

Duplin County Schools

PowerSchool Registration Form

OFFICE USE ONLY Completion Date _____
 Student ID # _____
 Grade _____ Entry Date/Code _____
 Homeroom/Teacher _____
 Forms Reviewed and Verified By: _____

STUDENT INFORMATION

LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE NAME
DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	HOME PHONE NUMBER ()		COUNTRY OF BIRTH <input type="radio"/> UNITED STATES <input type="radio"/> OTHER (LIST BELOW)
IS THE STUDENT HISPANIC/LATINO <input type="radio"/> YES <input type="radio"/> NO		RACE (CHECK ALL THAT APPLY) <input type="radio"/> AMERICAN INDIAN/NATIVE ALASKAN <input type="radio"/> ASIAN <input type="radio"/> BLACK/AFRICAN AMERICAN <input type="radio"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="radio"/> WHITE		

STUDENT'S PHYSICAL ADDRESS

STUDENT'S MAILING ADDRESS (IF DIFFERENT)

STREET		APT/SUITE #		STREET		APT/SUITE #	
CITY		STATE/ZIP		CITY		STATE/ZIP	
PROOF OF RESIDENCY <input type="radio"/> UTILITY BILL (Water, Electric, Gas) <input type="radio"/> LEASE/RENTAL AGREEMENT <input type="radio"/> MORTGAGE STATEMENT <input type="radio"/> LANDLINE PHONE BILL <input type="radio"/> OTHER				VERIFIED WITH ROAD LISTING (OFFICE USE) INITIAL: _____			

PARENT/GUARDIAN INFORMATION

Only a custodial parent or legal guardian can enroll a student in Duplin County Schools. Unless otherwise determined by court order, both natural parents listed on the birth certificate have equal rights to make educational decisions and to access educational records for their child. If COURT ORDERED CUSTODY paperwork exists, it must be provided to the school upon enrollment.

Custody Information

Are there any custody issues involving the student of which the school needs to be aware? YES NO
 Have custody papers been presented to the school? YES NO

PARENT 1: Biological Mother Biological Father Living Deceased (skip to next section)
Name appears on birth certificate Yes No Other _____ Check all that apply: Custody (see above) Lives With School Pickup

FULL NAME		EMAIL ADDRESS	
EMPLOYER/WORKPLACE			
ADDRESS (if different)			
DAYTIME PHONE ()	HOME PHONE ()	MOBILE PHONE ()	WORK PHONE ()

PARENT 2: Biological Mother Biological Father Living Deceased (skip to next section)
Name appears on birth certificate Yes No Other _____ Check all that apply: Custody (see above) Lives With School Pickup

FULL NAME		EMAIL ADDRESS	
EMPLOYER/WORKPLACE			
ADDRESS (if different)			
DAYTIME PHONE	HOME PHONE	MOBILE PHONE	WORK PHONE

PARENT/GUARDIAN INFORMATION (continued)**OTHER 1:** STEPMOTHER STEPFATHER LEGAL GUARDIAN (if legal custody is someone other than biological mother/father)Check all that apply: Custody (see above) Lives With School Pickup

FULL NAME	EMAIL ADDRESS
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EMPLOYER/WORKPLACE

ADDRESS (if different)

DAYTIME PHONE ()	HOME PHONE ()	MOBILE PHONE ()	WORK PHONE ()
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OTHER 2: STEPMOTHER STEPFATHER LEGAL GUARDIAN (if legal custody is someone other than biological mother/father)Check all that apply: Custody (see above) Lives With School Pickup

FULL NAME	EMAIL ADDRESS
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EMPLOYER/WORKPLACE

ADDRESS (if different)

DAYTIME PHONE ()	HOME PHONE ()	MOBILE PHONE ()	WORK PHONE ()
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EMERGENCY CONTACT INFORMATION

Please list up individuals that the school may contact if they are unable to contact the parent(s)/guardians(s) listed.

EMERGENCY CONTACT 1

FULL NAME	RELATIONSHIP TO CHILD	Can this person pick up your child from school? <input type="radio"/> YES <input type="radio"/> NO
HOME PHONE ()	MOBILE PHONE ()	WORK PHONE ()

EMERGENCY CONTACT 2

FULL NAME	RELATIONSHIP TO CHILD	Can this person pick up your child from school? <input type="radio"/> YES <input type="radio"/> NO
HOME PHONE ()	MOBILE PHONE ()	WORK PHONE ()

EMERGENCY CONTACT 3

FULL NAME	RELATIONSHIP TO CHILD	Can this person pick up your child from school? <input type="radio"/> YES <input type="radio"/> NO
HOME PHONE ()	MOBILE PHONE ()	WORK PHONE ()

EMERGENCY CONTACT 4

FULL NAME	RELATIONSHIP TO CHILD	Can this person pick up your child from school? <input type="radio"/> YES <input type="radio"/> NO
HOME PHONE ()	MOBILE PHONE ()	WORK PHONE ()

SIBLING INFORMATION

NAME	GRADE	SCHOOL
NAME	GRADE	SCHOOL
NAME	GRADE	SCHOOL
NAME	GRADE	SCHOOL

SCHOOL & ACADEMIC PLACEMENT INFORMATION

PREVIOUS SCHOOL NAME & LOCATION

LAST DATE OF ATTENDANCE

CURRENT GRADE LEVEL

SPECIAL PROGRAMS (Please check if your child has been served in any of the following programs)

 EXCEPTIONAL CHILDREN-IEP SECTION 504 AIG/GIFTED ESL OTHER (PLEASE SPECIFY) _____

HAS YOUR CHILD EVER ATTENDED A DUPLIN COUNTY PUBLIC SCHOOL?

 YES NO

IF YES, PLEASE LIST THE SCHOOL NAME.

HAS YOUR CHILD EVER ATTENDED A PUBLIC SCHOOL IN NORTH CAROLINA OUTSIDE OF DUPLIN COUNTY?

 YES NO

IF YES, PLEASE LIST THE SCHOOL NAME.

MEDICAL INFORMATION

PHYSICIAN NAME & PHONE NUMBER

DENTIST NAME & PHONE NUMBER

PLEASE LIST ANY HEALTH ISSUES

PLEASE LIST ANY ALLERGIES

PLEASE LIST ANY MEDICATIONS

COMMUNICATION

PREFERRED LANGUAGE FOR SCHOOL MASS NOTIFICATION CALLS & MESSAGES

 ENGLISH SPANISH OTHER: _____**TRANSPORTATION**AM/MORNING: CAR BUS DAYCARE VANPM/AFTERNOON: CAR BUS DAYCARE VAN**MILITARY INFORMATION**Is your family military connected? Does the student have a parent/stepparent/sibling/guardian residing in the household in the active or reserve components, including retired, of the Army, Air Force, Coast Guard, Marine Corps, Navy, or National Guard? YES NO

If "YES", please complete the following:

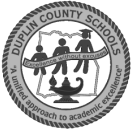
NAME	RELATIONSHIP TO STUDENT	RANK	BRANCH	STATUS (active duty, reserve, retired, etc)
NAME	RELATIONSHIP TO STUDENT	RANK	BRANCH	STATUS (active duty, reserve, retired, etc)
NAME	RELATIONSHIP TO STUDENT	RANK	BRANCH	STATUS (active duty, reserve, retired, etc)

PARENT SIGNATURE/DATE

I, _____ (Printed name) certify that all the information provided is correct and complete to the best of my knowledge.

Signature _____

Date: _____



Duplin County Schools

Transportation Ridership Form

Date _____

Ridership Request (*Select One*)

New Ridership

Ridership Change

STUDENT'S NAME

LEGAL LAST NAME

LEGAL FIRST NAME

STUDENT'S PHYSICAL ADDRESS

STREET

APT/SUITE #

CITY

STATE/ZIP

PARENT/LEGAL GUARDIAN NAME

LAST NAME

FIRST NAME

MOBILE PHONE

DAYTIME PHONE

TRANSPORTATION INFORMATION

MORNING/AM TRANSPORTATION

AFTERNOON/PM TRANSPORTATION

How will your child get to school in the mornings? **Check One**

- WALK
- CAR
- SCHOOL BUS PICK UP AT HOME ADDRESS LISTED ABOVE
- SCHOOL BUS PICK UP AT AN ALTERNATE ADDRESS (enter alternate address below)

How will your child get home in the afternoons? **Check One**

- WALK
- CAR
- SCHOOL BUS DROP OFF AT HOME ADDRESS LISTED ABOVE
- SCHOOL BUS DROP OFF AT AN ALTERNATE ADDRESS (enter alternate address below)

PERSON RESPONSIBLE FOR STUDENT & RELATIONSHIP

PERSON RESPONSIBLE FOR STUDENT & RELATIONSHIP

PROVIDE ALTERNATE ADDRESS BELOW (IF APPLICABLE)

STREET

APT/SUITE #

STREET

APT/SUITE #

CITY

STATE/ZIP

CITY

STATE/ZIP

OFFICE USE

SCHOOL LOCATION: BFG BES CES DECHS EDHS JKHS KES NDE NDJS RHM WALE WRH WARE

STUDENT ID#

GRADE LEVEL

HOMEROOM

MORNING/AM BUS #

AFTERNOON/PM BUS #



Duplin County Schools- Home Language Survey

Directions:

1. Parents/guardians of all new students complete this form at the time of enrollment and record all information requested.
2. Ensure that all questions on the form are completed. Determine which ESL Program staff will review the responses, interview the parent as necessary, and/or observe the student to determine the home language. If the parent lists more than one language other than English, the reviewer must determine which one is the child's home language for data collection purposes and document it on this form.
3. If it is determined that a student's home language is other than English, administer the English language proficiency test. Follow your protocol to collect and document the student's scores.
4. Place the original form in the student's cumulative folder.

Student Full Name: _____ **School:** _____

Grade Level: _____ **Date of Birth:** _____

Date First Enrolled in any U.S. School (Public or Private beginning with Kindergarten: _____

Indicate if the student has left the U.S. and returned:

Date Student Left U.S. _____ **Date Student Returned to U.S.** _____

Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other than English. Specify the language _____
Is a language other than English spoken at home?	<input type="checkbox"/> Yes. What language? _____ <input type="checkbox"/> No
What language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other than English
Does your child communicate in a language other than English?	<input type="checkbox"/> Yes. What language? _____ <input type="checkbox"/> No
What language do you use when talking to your child?	<input type="checkbox"/> English <input type="checkbox"/> Other than English
In which language do you prefer to receive written school communications? Please choose only one	<input type="checkbox"/> English <input type="checkbox"/> Other than English. Specify the language _____
In which language do you prefer to receive oral school communications? Please choose only one.	<input type="checkbox"/> English <input type="checkbox"/> Other than English. Specify the language _____

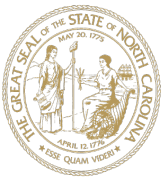
Parent's name: _____ **Parent's signature** _____

Parent's phone number: _____ **Date:** _____

*****For Office Use Only*****

Person Reviewing this Survey: _____

Determination	
The student's home language:	Language:
If the language is other than English, the English language proficiency test should be administered:	Administer the English Language Proficiency Test Circle: Yes or No



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?</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 | (984) 236-2786 | Fax (984) 236-2099

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



January 2016

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:

