



# Granville County Public Schools Student Registration Form

Pupil No: \_\_\_\_\_  
(For Office Use Only)

Homeroom/Teacher: \_\_\_\_\_  
(For Office Use Only)

## STUDENT DATA

Legal Last Name \_\_\_\_\_  
Legal First Name \_\_\_\_\_  
Legal Middle Name \_\_\_\_\_  
Suffix \_\_\_\_\_  
Preferred First Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ (mm/dd/yyyy) Age \_\_\_\_  
Proof Of Age \_\_\_\_\_  
Gender M  F   
SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)  
Home Phone No. \_\_\_\_\_ unlisted Yes  No

## PROPERTY/HOME ADDRESS

Street# & Name \_\_\_\_\_  
Apt# \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

## MAILING ADDRESS

Same As Property/Home Address Yes  No

## ETHNICITY AND RACE

Please mark the correct box or boxes based on your child's ethnicity and race.

Is your child's ethnicity Hispanic or Latino? Yes  No

What is your child's race? Mark **one or more boxes** to indicate what you consider your child's race or races to be.

- White  Asian  Black or African American  
 American Indian or Alaskan Native  Native Hawaiian or Pacific Islander

Grade Level of Student \_\_\_\_\_

## ADMISSION INFORMATION

Registering School \_\_\_\_\_  
Reason \_\_\_\_\_  
Date \_\_\_\_\_ Grade \_\_\_\_\_  
Entry Code \_\_\_\_\_  
(For Office Use Only)

## PREVIOUS SCHOOL/DISTRICT

District \_\_\_\_\_  
Previous School \_\_\_\_\_  
Address \_\_\_\_\_

**Your family's privacy is protected by the Family Educational Rights Protection Act (FERPA). If you wish to place further restrictions on any information about your child that is released by your child's school, please include a letter with your specific request to your child's school.**



# Granville County Public Schools Student Registration Form

## EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

Call Sequence    3   4   5   6   7   8

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

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

Relationship \_\_\_\_\_

Language \_\_\_\_\_

Can pick up child    Yes     No

Address

Home Phone No. \_\_\_\_\_ Unlisted \_\_\_ (Y/N)

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Call Sequence    3   4   5   6   7   8

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

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

Relationship \_\_\_\_\_

Language \_\_\_\_\_

Can pick up child    Yes     No

Address

Home Phone No. \_\_\_\_\_ Unlisted \_\_\_ (Y/N)

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Other than the parents and emergency contacts, who else is authorized to pick up your child?

Relationship \_\_\_\_\_

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

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

Day Phone \_\_\_\_\_

Can pick up child    Yes     No

Address

Relationship \_\_\_\_\_

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

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

Day Phone \_\_\_\_\_

Can pick up child    Yes     No

Address

## SIBLINGS

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Gender    M     F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M     F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M     F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M     F

How many family members, including this student, reside in your home? \_\_\_\_\_

# Granville County Public Schools Student Registration Form

## MEDICAL

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Special Medical Considerations \_\_\_\_\_

In case of an emergency, I give school personnel or EMS personnel permission to transport my child to the nearest medical facility. Yes  No

Preferred Hospital \_\_\_\_\_

Illnesses or Developmental Problems (Circle the number of any of the following that your child has.)

- |                         |                        |                        |
|-------------------------|------------------------|------------------------|
| 1. Allergies            | 10. Cerebral Palsy     | 19. Meningitis         |
| 2. Attention/Learning   | 11. Cystic Fibrosis    | 20. Sickle Cell Anemia |
| 3. Asthma               | 12. Dental Problems    | 21. Skin Problems      |
| 4. Behavior Concerns    | 13. Diabetes           | 22. Speech Problems    |
| 5. Bleeding (nose...)   | 14. Drug Sensitivity   | 23. Stomach Aches      |
| 6. Bone/Muscle Problems | 15. Ear Infections     | 24. Urinary/Bladder    |
| 7. Bowel Problems       | 16. Emotional Concerns | 25. Vision Problems    |
| 8. Cancer/Leukemia      | 17. Heart Problems     | 26. Other              |
| 9. Convulsions/Seizures | 18. Hearing Problems   | 27. None               |

Please explain any that were circled. \_\_\_\_\_

List the numbers of any illnesses that are life threatening. \_\_\_\_\_

Additional Health Factors \_\_\_\_\_

Does your child have any medical history that would prevent him/her from taking physical education? \_\_\_\_ (Y/N)  
If Yes, what is it? \_\_\_\_\_

