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.

	Student In #:	recented	Report Card/ Withdrawal Form Presented	nort Card/ With	R			Requested:	Date Records Requested:
ident [Out-of-District Tuition Student Out-of-County	Out	Court Order : [Discipline Affidavit:	Disciplin	Enrollment Code:	Logged in Book:		Health Assessment:
Our Case Calair.									
Photo ID of Parent/Legal Custodian:		Proof of Residence:	Immunization Record:	_	Birth Certificate:	PM Bus	AM Bus	Teacher:	Grade Level:
		¢	ĺ	** OFFICE USE ONLY **	** 0			20	
		ignature:	School Counselor/Designee Si	School Counse				Parent:	Signature of Parent:
nd Bus Regulation	from school. 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. Athletic eligibility may be delayed and is conditional upon parent providing the required documents.	nt Handbook	ceived the Stude d documents.	have/have not re ding the require	y knowledge. I pon parent prov	rect to the best of mand is conditional u	I certify that all of the above is correct to the best of my knowledge. I have/have not received the Stu Athletic eligibility may be delayed and is conditional upon parent providing the required documents.	certify that a	from school. Handbook. A
	colondar days to avoid such	within 30	DGEMENT	PARENT ACKNOWLEDGEMENT	PARENT		vide	at I must pro	I am aware that I must provide
	School Attending:	Sch			School Attending:	Scho		ding:	School Attending:
	de:	Grade:			le:	Grade:			Grade:
	Student Name:	Stu	age Oromings	me:	Student Name:	Stud			Student Name:
	A 11) SICIALI INGLIDOLI.		go Siblings	t Any School A	Please lis				
	Physician Number:				Contact Phone:	Cor		e:	Contact Phone:
	Physician Name:				Contact Name:	Cor		e:	Contact Name:
	rent)	ther than parent)	EMERGENCY INFORMATION (In case of emergency, of	ION (In case o	YINFORMAT	EMERGENC			
Work #:	Home #:	H		Cell #:	#:	Work #:	Home #:		Cell #:
			YT:	Employer:				y.	Employer:
				Address:					Address:
			Email:	Em					Address:
			Name:	Father's Name:				me:	Email:
they leave?	Carolina school attended and when did they leave?	Carolina sch	It yes, what is the last North	_ If yes, what i	No Yes_	Carolina School?	Make 3 News	etit evet attet	Mathar? No
							Has this student ever attended another Newly	ent over etter	Hac this stud
	urt order	If yes, must provide court order	No If yes, mus	☐ Yes ☐	th any person (s	tudent's contact wi	Does a court order exists which restricts the student's contact with any person (s)?	order exists	Does a court
	Date first enrolled in any U.S school (Frivate or Public, but not Pre-K)	ol (Frivate or	in any U.S school	ite first enrolled	D,	e?	What language is most often spoken in the home?	ge is most ofte	What langua
	nk most often?	[e student spea	HOME LANGUAGE SURVEY OF STUDENT What language does the student speak most often?	GUAGE SURVE What I	HOME LANG	o speak?	What is the first language the student learned to speak?	rst language t	What is the fi
a daily basis:	Does student have any health issues/concerns? [Specify all medications required on a daily basis:		Does an AIG Plan (DEP) exist for this student? Yes No	in AIG Plan (Di		Yes No		Yes No	Yes
						les:	Stude	arent With W	Address of P
	Other		Father & Stepmother	Mother & Stepfather		Mother only Father only	Momer & Father Mot	S IVIOIN	With:
Gender: Male Female	ian Black/African American	Asian 🗌 Black/Afr	Native / White	American Indian or Alaskan Native Native Hawaiian/ Pacific Wh	American In Native Haw	hat a		lot Hi lispan	Ethnicity:
	Country of Birth:		DOB:					Il Name:	Student's Full Name:
	Social Security # (Optional):	Social Secu			ol:	School:		Date:	Registration Date:

White - School