meals ARE a Healthy Choice

- Meals must meet all Dietary Guidelines for Americans, North Carolina, Federal Regulations and State Board of Education Policy on Nutrition Standards.
- Meals will contain the following when averaged over the week:
 - Less than 35% of calories from fat.
 - Less than 10% of calories from saturated fat.
 - No trans fats and sodium levels must meet USDA guidelines.
- Food preparation must be limited to baking, roasting, broiling, boiling and steaming.
- Two fruits/100% fruit juice will be offered daily at breakfast. A fruit must be selected with each complete breakfast meal.
- Legumes will be offered at least one time per week.
- Flavored skim milk and unflavored 1% or skim milk are available at breakfast and lunch.

**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: _____