

## Instructions

### Call the school your student will attend and setup up an enrollment appointment.

Only a parent or legal guardian may enroll a student in Beaufort County Schools, unless the student is 18 years of age or older and meets domicile requirements on their own. School assignment is based on your home address.

My student's school: \_\_\_\_\_

Appointment Time: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### Items Needed for Enrollment Appointment

- Photo Identification of Parent/Legal Guardian
- Student's Birth Certificate
- Proof of Guardianship (if you are not listed as a parent on the student's birth certificate)
- Two Proofs of Residency

Accepted proofs are: Signed Lease Agreement/Rental Agreement, Utility Bill (Gas, Water, Electricity), Current listing on Income Tax Form, Home Ownership Proof, DSS Documentation verified by Family Caseworker

- Copy of up-to-date Immunization records
- Most recent report card (K-8) or transcript (9-12)
- Withdrawal Form
- Health assessment form – new students to North Carolina.

### Make sure to inform school staff if your student has any special needs.

This includes a 504 plan, IEP (Individualized Education Plan), AIG (Academically or Intellectually Gifted), special health care needs, etc.

**Be sure to fill out all BCS Initial Enrollment Forms along with the following Enrollment Packet. These forms and packets must be printed, emailed, or brought with you to your enrollment appointment. Failure to have these forms completed for your appointment, may result in rescheduling your appointment time.**

## Student Information

NC UID – Student Number	Grade Level	Date Enrolled
Legal Last Name	Legal First Name	Legal Middle Name
Date of Birth (mm/dd/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____
Proof of Age <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other	Is the Student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race – Please select at least one <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pac Islander <input type="checkbox"/> White

## Demographics

Student Physical Address	Student Mailing Address (If Different)
Street <span style="float: right;">Apt/Suite #</span>	Street <span style="float: right;">Apt/Suite #</span>
City <span style="float: right;">State/Zip</span>	City <span style="float: right;">State/Zip</span>
Preferred Phone Number: <small>Please Circle</small> Home / Cell	
Proof of Residency—Must provide 2 of the following: <input type="checkbox"/> Signed Lease Agreement/Rental Agreement <input type="checkbox"/> Utility Bill (Gas, Water, Electricity) <input type="checkbox"/> Current Listing on Income Tax Form <input type="checkbox"/> Home Ownership Proof <input type="checkbox"/> DSS Documentation verified by Family Caseworker <input type="checkbox"/> Other _____	
Who does the student live with <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Legal Guardian _____ <input type="checkbox"/> Other _____	Who has custody of student <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Legal Guardian _____ <input type="checkbox"/> Other _____
*Residency Information – Please fill out the Educational Services for Homeless Students Survey _____	
Signature of Parent/Guardian/Custodian or Student (if 18 yrs of age or older) <span style="float: right;">Date</span>	

### Office Use Only

Entry Code   E1   E2   R2   R3   R5   R6	Date Paperwork Entered
Homeroom	Email

## Parent/Guardian Information

Only a custodial parent or legal guardian can enroll a student in Beaufort County Schools. Unless otherwise determined by court order, both natural parents listed on the birth certificate have equal rights 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  Legal Guardian

Check all that Apply:  Custody  Lives with  School Pickup

Last Name:	First Name:
Address if Different from Student:	Mailing Address if Different from Student:
Email Address:	Employer:
Home Phone	Cell Phone:
Work Phone	Would you like Access to PowerSchool? <input type="checkbox"/> *Yes <input type="checkbox"/> No <input type="checkbox"/> Already have Access *Parent Portal Form
<b>Parent 2:</b> <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> StepMother <input type="checkbox"/> StepFather	
Check all that Apply: <input type="checkbox"/> Custody <input type="checkbox"/> Lives with <input type="checkbox"/> School Pickup	
Last Name:	First Name:
Address if Different from Student:	Mailing Address if Different from Student:
Email Address:	Employer:
Home Phone	Cell Phone:
Work Phone	Would you like Access to PowerSchool? <input type="checkbox"/> *Yes <input type="checkbox"/> No <input type="checkbox"/> Already have Access *Parent Portal Form
<b>Parent 3:</b> <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> StepMother <input type="checkbox"/> StepFather	
Check all that Apply: <input type="checkbox"/> Custody <input type="checkbox"/> Lives with <input type="checkbox"/> School Pickup	
Last Name:	First Name:
Address if Different from Student:	Mailing Address if Different from Student:
Email Address:	Employer:
Home Phone	Cell Phone:
Work Phone	Would you like Access to PowerSchool? <input type="checkbox"/> *Yes <input type="checkbox"/> No <input type="checkbox"/> Already have Access *Parent Portal Form

## Emergency Contact Information

Please list individual(s) school may contact if unable to reach parent(s)/guardian(s) listed.

### Emergency Contact 1

Last Name	First Name	Relationship
Can this person pick up from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone	Home Phone

### Emergency Contact 2

Last Name	First Name	Relationship
Can this person pick up from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone	Home Phone

### Emergency Contact 3

Last Name	First Name	Relationship
Can this person pick up from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone	Home Phone

### Emergency Contact 4

Last Name	First Name	Relationship
Can this person pick up from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone	Home Phone

## Sibling Information

Last Name	First Name	Age	School
Last Name	First Name	Age	School
Last Name	First Name	Age	School
Last Name	First Name	Age	School

## Military Information

Is the student military connected? Does the student have a parent/stepparent/sibling guardian residing in the same household in the US Military, including Active Duty, National Guard or Reserves, Retired Military, Disabled Veteran, or a Federal Civil Service Employee?  Yes  No

Relationship To Student	Branch	Status	Grade	Installation	Unit/Squadron
Relationship To Student	Branch	Status	Grade	Installation	Unit/Squadron

## Other Services

Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student being served by AIG/Gifted program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student being served by the ESL program? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was the first Language the student learned to speak? <input type="checkbox"/> English <input type="checkbox"/> *Other _____	What Language does the student speak most often? <input type="checkbox"/> English <input type="checkbox"/> *Other _____
*Other—Please fill out Home Language Survey	

## School History

Has your student ever been enrolled in a Beaufort County School? <input type="checkbox"/> No <input type="checkbox"/> Yes School Name _____ Dates Attended _____	
Has your student ever been enrolled in a North Carolina School? <input type="checkbox"/> No <input type="checkbox"/> Yes School Name _____ Dates Attended _____	
Previous School Name	Previous School City, State
Last Date Attended	Grade Level Attended
Type of School Attended: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home	

## Medical Information

Immunizations Received: <input type="checkbox"/> Yes <input type="checkbox"/> *No Must be received within 30 Calendar Days—Date: _____	
Is this the student's first time enrolling in a NC Public School? <input type="checkbox"/> *Yes—Must fill out NC Health Assessment Form <input type="checkbox"/> No	
Known Allergies:	Medical Alerts:
**Please fill out Student Health Form to be returned to School Nurse**	

## Transportation

AM Transportation: <input type="checkbox"/> Car <input type="checkbox"/> Daycare Van <input type="checkbox"/> Bus	PM Transportation: <input type="checkbox"/> Car <input type="checkbox"/> Daycare Van <input type="checkbox"/> Bus	Permission to Walk Home: <input type="checkbox"/> Yes <input type="checkbox"/> No
AM Alternate Address	PM Alternate Address	Permission to Ride Bike Home: <input type="checkbox"/> Yes <input type="checkbox"/> No

## Discipline Status

North Carolina General Statute 115C-336 (a4) require s that parents, guardians, or legal custodians of all students who transfer into Beaufort County Schools provide a statement as to whether the student is, under suspension or expulsion from attendance at a private or public school in this or any other state, has pending charges or been convicted of a felony in this or any other state.

Student Name: \_\_\_\_\_

Check appropriate box.

The student is **NOT** currently under suspension or expulsion from attendance at a private or public school in this or any other state and has never been convicted of a felony in this or any other state: or

The student is currently under suspension or expulsion from attendance at a private or public school in this or any state or

# of Days \_\_\_\_\_ Offense & Pending Discipline \_\_\_\_\_

\_\_\_\_\_

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Administrator \_\_\_\_\_

The student has pending charges or has been convicted of a felony in this or any other state.

Charges \_\_\_\_\_

In (City, Town, & State) \_\_\_\_\_

Date of Court Case or Conviction \_\_\_\_\_

Description of offense \_\_\_\_\_

Probation Officer \_\_\_\_\_ Phone \_\_\_\_\_

Court Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Student is currently identified as being eligible for special education and related services under the Individuals with Disabilities Education Act, 20 U.S.C. 1400 *et seq.*, 34 C.F.R. pt. 300; G.S. 115C-366(a3), (a4), (a5), -390.5, -390.7, -390.10, -390.11, -390.12. *If this box is checked, you must attach evidence of the student's current eligibility.*

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian or Student (if 18 yrs of age or older)

\_\_\_\_\_  
Date