



ONSLOW
COUNTY
SCHOOLS



Board of Education

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Christopher M. Barnes, Ed.D.

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.

It is mandatory we collect this information this year. The Session Law that describes this requirement can be assessed at: <http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>

Use the table on the reverse page to report the information for each immediate family member of your child that is connected to the US Military or a foreign military. *"An immediate family member is defined as one of the following that would **normally** live in the same household as the child" such as:*

- Parent
- Step-parent
- Guardian
- Sibling
- Other

This would include those that are:

- Active Duty
- National Guard
- Reserves
- Retired Military
- Disabled Veteran
- Federal Civil Service Employee
- Veteran
- Foreign Military
- Active Reserve/Guard
- Deceased
- Deceased – Killed in Action

Please complete the form on the reverse side.

Thank you

Student's Name _____ Grade _____ School _____

Is this student military connected? _____ No _____ Yes Please complete a separate line for each military connected individual in your immediate family.

Relationship (Required)	Branch (Required)	Status (Required)	Grade (Optional)	Installation (Optional)
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Other please specify _____	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Retired Military <input type="checkbox"/> Disable Veteran <input type="checkbox"/> Federal Civil Service Employee <input type="checkbox"/> Veteran <input type="checkbox"/> Foreign Military <input type="checkbox"/> Active Reserve/Guard <input type="checkbox"/> Deceased <input type="checkbox"/> Deceased – Killed in Action	<input type="checkbox"/> E1 <input type="checkbox"/> O1 <input type="checkbox"/> W-1 <input type="checkbox"/> E2 <input type="checkbox"/> O2 <input type="checkbox"/> W-2 <input type="checkbox"/> E3 <input type="checkbox"/> O3 <input type="checkbox"/> W-3 <input type="checkbox"/> E4 <input type="checkbox"/> O4 <input type="checkbox"/> W-4 <input type="checkbox"/> E5 <input type="checkbox"/> O5 <input type="checkbox"/> W-5 <input type="checkbox"/> E6 <input type="checkbox"/> O6 <input type="checkbox"/> E7 <input type="checkbox"/> O7 <input type="checkbox"/> E8 <input type="checkbox"/> O8 <input type="checkbox"/> E9 <input type="checkbox"/> O9 <input type="checkbox"/> O10 <input type="checkbox"/> Federal Civil Service Employee	<input type="checkbox"/> Not Provided <input type="checkbox"/> Camp Lejeune <input type="checkbox"/> MCAS Cherry Point <input type="checkbox"/> Fort Bragg <input type="checkbox"/> MCAS New River <input type="checkbox"/> Pope Army Air Force Base <input type="checkbox"/> Coast Guard Station – Elizabeth City <input type="checkbox"/> Coast Guard Station – Fort Macon <input type="checkbox"/> Coast Guard Station – Wilmington <input type="checkbox"/> Coast Guard Station – Special Missions Training Center <input type="checkbox"/> Other
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Other please specify _____	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Retired Military <input type="checkbox"/> Disable Veteran <input type="checkbox"/> Federal Civil Service Employee <input type="checkbox"/> Veteran <input type="checkbox"/> Foreign Military <input type="checkbox"/> Active Reserve/Guard <input type="checkbox"/> Deceased <input type="checkbox"/> Deceased – Killed in Action	<input type="checkbox"/> E1 <input type="checkbox"/> O1 <input type="checkbox"/> W-1 <input type="checkbox"/> E2 <input type="checkbox"/> O2 <input type="checkbox"/> W-2 <input type="checkbox"/> E3 <input type="checkbox"/> O3 <input type="checkbox"/> W-3 <input type="checkbox"/> E4 <input type="checkbox"/> O4 <input type="checkbox"/> W-4 <input type="checkbox"/> E5 <input type="checkbox"/> O5 <input type="checkbox"/> W-5 <input type="checkbox"/> E6 <input type="checkbox"/> O6 <input type="checkbox"/> E7 <input type="checkbox"/> O7 <input type="checkbox"/> E8 <input type="checkbox"/> O8 <input type="checkbox"/> E9 <input type="checkbox"/> O9 <input type="checkbox"/> O10 <input type="checkbox"/> Federal Civil Service Employee	<input type="checkbox"/> Not Provided <input type="checkbox"/> Camp Lejeune <input type="checkbox"/> MCAS Cherry Point <input type="checkbox"/> Fort Bragg <input type="checkbox"/> MCAS New River <input type="checkbox"/> Pope Army Air Force Base <input type="checkbox"/> Coast Guard Station – Elizabeth City <input type="checkbox"/> Coast Guard Station – Fort Macon <input type="checkbox"/> Coast Guard Station – Wilmington <input type="checkbox"/> Coast Guard Station – Special Missions Training Center <input type="checkbox"/> Other
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Please have your child return this from to the school. Thank you.