Craven COUNTY SCHOOLS
Today's Learners...Tomorrow's Leaders

Student 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	HOME PHONE NUMBER	COUNTRY OF BIRTH
	◯ MALE ◯ FEMALE	( )	◯ UNITED STATES ◯ OTHER (LIST BELOW)

IS THE STUDENT HISPANIC/LATINO
◯ YES ◯ NO

RACE (CHECK ALL THAT APPLY)
◯ AMERICAN INDIAN/NATIVE ALASKAN ◯ ASIAN ◯ BLACK/AFRICAN AMERICAN
◯ NATIVE HAWAIIAN/PACIFIC ISLANDER ◯ WHITE

STUDENT'S PHYSICAL ADDRESS

STREET APT/SUITE #

CITY STATE/ZIP

STUDENT'S MAILING ADDRESS (IF DIFFERENT)

STREET APT/SUITE #

CITY STATE/ZIP

PROOF OF RESIDENCY ◯ UTILITY BILL (Water, Electric, Gas) ◯ LEASE/RENTAL AGREEMENT ◯ MORTGAGE STATEMENT ◯ LANDLINE PHONE BILL ◯ OTHER

VERIFIED WITH ROAD LISTING
(OFFICE USE) INITIAL:

PARENT/GUARDIAN INFORMATION

Only a custodial parent or legal guardian can enroll a student in Craven 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
EMPLOYER/WORKPLACE	
ADDRESS (if different)	

DAYTIME PHONE	HOME PHONE	MOBILE PHONE	WORK PHONE

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
EMPLOYER/WORKPLACE	
ADDRESS (if different)	

DAYTIME PHONE	HOME PHONE	MOBILE PHONE	WORK PHONE

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? ◯ YES ◯ NO
HOME PHONE	MOBILE PHONE	WORK PHONE

EMERGENCY CONTACT 2

FULL NAME	RELATIONSHIP TO CHILD	Can this person pick up your child from school? ◯ YES ◯ NO
HOME PHONE	MOBILE PHONE	WORK PHONE

EMERGENCY CONTACT 3

FULL NAME	RELATIONSHIP TO CHILD	Can this person pick up your child from school? ◯ YES ◯ NO
HOME PHONE	MOBILE PHONE	WORK PHONE

EMERGENCY CONTACT 4

FULL NAME	RELATIONSHIP TO CHILD	Can this person pick up your child from school? ◯ YES ◯ 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 CRAVEN COUNTY SCHOOLS?

◯ YES ◯ NO IF YES, PLEASE LIST THE SCHOOL NAME.

HAS YOUR CHILD EVER ATTENDED A PUBLIC SCHOOL IN NORTH CAROLINA OUTSIDE OF CRAVEN 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 VAN

PM/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: _____

Craven County Schools

HOME LANGUAGE SURVEY

School: _____ Powerschool ID: _____

Enrollment Date: _____ Current Date: _____

Student Name: _____ Race: _____

Country of Birth: _____ Date of Birth: _____

Parent/Guardian Name: _____ Parent Address: _____

Phone number: _____

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1. What is the first language the child learned to speak?*** _____
2. What language does the child speak most often?*** _____
3. What language is most often spoken in the home?*** _____
4. Has your child attended any school in the U.S. during their lifetime? Yes ☐ No ☐

   _____ _____ _____

   Name of School: State: Dates Attended:
5. How many years has the child attended school in the U.S.? _____
6. Has your child attended school out of the U.S.? Yes ☐ No ☐

   _____ _____

   Name of Country: Years outside of the US:

   _____ _____

   Year returned to US: State returned to:

****Parents/Guardians: If your answer was anything other than "English" to Questions 1, 2, or 3 above, your child will be screened and/or assessed for English Language Proficiency.****

Parent SIgnature: _____ Date: _____

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1. If the answer to question 1, 2, or 3 is anything other than English, the EL teacher must complete this section and the Verification of Student Eligibility for WIDA Screening.
2. Completed and signed forms must be submitted to the EL Coordinator within 4 days of student enrollment. All signatures required.
3. After review, the EL Coordinator will follow up with the EL teacher regarding approval of screener and ability to proceed.

Administer the WIDA Screener? ◯ Screener ◯ No

Comment:

School EL Teacher School EL Teacher Signature Date

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.

