

WATAUGA COUNTY SCHOOLS - STUDENT ENROLLMENT INFORMATION

Name of School: _____ **Date:** ____/____/____

Per the policy of Watauga County Board of Education, this form shall be completed by the parent or legal guardian upon a student being presented for admission to the Watauga County Schools. The parent or legal guardian shall personally present the student to the school system upon initial entry to the system.

STUDENT INFORMATION						
Legal Last Name		Legal First Name		Legal Middle Name		Preferred First Name
Last Name (if different)	Suffix	Grade	Sex ^{CIRCLE} M F	Birth Date _/_/____	Place of Birth	Proof of Age () Certified Birth Certificate
Home Phone <input type="checkbox"/> Unlisted		Ethnicity ____ Hispanic ____ Non-Hispanic		Race: ____ American Indian/Alaskan Native ____ Asian ____ Black ____ White ____ Hawaiian/Pacific Islander		
911 Address			Apt #	City	State	Zip
Mailing Address <input type="checkbox"/> check if same as 911 Address			Apt #	City	State	Zip
Previous School(s) Attended		Years	Grades	Previous School Addresses		

OFFICE USE ONLY	Student ID#	Enrollment Code () E1 () E2 () R1 () R2 () R3 () R5 () R6	Enrollment Date	Homeroom
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PARENT INFORMATION

CHILD RESIDES WITH: _____ **Please indicate relationship below.**
 () Both Parents () Father () Mother () Guardian () Grandparents () Mother & Stepfather () Father & Stepmother () Other: _____

MOTHER'S INFORMATION	FATHER'S INFORMATION
Name (First, M, Last) _____	Name (First, M, Last) _____
Maiden Name _____ Place of Birth _____ DOB(____/____/____)	Place of Birth _____ DOB(____/____/____)
Address (If different from student) _____	Address (If different from student) _____
City _____ ST _____ Zip _____	City _____ ST _____ Zip _____
Employer _____	Employer _____
Work Phone _____ Extension _____	Work Phone _____ Extension _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
E-mail Address _____	E-mail Address _____
If not living, date of death _____	If not living, date of death _____

LEGAL GUARDIAN If Guardian, are legal custody papers on file in the office of the principal? () Yes () No

NAME OF PERSON WITH LEGAL CUSTODY OF STUDENT _____

ADDRESS _____ EMPLOYER _____

CITY _____ ST _____ ZIP _____ WORK PHONE _____ EXTENSION _____

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

EMERGENCY CONTACTS (Parent will be notified first – emergency contact used only if parents unavailable)

Name of 1st contact _____ Relationship _____

Best Day # _____ Home Phone # _____ Work Phone _____ Cell Phone _____

Name of 2nd contact _____ Relationship _____

Best Day # _____ Home Phone # _____ Work Phone _____ Cell Phone _____

Name of 3rd contact _____ Relationship _____

Best Day # _____ Home Phone # _____ Work Phone _____ Cell Phone _____

SIBLINGS

Student #	1 _____	2 _____	3 _____	4 _____
Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Age	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Gender	_____ (M/F)	_____ (M/F)	_____ (M/F)	_____ (M/F)

MILITARY CONNECTION

In an effort to support our students who have family members in service to our country, please provide information about this student's family member who is, or has served: No Military Connection

Relationship to Student	Branch of Service	Status (choose one: Active Duty, Retired, Reserves, National Guard, Disabled Veteran, Civil Service)	Rank	Location of Service/Base	Unit/Squadron

HOME LANGUAGE SURVEY

What language did your child learn when he or she first began to talk? English___ Other_____

What language does your child speak most often at home? English___ Other_____

What language do you most often speak to your child? English___ Other_____

What language is most often used by the adults at home? English___ Other_____

In what country was the student born? _____

If the "other" line is used for any of the language survey questions above, please complete page 3 of the enrollment form.

TRANSPORTATION INFORMATION

Transportation to School () Bus#_____ () Walk () Car

*Transportation From School () Bus#_____ () Walk () Car with whom? _____ () Afterschool

*Transportation From School due to inclement weather () Bus #_____ () Walk () Car with whom? _____

*Exceptions to the above means of transportation MUST be submitted in writing to the office prior to the close of school that day.

HAS YOUR CHILD BEEN RETAINED?**IN WHICH GRADE?****SPECIAL PROGRAMS**

Please check if your child has been served in any of these programs: () Academically Gifted () Learning Disabilities () Hearing Impaired () Speech/Language () Title 1 Reading () ESL () 504 () Other _____

MEDICAL INFORMATION

Physician Name	Address	Phone
Dentist Name	Address	Phone

It is important that the school be aware of any special health problems that your child may have. Please list below conditions such as allergies, epilepsy, seizures, diabetes, orthopedic problems, hearing or visual impairments.

Allergies (type) _____ Life Threatening () Yes () No

Type of Allergy treatment _____

Other conditions or medications routinely taken _____

If my child needs to receive medications at school, I understand my doctor and I must complete a special form obtained from the school secretary.

EMERGENCY AUTHORIZATION

In cases of serious illness or accident, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed and to follow their instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary or transport my child to the hospital emergency room. () Yes () No

Signature of Parent or Legal Guardian _____

Date: _____

If signed by guardian, please state relationship to child: _____