**NOTE: Information related to Illnesses will not be included in a student's electronic record unless there is a health plan on file in the student's cumulative folder.**

Last Physical Exam Date \_\_\_\_\_ Pass/Fail \_\_\_\_\_ Athletic Status \_\_\_\_\_

## ADDITIONAL INFORMATION

Has your child ever been enrolled in a preschool or child care? Yes  No   
If Yes, where \_\_\_\_\_

Has your child ever had an IEP or received Exceptional Children services? Yes  No   
If Yes, where \_\_\_\_\_

Has your child ever received Academically Gifted services? Yes  No   
If Yes, where \_\_\_\_\_

Has your child ever been identified as a 504 student? Yes  No   
If Yes, where \_\_\_\_\_

Has your child been identified as a McKinney-Vento student this year? Yes  No   
If Yes, where \_\_\_\_\_

Does your religious affiliation limit your child from any school activities? Yes  No

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GRANVILLE COUNTY SCHOOLS

PROOF OF RESIDENCE

SCHOOL YEAR: \_\_\_\_\_

Student's (Last)

(First)

(Middle)

<u>PARENT/LEGAL GUARDIAN'S NAME</u>			<u>OWNER, RENTER/LEASEHOLDER'S NAME</u>		
_____ Last Name	_____ First Name	_____ MI	_____ Last Name	_____ First Name	_____ MI
_____ Street Address			_____ Street Address		
_____ City & State			_____ City & State		

In what school district is your residence located? \_\_\_\_\_

Proof of address to verify the residence of the parent(s) or court appointed guardian must be presented. The document must show the name and present address of the parent/guardian listed above.

The documentation you present MUST be one of the following:

\_\_\_\_\_ Original heating fuel, water, or electric bill in the name of the child's parent/guardian. The bill must be within the last 60 days.

\_\_\_\_\_ Official rental/lease agreement signed by the child's parent(s)/guardian and owner of the property.

If the above documentation cannot be provided, the following must be provided for approval. NOTE: Both the parent and the individual providing proof of residence must be present.

Proof of residence from the individual(s) that the child's parent is living with

\_\_\_\_\_ Original heating fuel, water, or electric bill. The bill must be within the last 60 days.

\_\_\_\_\_ Official rental/lease agreement signed by the renter and/or owner of the property.

And any TWO of the following that verify the parent/guardian's name and the above listed address.

\_\_\_\_\_ Driver's License

\_\_\_\_\_ State ID card (from the Department of Motor Vehicles)

\_\_\_\_\_ Car Registration

\_\_\_\_\_ Letter from employer on company letterhead verifying address of the child's parent(s)/guardian.

\_\_\_\_\_ Medicaid card (with name of student, parent(s) or guardian)

\_\_\_\_\_  
Signature of Parent or Court Appointed Guardian

\_\_\_\_\_  
Date

I, \_\_\_\_\_, verify that all of the information given is true.

**A signature is also required of the person who owns, pays rent or is the lease holder of the house or apartment:**

I, \_\_\_\_\_, verify that all of the information given is true.

**OFFICE USE ONLY**

Action Taken:     Approved     Denied School \_\_\_\_\_    Grade \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent/Designee

\_\_\_\_\_  
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)

M  F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin:  1 Yes  2 No

Race:

1 Other Non-White  2 White  3 Black  4 American Indian  5 Chinese  
 6 Japanese  7 Hawaiian  8 Filipino  9 Other Asian  10 Unknown

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:





January 2016

**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):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:





# Granville County Public Schools

## Home Language Survey / Encuesta del Lenguaje

Parents and guardians of all new students are required to complete this form at the time of enrollment and record all information requested. If it is determined that a student's language is other than English a language proficiency test will be administered at the school.

A todos los padres o tutores de los nuevos estudiantes se les requiere completar esta forma en el momento de inscripción y completar toda la información requerida. Si se determina que el lenguaje del estudiante no es inglés se le administrará un examen de dominio del inglés en la escuela.

**Student's Name/Nombre del Estudiante:** \_\_\_\_\_  
Last Name/Apellidos First Name/Nombre Middle Name/2do Nombre








**Place of Birth/Lugar de nacimiento:** \_\_\_\_\_ **Grade/Grado:** \_\_\_\_\_ **Date of Birth/Fecha de nacimiento:** \_\_\_\_\_

**School:** \_\_\_\_\_ **School Official Enrolling:** \_\_\_\_\_ **Student PS #:** \_\_\_\_\_

Date first enrolled in any U.S. school (private or public, beginning with kindergarten) / Primer día que fue matriculado en cualquier escuela de los Estados Unidos de América (privada o pública, comenzando con el jardín de infantes): \_\_\_\_\_

**Indicate if the student has left the U.S. and returned:** \_\_\_\_\_  
Date student left US Date student returned to US

**Indicar si el estudiante salió de los EU y regresó:** (Fecha de salida): \_\_\_\_\_ Fecha de regreso: \_\_\_\_\_

	<u>Questions in English</u>	<u>Answer</u>	<u>Preguntas en Español</u>	<u>Respuesta</u>
	Which language did your child learn <b>first</b> ?	<input type="checkbox"/> English <input type="checkbox"/> Other than English _____ (specify the language)	¿Cuál fue el <b>primer</b> idioma aprendió <b>su hijo</b> ?	<input type="checkbox"/> Inglés <input type="checkbox"/> Aparte del inglés _____ (especifique el idioma)
	Is a language <b>other than English</b> spoken in your home?	<input type="checkbox"/> Yes, What language? _____ <input type="checkbox"/> No	¿Se habla <b>otro idioma además del inglés</b> en su hogar?	<input type="checkbox"/> Sí, que idioma? _____ <input type="checkbox"/> No
	What language is <b>most often</b> spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other than English _____ (specify the language)	¿Qué idioma se habla con <b>más frecuencia</b> en su hogar?	<input type="checkbox"/> Inglés <input type="checkbox"/> Aparte del inglés _____ (especifique el idioma)
	Does your child communicate in a language <b>other than English</b> ?	<input type="checkbox"/> Yes, What language? _____ <input type="checkbox"/> No	¿Se comunica <b>su hijo</b> en un idioma <b>que no sea inglés</b> ?	<input type="checkbox"/> Sí, ¿qué idioma? _____ <input type="checkbox"/> No
	What language do you use when talking with your child?	<input type="checkbox"/> English <input type="checkbox"/> Other than English _____ (specify the language)	¿Qué idioma <b>usted</b> usa cuando habla con su hijo?	<input type="checkbox"/> Inglés <input type="checkbox"/> Aparte del inglés _____ (especifique el idioma)
	In which language do you prefer to receive <b>written</b> school communications? (Please choose only one language.)	<input type="checkbox"/> English <input type="checkbox"/> Other than English _____ (specify the language)	¿En qué idioma prefiere recibir comunicaciones <b>escritas</b> de la escuela? (Elija solo un idioma).	<input type="checkbox"/> Inglés <input type="checkbox"/> Aparte del inglés _____ (especifique el idioma)
	In which language do you prefer to receive <b>oral</b> school communications? (Please choose only one language.)	<input type="checkbox"/> English <input type="checkbox"/> Other than English _____ (specify the language)	¿En qué idioma prefiere recibir comunicaciones <b>orales</b> de la escuela? (Elija solo un idioma).	<input type="checkbox"/> Inglés <input type="checkbox"/> Aparte del inglés _____ (especifique el idioma)

**Parent's Name/Nombre del padre:** \_\_\_\_\_ **Parent Email:** \_\_\_\_\_

**Phone Number/Número del teléfono:** \_\_\_\_\_ **Date/Fecha:** \_\_\_\_\_



# PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Catherine Truitt, Superintendent of Public Instruction

WWW.DPI.NC.GOV











## 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? No _____ 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? No _____ 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 school district? Month _____ Year _____</p>			
<p>4. Parent(s)' Name(s) _____</p>			
<p>5. What is your current address? Address _____ 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 | 984) 236-2786 | Fax (984) 236-2099

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

# Granville County Schools

## Internet Safety Policy

**Please fill out and return the form below to your school.**

### **STUDENT AGREEMENT**

I have been given a copy of the Granville County Schools Internet Safety Policy and understand that I am responsible for my actions while using computers and network resources that belong to Granville County Schools. This includes any computers or other technology resources that may be taken home.

I understand and will abide by the Granville County Schools Internet Safety Policy.

I understand that any violation of the Granville County Schools Internet Safety Policy will result in the loss of access privileges, disciplinary action and/or legal action as deemed appropriate by Granville County Schools.

STUDENT NAME (PRINT): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### **PARENT AGREEMENT**

I have read the Granville County Schools (GCS) Internet Safety Policy with my child.

I understand that the GCS Internet Safety Policy is in force for my child using resources belonging to Granville County Schools, including resources that may be taken home.

I understand that Internet access is provided for educational purposes only and that my child is responsible for his/her conduct while accessing the Internet.

I understand that Granville County Schools cannot block access to all inappropriate materials on the Internet.

I accept full responsibility for my child's compliance with the GCS Internet Safety Policy and hereby give my consent for my child to use the Granville County Schools network and computer resources.

PARENT OR LEGAL GUARDIAN NAME (PRINT): \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# GRANVILLE COUNTY PUBLIC SCHOOLS PERMISSION TO PUBLISH AND MEDIA RELEASE FORM

Granville County Public Schools (GCPS), the North Carolina State Board of Education (SBE) and the North Carolina Department of Public Instruction (NCDPI) use photographs, video, audio recordings and illustrations of students and adults for many purposes.

These materials may appear in print, on or linked to web sites (as photos, videos, and/or podcasts), and/or in presentations. Media outlets may incorporate these materials in school-related coverage, in print, through broadcast means, or through social media. All use of such items will be for instructional or informational use only.

This form allows you as a parent/guardian or adult to choose whether or not you/your child may appear in any of these various media formats and illustrations used by the SBE, the NCDPI, and/or media outlets

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## PLEASE CHOOSE ONE:

### For anyone younger than 18 years old:

- I give permission to Granville County Public Schools, State Board of Education/the North Carolina Department of Public Instruction to make photographs, video, audio recordings and/or illustrations of my child. Further, I understand that I may not have the opportunity to inspect or approve the finished product or its specific use before publication.

### For anyone 18 years of age or older:

- I give permission to Granville County Public Schools, the State Board of Education/the North Carolina Department of Public Instruction to make photographs, video, and/or illustrations of me. I am over 18 years old and provide my consent to use the images, recordings, or illustrations as described above.

### For either:

- I do not give permission for me/my child to be included in any media whatsoever.

---

Minor's Parent/Guardian or Adult's Signature

---

Parent/Guardian or Adult's Printed Name

---

Student's Name (if applicable)

---

Date of Signature

I allow my child's/ward's name to be used.      \_\_\_\_\_ YES      \_\_\_\_\_ NO

---

My Physical Address

---

Apartment/Unit Number

---

City

---

State

---

Zip Code

---

Phone Number

## AFFIRMATION OF STUDENT'S SCHOOL STANDING

As mandated by the State of North Carolina, "When a student transfers into the public schools of a local school administrative unit, that local board shall require the student's parent, guardian, or legal 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."

"Notwithstanding any other law, a local board may deny admission to or place reasonable conditions on the admission of a student who has been suspended from a school under G.S. 115C-390.5 through G.S. 115C-390.10 or who has been suspended from a school for conduct that could have led to a suspension from a school within the local school administrative unit where the student is seeking admission until the period of suspension has expired. Also, a local board may deny admission to or place reasonable conditions on the admission of a student who has been expelled from a school under G.S. 115C-390.11 or who has been expelled from a school for behavior that indicated the student's continued presence in school constituted a clear threat to the safety of other students or staff as found by clear and convincing evidence, or who has been convicted of a felony in this or any other state."

I understand that if the information provided here is found to be false, the student may be removed from school.

### STATE OF NORTH CAROLINA COUNTY OF GRANVILLE

I am requesting enrollment of my child, \_\_\_\_\_, and understand that my signature represents my statement of affirmation that the following statements are correct and binding under the law of North Carolina.

**YES**

**NO**

\_\_\_\_\_      \_\_\_\_\_      Is your child under short or long term suspension or  
expulsion from any school in this or any other state?

\_\_\_\_\_      \_\_\_\_\_      If your child had stayed at his/her previous school, would  
he/she have been subject to suspension or expulsion?

\_\_\_\_\_      \_\_\_\_\_      Has your child been convicted of a felony in this or any  
other state?

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Designee

\_\_\_\_\_  
Date

# Granville County Attendance Policy

Attendance in school and participation in class are integral parts of academic achievement and the teaching-learning process. Through regular attendance, students develop patterns of behavior essential to professional and personal success in life. Regular attendance by every student is mandatory. The state of North Carolina requires that every child in the State between the ages of 7 (or younger if enrolled) and 16 attend school. Parents and legal guardians are responsible for ensuring that students attend and remain at school daily.

All students should be in school all day, everyday.

If a student has to miss school for a legitimate reason, a written excuse signed by a parent or guardian must be presented to the teacher on the day returning after an absence. An absence may be excused for the following reasons:

1. Personal illness or injury that makes the student physically unable to attend school.
2. Quarantine - isolation ordered by the State Board of Health.
3. Death in the immediate family.
4. Medical or dental appointment of a student.
5. Participation under subpoena as a witness in a court proceeding.
6. Religious observance.
7. Educational opportunity (must receive prior approval from principal).
8. Pregnancy and parenting students.
9. Local school board option (natural or personal disaster, parent in military service).

The principal may grant exceptions in situations involving hardship. If absences reach 10 unlawful absences, a referral may be made to the Granville County Attendance Officer, which can result in court proceedings.

Here's how you can help:

- Make sure your child attends school each day, arrives to school on time, and stays the entire day.
- Use weekends, teacher workdays, and school breaks for family trips.
  - If your family already has something planned, please see your principal beforehand.
- Try to schedule appointments for late in the day or first thing in the morning.
  - Students may check out for an appointment and check back in to be counted present, as long as they are here for a total of 3 'h hours in the school day.
- If your child misses the bus, have someone bring them to school as soon as they can.
- If absent, always send a doctor note or parent note back to school on the day your child returns.
  - Doctor notes may be required if absences become excessive.
- Remember, early release days count as full days for attendance purposes.

I have read and understand the Granville County Attendance Policy.

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

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

\_\_\_\_\_  
Date

## Granville County Public Schools

Dear Parent or Guardian,

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 requires 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 is mandatory starting with the 2015-16 school year. The Session Law 2014-15 that describes 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:

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, Active Reserve/Guard, National Guard, Reserves, Veteran, Disabled Veteran Foreign Military, Civil Service Employee, Retired Military, Deceased, Deceased- Killed In Action?

"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.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If Yes, please complete the information for each family member on the following page.  
 Example and Options:

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Military Installation</i>
Father	Army	Active Duty	E-4	Fort Bragg

Use the legend below when completing the following page.  
 (You may list more than one status for each person.)

**BRANCH**  
 Air Force, Army  
 Coast Guard  
 Marine Corps  
 Navy

**STATUS OPTION**  
 Active Duty                      Active Reserve/Guard  
 National Guard  
 Reserves  
 Veteran  
 Disabled Veteran  
 Foreign Military  
 Civil Service Employee  
 Retired Military  
 Deceased  
 Deceased- Killed In Action

**GRADE**  
 Enlisted (E-1 through E-9)  
 Officer (O-1 through O-10)  
 Warrant Officer (W-1 through W-5)

**MILITARY INSTALLATION**  
 The facility where the service member fulfills their duty role in the military (e.g. Fort Bragg, NG Raleigh Armory, Knightdale Reserve Center etc.)

<b>STUDENT NAME:</b> _____				
<b>Relationship</b>	<b>Branch</b>	<b>Status</b>	<b>Grade</b>	<b>Military Installation</b>

*(Please return a form for each child in your household)*

Please return this form *to* the Student Information Data Manager in your child's school within no more than two weeks after receiving it.

If you have any questions, please call the Student Information Data Manager at your child's school.

Sincerely,

Principal of School



# GRANVILLE COUNTY PUBLIC SCHOOLS

## TRANSPORTATION REQUEST FORM

Please complete this request in its entirety submit it to the Transportation Department immediately. (Cindy Fain)

School Name: \_\_\_\_\_ Date Received by School:

Name of Parent/Guardian:

Address:   
 ALWAYS  AM  PM  
NEVER

STUDENT'S LEGAL NAME (No Nickname)  STUDENT NUMBER  GRADE \_\_\_\_\_

Alternate AM Transportation – Place X in correct box  
(If address is different than home, it must be in school attendance zone)

Reason: (ex: Day Care/Grandma)

Alternate PM Transportation – Place X in correct box  
(If address is different than home, it must be in school attendance zone)

Reason: (ex: Day Care/Grandma)

Date to begin Transportation:

Please include any special information that would benefit the needs of the student. (EX. Wheelchair and/or Medical....)