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 school district?** **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 | 984) 236-2786 | Fax (984) 236-2099
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PUBLIC SCHOOLS OF NORTH CAROLINA
DEPARTMENT OF PUBLIC INSTRUCTION | Catherine Truitt, *Superintendent of Public Instruction*
WWW.DPI.NC.GOV

Encuesta Ocupacional

Nombre del Estudiante: _____
Apellido **Nombre**

Escuela: _____ **Grado:** _____

El Programa de Educación para estudiantes migrantes a través del Departamento de Instrucción Publica del Estado provee servicios de apoyo a los niños y familias que se han mudado en los últimos 3 años y que han trabajado en agricultura o pesca. Agradecemos que nos ayuden a determinar si su niño o pariente califica para recibir servicios en este programa. **Por favor, conteste las siguientes preguntas y entréguelas a la escuela**

1. ¿Usted o alguien en su familia ha trabajado en alguno de los siguientes trabajos en los últimos tres años?
No ☐ **Sí** ☐ **(Seleccione todos los que aplican en el cuadro de abajo)**

 Trabajo en los campos de agricultura cosechando frutas, verduras, nueces, melones, algodón, o en el silaje de zacate, paja, etc ☐	 Trabajo en el enlatado de frutas o verduras o en una planta empacadora ☐	 Trabajo en las lecherías ☐	 Trabajo en la pesca, granjas de camarón o peces ☐
 Trabajo en el corte de carnes crudas (pollos, reses, puercos) ☐	 Trabajo en granjas avícolas ☐	 Trabajo en huertas, viveros, talando árboles o limpiando la tierra) ☐	 Otro trabajo similar, **favor explicar**: Como cercando ranchos, fincas o huertas _____ _____ _____

2. ¿Usted o su familia se ha mudado a otro distrito escolar, o a una ciudad o condado en los últimos tres años?
No ☐ Si ☐

3. ¿Hace cuánto tiempo se mudó a este distrito escolar o condado? Mes _____ **Año** _____

4. Nombre de uno de los padres _____

5. ¿Cuál es su dirección actual?

_____
Dirección

_____
Ciudad **Estado** **Codigo Postal**

6. Teléfono: _____

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION
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AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education | Department of Public Instruction

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 Health
HEALTH AND HUMAN SERVICES

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:

CRAVEN COUNTY SCHOOLS

HEALTH SERVICES

HEALTH SERVICES PARENTAL OPT IN CONSENT FORM

School Year: _____ Student Name: _____

School Name: _____ Teacher: _____ Grade: _____

Craven County Schools provides health services for our students in grades K-12. School Health Services staff conducts various health screenings annually in grades Kindergarten, 1st, 3rd,5th, 7th and as needed and/or requested by teachers and school administrators.

Without early detection and treatment, uncorrected health issues may affect child development, and can interfere with academics and learning. These screenings are routine and are health services we offer to your child.

School nurses and staff who assist with health screenings, adhere to evidenced based guidelines under the direction of North Carolina School Health Program Manual.

If you **DO** want your child to participate in the Craven County Schools, School Health Services screening programs please complete the following:

I **DO** want _____ (Student Name) to participate in the following health service programs below:

- ☐ Caring and Treatment for an Illness and Injury (This consent excludes any emergencies, first aid or other lifesaving techniques)
- ☐ Vision Screening (Grades 1, 3, 5, and 7) and additional grade levels at the school nurses' discretion
- ☐ Hearing Screening (Grades 1 and 3) and additional grade levels at the school nurses' discretion
- ☐ Dental Screening (Grades K and 5) and additional grade levels at the school nurses' discretion. Dental screening is with the NC Public Health Dental Hygienist
- ☐ Health Counseling

Parent/Guardian Name (Please Print) _____

Signature: _____ Date: _____

THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE AT YOUR CHILD'S ASSIGNED SCHOOL AND THIS FORM MUST BE COMPLETED AND RETURNED EACH SCHOOL YEAR IF YOU CONSENT FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED IN THIS FORM.

CCS Student Device

Acceptable Use

Digital & Blended LEARNING

I understand that my school technology, including my device, case, charger, and accounts, are the property of Craven County Schools. I agree to abide by the following expectations.

BE RESPONSIBLE

Case

I will keep my device in its case.

I will keep my case clean from markings, stickers, etc.

Care

I will carry my device with two hands.

I will keep my device away from food and drinks.

Damages

I will tell my teacher if my school tech breaks or does not work correctly. I understand I may have to pay for damages.

BE PRODUCTIVE

Maintenance

I will plug in my device at the end of each day.

Use

I will only use my device and apps for school work.

Storage

I will only save files, photos, and other materials needed for school on my device.

