

Vance County Public Schools Required Documentation for School Enrollment

Your Child's registration is complete when **All** of the following documentation has been received.

STUDENT'S NAME: _____
(First)
(Middle)
(Last)

VCS INITIAL	ITEM	NOTES	Grade LEVEL
	VCS Student Registration Form (All Information Complete)		PK-13
	McKinney-Vento Form		PK-13
	Proof of Residency with Documentation		PK-13
	Birth Certificate (Kindergarten child must be turning 5 by August 31st)		PK-13
	Social Security Card (Optional)		PK-13
	Health Assessment Form		PK-13
	Immunizations		PK-13
	Parent/Guardian Picture ID (*If Guardian you need proof of guardianship papers)		PK-13
	Home Language Survey		PK-13
	Occupational Survey		PK-13
	Internet Safety Survey		PK-13
	VCS Permission to Publish and Media Release Form		PK-13
	Discipline Status Enrollment Form		K-13
	VCS Attendance Policy		PK-13
	VCS Military Letter		PK-13
	Transportation Request Form		PK-13

ADDITIONAL INFORMATION PROVIDED BY PARENTS

	Most Recent Report Card from Previous School		3-12
	Most Recent Transcript from Previous School		9-12
	Legal/Custody Documents		PK-13

Vance 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

Work Phone No. _____

Parents email Address: _____

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.

Vance County Public Schools Student Registration Form

MISCELLANEOUS

Has your child ever been enrolled in a North Carolina Public School? Yes No

Has your child ever been enrolled in a Vance County Public School? Yes No

If Yes, where _____

County of Birth _____

Mother Deceased _____ Date Father Deceased _____ Date

ALTERNATE ADDRESS (For Transportation)

Street#	Street Name	Apt.	City	Contact Name/Relationship	Contact Phone
---------	-------------	------	------	---------------------------	---------------

Is your child a bus rider? Yes No AM PM

Is your child a car rider? Yes No AM PM

For your child, who fills the role listed below?

Custody _____ Living With _____ Court Access _____

PARENT/GUARDIAN

Call Sequence 1 2 3 4 5 6 7 8

Relationship _____

Last Name _____

First Name _____

Work Phone No. _____ Ext. _____

Employer _____

Home Phone No. _____ Unl? (Y/N) _____

Cellular Phone No. _____

Same as Student Address Yes No

Address (if different from student address)

Living with Student? Yes No

Emergency Contact? Yes No

Speaks English Yes No

Language _____

Copy of Correspondence Yes No

Willing to Volunteer? Yes No

Available at Work? Yes No

Call Sequence 1 2 3 4 5 6 7 8

Relationship _____

Last Name _____

First Name _____

Work Phone No. _____ Ext. _____

Employer _____

Home Phone No. _____ Unl? (Y/N) _____

Cellular Phone No. _____

Same as Student Address Yes No

Address (if different from student address)

Living with Student? Yes No

Emergency Contact? Yes No

Speaks English Yes No

Language _____

Copy of Correspondence Yes No

Willing to Volunteer? Yes No

Available at Work? Yes No

Vance County Public Schools Student Registration Form

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

Call Sequence 1 2 3 4 5 6 7 8
Relationship _____
Last Name _____
First Name _____
Language _____
Can pick up student Yes No
Address

Home Phone No. _____ Unl? (Y/N) _____
Work Phone No. _____ Ext. _____
Cellular Phone No. _____

Call Sequence 1 2 3 4 5 6 7 8
Relationship _____
Last Name _____
First Name _____
Language _____
Can pick up student Yes No
Address

Home Phone No. _____ Unl? (Y/N) _____
Work Phone No. _____ Ext. _____
Cellular Phone No. _____

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

Relationship _____
Last Name _____
First Name _____
Day Phone _____
Can pick up student Yes No
Address

Relationship _____
Last Name _____
First Name _____
Day Phone _____
Can pick up student Yes No
Address

SIBLINGS

Name _____	_____	_____	_____
_____	_____	_____	_____
Relationship _____	_____	_____	_____
Age _____	_____	_____	_____
School _____	_____	_____	_____
Gender M F	M F	M F	M F

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

Vance County Public Schools Student Registration Form

MEDICAL

Doctor's Name _____

Phone No. _____

Dentist _____

Phone No. _____

Special Medical Considerations _____

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

Preferred hospital _____

Illness or Developmental Problems (Check the box indicating 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 school activities? Yes No

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Vance County Schools

Discipline Status Enrollment Form

North Carolina General Statute 115C-366(a4) states that when a student transfers into the public schools of a local School Administrative Unit, that the local board shall require 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 on this or any other state or has been convicted of a felony in this or any other state.

