ONSLOW COUNTY SCHOOLS REGISTRATION FORM

The domicile of a student under 18 years of age is presumed to be the domicile of his/her parents/legal guardian/custodian as defined by the General Statutes of North Carolina. *The legal guardian/custodian is the person or agency that has been awarded legal custody of the student (s) by a court. A notarized statement or power of attorney will not be accepted to transfer custody. Legal guardians/custodians will need to provide court ordered custody papers at the time of enrollment.

Registration Date:	School:		Social Security #	#:		
Student's Full Name:	<i>y</i>	DOB:		Country of Birth		
Ethnicity: Not Hispanic or Latino Race:	American Indian	or Alaskan Native	Asian 🗌		Gender:	
Hispanic or Latino (check all that				American	Male Female	
With:						
Address of Parent With Whom Student Resides:						
Does an IEP exist? Yes No Does a 504 exist? Yes No Does an AIG Plan (DEP) exist for this Does student have any health issues/concerns? Yes No						
	student? Yes No Specify all medications required on a daily basis:					
HOME LANGUAGE SURVEY OF STUDENT						
What is the first language the student learned to speak? What language does the student speak most often?						
What language is most often spoken in the home? Date first enrolled in any U.S school (Private or Public, but not Pre-K)						
Does a court order exists which restricts the student's contact with any person (s)? Yes No If yes, must provide court order						
Name and address of last school attended:						
Has this student ever attended another Onslow County School?						
If so, what is the last Onslow school attended and when did they leave?						
Mother's Name:		Father's Name:				
Address:	Address:					
Employer:						
	Work	Home	Cell		Work	
Phone: Phone:	Phone:	Phone:	Phone	e:	Phone:	
EMERGENCY INFORMATION (In case of emergency, other than parent)						
Contact Name:	Contact Name: Physician Name:					
Contact Phone:	Contact Phone:		Physician Number:			
Please list Any School Age Siblings						
Student Name:	Student Name:		Student 1	Name:		
Grade:	Grade:		Grade:			
School Attending:	School Attending:		School A	Attending:		
PARENT ACKNOWLEDGEMENT						
I am aware that I must provide within 30 calendar days to avoid suspension of my child. I certify that all of the above is correct to the best of my knowledge.						
I have/have not received the Student Handbook, revised Discipline Policy and Bus Regulation Handbook. I also certify that all of the above is correct to the best of my knowledge.						
Signature of Parent: School Counselor/Designee Signature:						
** OFFICE USE ONLY **						
Grade Level: Teacher: AM Bus PM Bus Birth Certificate: Immunization Record: Proof of Residence: Photo ID of Parent/Legal Custodian:						
K-Health Assessment: Logged in Book: Enrollmen	t Code: Discipline A	ffidavit: Court Orde	er:		trict Tuition Student	
Date of Order: Out-of-County						
Date Records Requested: Report Card/ Withdrawal Form Presented Pupil ID:						

Vellow ESI Control Office

White - School