BE ETHICAL

Security

I will keep my usernames and passwords private.

Apps/Sites

I will only use apps and websites as modeled by my teacher.

Copyright

I will create my own original work; I will give credit when referencing others' work and get permission to use their media.

BE RESPECTFUL

Attention

I will close or put my device away when asked by my teacher.

Photo Permission

I will ask for permission before taking, sharing, or posting any photos, videos, or audio recordings of others.

Bullying

I will lose my device and account privileges if I use them to bully, annoy, or hurt others' feelings.

Parent Technology Help Desk

Monday-Friday
8:00 AM-4:00 PM

Hotline: **252-514-6392**

parenttechsupport@cravenk12.org

Craven COUNTY SCHOOLS

Grades K-5
Revised July 2023

Craven County Schools
Technology Acceptable Usage Policy Agreement for Grades K-12

Craven County Schools provides students with access to district technology resources for educational purposes. All devices (iPads, Chromebooks, etc.) remain the property of Craven County Schools. Students in violation of the Technology Responsible Use Policy 3225 may be subject, but not limited to: disciplinary action, repossession, and removal of content including revocation of user privileges. In the event of repossession or confiscation, completion of classroom and homework will remain the responsibility of the student. CCS is not responsible for financial loss of any personal files that are deleted. Students may be responsible to pay for damaged devices according to the CCS Student Fees. Responsible use of school system technological resources is use that is ethical, respectful, academically honest and supportive of student learning.

BE RESPONSIBLE

- I will keep my device in the case issued by the district at all times, if applicable.
- I will supervise and keep my device secure at all times.
- I will carry my device carefully and protect it from extreme weight or temperatures.
- I will keep my device and case clean and free of stickers, writing, and other damage.
- I will keep my device away from food, beverages, and liquids.
- I will be responsible for the costs to repair or replace my device in the instance of intentional damage or loss.

BE PRODUCTIVE

- I will make sure my device stays charged to at least 85%, before coming to school.
- I will only use the apps and websites my teacher tells me to use.
- I will ensure that I have enough memory for educational files and applications required by the teacher.

BE ETHICAL

- I will not plagiarize or copy anyone else's work.
- I will notify my teacher and school in case of theft, vandalism, or damage.
- I will keep my personal passwords and usernames private.
- I will use all apps, programs, and the internet responsibly.
- I will use my device in ways that are appropriate, educational, and meet CCS policies (Internet Safety 3226/4205, Confidentiality of Personal Identifying Information 4705/7825, Family Educational Rights and Privacy Act).

BE RESPECTFUL

- I will not use my device to bully or cause harm to others.
- I will use the camera/microphone to take appropriate pictures, video, and audio recordings with permission from my teacher.

In order for Craven County Public Schools to facilitate a 1:1 personalized learning environment, the district will utilize applications (apps) and web-based services operated by third parties to provide students with access to online communications, collaboration tools, and other instructional tools and materials. In agreement, I consent to allow Craven County Public Schools to issue a device to the student and to create any accounts necessary for my student to utilize district-approved applications, access the Internet, utilize web-based services, and to provide approved information with a third-party provider.

Wireless Home Access

While it is not a requirement of Craven County Public Schools' 1:1 initiative, it is helpful to understand how many of our students have access to a high-speed, wireless environment within their home to better design instructional activities. Please complete the Digital Equity and Preference Survey for the Digital Learning Dashboard in the PowerSchool Parent Portal for North Carolina's Department of Public Instruction. The Digital Learning Dashboard is to fulfill session law 115C-102.9 calling for the collection and reporting of data regarding all students' access to digital devices and internet access at home. For more information and directions, please visit the Craven County Website at https://www.cravenk12.org/Domain/229 .

If you are in need of assistance with at home internet access for school needs, please contact your school's Media Coordinator about the possibility of checking out a school issued hotspot.

Apps and Web-Based Services

In order for Craven County Public Schools to facilitate a 1:1 personalized learning environment, the District will utilize applications (apps) and web-based services operated by third parties to provide students with access to online communications, collaboration tools, and other instructional tools and materials.

Opting Out

By opting out, parents/guardians choose not to grant permission for their child to bring an iPad home. Whether parents/guardians decide to have their student bring the iPad home or not, students will benefit from exciting, interactive and rich learning experiences using the iPad at school. If your personal, family decision is to opt out of bringing the iPad home, students will check the iPad in at the end of the day and check out the same iPad when they return to school in the morning.