A student denied admission to Vance County School may appeal the Administrative decision to the Vance County Board of Education.

Name of Student _____
Requesting Enrollment _____ Age _____
(Please Print)

Date of Birth _____ Grade _____

Address _____

Parent/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

School Last Attended _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Current Discipline Status

Student's Name _____

(Check Box below that Applies)

Is not currently suspended or expelled from any school nor is there a pending suspension or expulsion.

Has been recommended for Long-Term Suspension (more than 10 days) or expulsion (permanent removal from school): School _____ at which Recommendation is currently pending.

Describe the offense for which the recommendation is being made:

(Copy of Suspension/Expulsion must be attached)

Is currently on a long-term suspension, or expelled from and is currently serving the term of suspension or expulsion from _____ school.

Describe the offense for which the student is suspended/expelled with the beginning and ending date of the suspension

(Copy of Suspension/Expulsion must be attached)

Felony Conviction

Student Name _____

Has not been convicted of a felony in this or any other state

Has been convicted of a felony

Conviction of: _____

Convicted in: _____ State _____
City/Town

Date of Conviction: _____

Description of Offense: _____

Court Counselor: _____ Phone Number _____

I, _____ (parent/guardian), hereby swear under oath/affirm under penalty that the above information is true and accurate.

Providing False Information is a Criminal Act. If it is found that a person willfully and knowingly provided false information in this affidavit, they shall be guilty of a Class I Misdemeanor and shall pay to the Vance County Board of Education an amount equal to the cost of educating the student during the period of enrollment, not to include state

I give consent to the Vance County Public Schools to share this document as needed to obtain information or records from sources to verify the information on this form.

Signature Date

State of North Carolina: County of Vance

I, _____, a Notary in and for said County and State,
hereby certify that _____

personally appeared before me and acknowledge the due execution of the forgoing instrument.

This _____ day of _____ Year _____

Notary Public My Commission Expires: _____
Date

School Use Only

Enrollment Approved (Place in Student's Assignment File) Enrollment Denied
_____ School

Official Signature: _____ Date: _____

Vance County Attendance Policy

Vance County School Board Policy 4400: “If a student is absent from school for five or more days in a semester, the principal or a committee established by the principal shall consider whether the student’s grades should be reduced because of the absences. The principal or committee shall review other measures of academic achievement, the circumstances of the absences, the number of absences, and the extent to which the student completed missed work.”

All students should be in school all day, every day.

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 Vance 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 our 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 ½ hours in the 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 Vance County Attendance Policy.

Student Name

Parent Signature

Date

Vance County Public Schools

Military Form

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 requirements 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:

Relationship	Branch	Status	Grade	Military Installation
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.

STUDENT NAME: _____

Relationship	Branch	Status	Grade	Military Installation

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

Please return this form to the Student Information Data Manager at your child's school.

Sincerely,

**VANCE COUNTY PUBLIC SCHOOLS
TRANSPORTATION REQUEST FORM**

Please complete this request in its entirety submit it to the Transportation Department immediately.

School Name: _____ Date Received by School:

Name of Parent/Guardian:

AM PM

Address:

ALWAYS

NEVER

STUDENT'S LEGAL NAME (No Nickname)

STUDENT NUMBER

GRADE

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

Reason: (ex: Day Care/Grandma)

Alternate PM Transportation –
(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.....)



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 March 2019

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Vance County Schools
Home Language Survey

School (Escuela): _____ Date of Enrollment (Fecha): _____

Student Name (Nombre del Estudiante): _____

- | | |
|--|--|
| <p>1. What is the first language you learned to speak?</p> <p>2. What language do you speak most often?</p> <p>3. What language is spoken most often in your home?</p> <p>4. Besides languages studied in school, do you speak any languages other than English?
Yes _____ No _____</p> <p>5. In what country was the student born?
¿En cual país nació su hijo/a?</p> | <p>1. ¿Cuál fue el primer idioma que Ud. aprendió a hablar?</p> <p>2. ¿Cuál idioma Ud. habla más frecuentemente?</p> <p>3. ¿Cuál idioma Ud. habla a menudo en casa?</p> <p>4. ¿Además del lenguaje aprendido en la escuela, habla Ud. otro idioma además del inglés? Si así es, ¿Cuáles son?
Sí _____ No _____</p> <p><input type="checkbox"/> United States <input type="checkbox"/> Other: _____
 <input type="checkbox"/> EE.UU. <input type="checkbox"/> Otro: _____</p> |
|--|--|

