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 # (Optional):	
Student's Full Name:		DOB:		Country of Birth:	
Ethnicity:	Not Hispanic or Latino ☐ Hispanic or Latino ☐	Race: (check all that apply)	American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian/ Pacific ☐ White ☐ Black/African American ☐		Gender: Male ☐ Female ☐

Student Lives With:	Mother & Father ☐	Mother only ☐	Father only ☐	Mother & Stepfather ☐	Father & Stepmother ☐	Other ☐

Address of Parent With Whom Student Resides:

Does this student have an IEP? ☐ Yes ☐ No	Does this student have a 504? ☐ Yes ☐ No	Does an AIG Plan (DEP) exist for this student? ☐ Yes ☐ No	Does student have any health issues/concerns? ☐ 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 North Carolina School? ____No Yes___ If yes, what is the last North Carolina school attended and when did they leave?

Mother's Name:						Father's Name:					
Email:						Email:					
Address:						Address:					
Employer:						Employer:					
Cell #:		Home #:		Work #:		Cell #:		Home #:		Work #:	

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 Name:	
Grade:		Grade:		Grade:	
School Attending:		School Attending:		School Attending:	

PARENT ACKNOWLEDGEMENT

I am aware that I must provide _____ within 30 calendar days to avoid suspension/exclusion of my child 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.

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: ☐

Health Assessment: ☐	Logged in Book: ☐	Enrollment Code: ☐	Discipline Affidavit: ☐	Court Order : ☐ Date of Order:	Out-of-District ☐ Tuition Student ☐ Out-of-County ☐

Date Records Requested:	Report Card Withdrawal Form Presented ☐	**Student ID #:**

DIXON HIGH SCHOOL

"HOME OF THE BULLDOGS"

160 Dixon School Road - Holly Ridge, NC 28445
Phone: 910-347-2958 - Fax: 910-347-3932
Email: Katherine.hardy@onslow.k12.nc.us and Courtney.smith@onslow.k12.nc.us

Page Highsmith
Principal

Monique Marshall
Assistant Principal

Zachary Clark
Assistant Principal

Joe Marks
Athletic Director

Jenifer Williams
Counselor (12)

Elaine Godwin
Counselor (10-11)

Marc Hart
Counselor (9-10)

Kathy Hardy
Guidance Secretary

Courtney Smith
Data Manager

Kim Edens
Secretary/Treasurer

To: Guidance/Data Manager at _____.

Phone:_____ Fax:_____

The following student(s) have enrolled at our school. Please forward the following information as soon as possible:

Name:_____Grade_____DOB_____

Name:_____Grade_____DOB_____

Name:_____Grade_____DOB_____

I give permission to release the information listed below to Dixon High School.

Parent Signature: _____Date:_____

- ☐Transcript
- ☐Custody Paperwork / Court Documents (If Applicable)
- ☐Current Grades and Withdraw Date
- ☐Immunization Records
- ☐Birth Certificate
- ☐Attendance
- ☐Any Testing and Placement Data
- ☐Copy of 504 plan (If Applicable)
- ☐Exceptional Children's Records/Current IEP (If Applicable)
- ☐ Discipline Records

Thank you for your assistance.

_____

Signature of School Official/Title

Parental consent is not required when records are requested by Authorized School Personnel to another school system. (Federal Law 99.31)

1st Request: _____

2nd Request: _____

3rd Request: _____

North Carolina
Onslow County

DISCIPLINE AFFIDAVIT

_____, **appearing before the undersigned notary and being duly sworn, says that:**

1. I am the **natural parent/legal guardian/custodian** (circle one) of _____, a transfer student presented for enrollment in the Onslow County Schools.

2. _____ **has/has not** (circle one) been adjudicated delinquent or convicted of a felony in the State of North Carolina or in any other State. If the student has been adjudicated delinquent/convicted of a felony, provide details: _____
_____

3. _____ **is/is not** (circle one) currently under a period of expulsion from any public, private or charter school in the State of North Carolina or any other State. If the student is currently under a period of expulsion, provide details: _____
_____

4. _____ **is/is not** (circle one) currently under a period of suspension from any public, private or charter school in the State of North Carolina or in any other State. If the student is currently under a period of suspension, provide details: _____
_____

I am the adult with whom the student is residing and will make all decisions relating to the student's education including, but not limited to, any decisions relating to placement, services, field trips, medical treatment, grading and reporting, discipline, participation in extracurricular activities, and participation in athletics and I agree to be financially responsible for the student.

I understand that completion of this affidavit is required by statute and that if the information provided is false, the student may be removed from school. Removal from school shall be subject to the right of appeal in accordance with board policy.

****

I UNDERSTAND THAT I MAY BE FOUND GUILTY OF A CLASS I MISDEMEANOR AND MAY HAVE TO PAY THE ONSLOW COUNTY SCHOOLS AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD IF I HAVE PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT.

_____
Parent/Legal Guardian/Custodian Signature

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

(Official Seal)

_____
Notary's Signature

My commission expires: _____, 20_____.

Legal Authority: NCGS 115C-366(a4)

****

White – Parent Yellow- School