***Questions 6-8 ONLY for students who were born outside the United States:
 ***Preguntas 6-8 Solo para los estudiantes quienes nacieron afuera de los EE.UU.:

6. Date student entered the U.S.: _____
 (Fecha cuando entró a los EE.UU.)
7. Number of years in United States Schools: _____
 (Cuantos años has estado en las escuelas en los EE. UU.)
8. Date student entered North Carolina Schools: _____
 (Fecha cuando entró a las escuelas de Carolina del Norte)

En el estado de Carolina del Norte se les requiere a todos los estudiantes que hablan o tienen en casa otro idioma que no sea inglés de tomar un examen en inglés que se enfoca en la habilidad del estudiante de hablar, escribir, y leer en inglés.

This survey is to be administered to all students, Pre-K through 12, regardless of the language they speak at the time they are registered or enrolled in school. The completed form is to be filed in the student's permanent record, with copies sent to the school's ESL Teacher and the central office ESL Coordinator. If the answer to questions 1-4 is English, the student will be considered English language proficient. If the answer to one or more of questions 1-4 is a language other than English, the student will need to be reported on the Home Language Survey Report and will need to be assessed for appropriate placement and English language assistance.

White Copy – File in student's permanent record
Yellow Copy – Forward to your school's ESL Teacher
Pink Copy – Forward to the ESL Coordinator

Student Residency Questionnaire (Required to Complete)

This form must be completed annually for each student enrolled in Vance County Public Schools as federally required to help determine services the student may be eligible to receive. The information you provide is confidential. Your child will not be discriminated against based upon information you provide.

Instructions: Please complete this form and return to the student's homeroom teacher.

Name of Student: _____ Race: _____ Gender: _____ Date of Birth: _____ Grade: _____

Current street address: _____
(Note: Post Office Box is not acceptable as residency, please provide physical address)

Mailing address: _____
(If different from physical address)

1. Where does the student stay at night? Please place a check beside the item that answers this question.

- Living in a permanent (fixed, regular and adequate housing situation).
- In a motel/hotel
- Living with another family in a house or apartment (due to an economic hardship or recent loss of housing).
- Shelter (family is living in an emergency or transitional shelter).
- Other location not appropriate for people (e.g., abandoned building, vehicle, campground, or other public place).
- Migrant Camp
- Children's Home (Masonic Home for Children or Central Children's Home)

Print Name of Parent/Guardian

Relationship to Student

Date

Signature of Parent/Guardian

Best Contact Number

Alternate Number

These questions help us understand more about your specific situation (Check all that apply)

I declare this information is correct and understand that presenting false record is a criminal offense under Section 37.10 penal code and I will be responsible for paying back tuition and/or all other costs if found guilty. I have also given Rights and Due Process information for Vance County Public Schools.

2. The Student lives with: Please place a check beside the item that answers this question.

- | | |
|--|---|
| Relative, friend(s) or other adults <input type="checkbox"/> | Masonic Home for Children or Central Children's Home (non-Emergency Placement) <input type="checkbox"/> |
| Parent(s) <input type="checkbox"/> | Masonic Home for Children or Central Children's Home (Emergency Placement) <input type="checkbox"/> |
| Legal Guardian(s) <input type="checkbox"/> | Other _____ <input type="checkbox"/> |
| Alone with no adult <input type="checkbox"/> | |

3. Is your current address a temporary living arrangement?

Yes No

Is your temporary living arrangement due to loss of housing or economic hardship? Yes No

Comments: _____

4. Is the residence permanent: fixed, regular and adequate?

Yes No

Comments: _____

5. Name of all students' siblings in Vance County Public Schools: (If additional space is needed, please use back of form).

Name: _____ Age: _____ DOB: _____ Gender: _____ School: _____
Name: _____ Age: _____ DOB: _____ Gender: _____ School: _____
Name: _____ Age: _____ DOB: _____ Gender: _____ School: _____
Name: _____ Age: _____ DOB: _____ Gender: _____ School: _____

6. Name of all siblings younger than school age in the home and names of siblings in the home, not attending school (up to age 20). (If additional space is needed, please use back of form).

Name: _____ Age: _____ DOB: _____ Gender: _____
Name: _____ Age: _____ DOB: _____ Gender: _____
Name: _____ Age: _____ DOB: _____ Gender: _____
Name: _____ Age: _____ DOB: _____ Gender: _____

FOR OFFICE USE ONLY:

Date Received: _____ Date Confirmed: _____ Date to C.O. _____ I.D. # _____



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:

