Bladen County Schools
BACK-TO-SCHOOL FORMS

School:_____
School Year 20_____ - 20_____

Student Full (Legal) Name:_____
(Last) (First) (Middle)

Teacher:_____ Grade:_____ Home Phone #:_____
(Landline; Put N/A if you do not have a Landline)

Who does the student live with? (Name and Relationship)

_____

Physical Address:_____
(911 Address) House/Apt Number Street City/Town Zip Code

Is there a custody agreement the school should be aware of? ☐ Yes ☐ No

(Note: If a custody agreement is in place, copies of the most recent custody papers must be on file with the school upon enrollment and remain updated.)

Parent/Guardian 1 Name:_____
(Last) (First)

Relationship to Student:_____ Email Address: _____

Primary Phone #:_____ Phone Type: Home Phone/Landline Work Cell
(This will be used for the All Call system) (Please Circle)

Alternate Phone #:_____ Phone Type: Home Phone/Landline Work Cell
(Please Circle)

Parent/Guardian 2 Name:_____
(Last) (First)

Relationship to Student:_____ Email Address: _____

Primary Phone #:_____ Phone Type: Home Phone/Landline Work Cell
(This will be used for the ALL Call system) (Please Circle)

Alternate Phone #:_____ Phone Type: Home Phone/Landline Work Cell
(Please Circle)

Name of Siblings in the Home Age School Attending Grade Relationship

_____

_____

_____

Emergency Contact Information Please provide the names of people to be responsible for your child if you are not available during an emergency.

Name:_____ Phone #: _____ Relationship: _____

Name:_____ Phone #: _____ Relationship: _____

I UNDERSTAND THAT THE SCHOOL **WILL ONLY** RELEASE MY CHILD TO THE ADULTS LISTED AND THAT THEY MUST HAVE A **PICTURE ID**.

Name	Relationship	Phone #

School:_____
School Year 20_____ - 20_____

PARENT/GUARDIAN SIGN-OFF SHEET

You must complete your student's name and check the boxes below.

Student Full (Legal) Name:_____
(Last) (First) (Middle)

Part 1 Acknowledgment of Review

☐ I acknowledge that I have reviewed the Bladen County Schools **2025-2026 Student Code of Conduct**. I have read the selected policies of the Bladen County Board of Education and have reviewed them with my child. I know that more information can be obtained through my school principal and the full text version of the policies are found within the Parent Hub on the district website at bladen.k12.nc.us.

Part 2 Photo/Media Release The complete Bladen County Schools Media/Photo Release agreement can be found within the Parent Hub on our website at bladen.k12.nc.us.

☐ **Yes,** I grant permission to Bladen County Schools and/or the news media to use my child's image, video, and/or name. Further, I authorize their use without inspecting or approving the finished product or its specific use.

☐ **No,** I do not give permission for my student to be included in any media (including, but not limited to district and school websites, district and school social media accounts, yearbooks) whatsoever.

Part 3 Internet Acceptable Use—Student Agreement

Internet Acceptable Use Policy 3225/7230-R2 can be found within the Parent Hub on our website at bladen.k12.nc.us. Please read the policy carefully. After reviewing the policy, and by signing below, you understand and agree to abide by the rules and regulations for Bladen County Schools' Networks. You further understand that any violation may result in the loss of access privileges and/or in other legal or disciplinary actions.

Student Signature: _____

Part 4 Acknowledgment of Review—Google Workspace for Education Consent

☐ I acknowledge that I have reviewed the Bladen County Schools **Consent for Student Use of Google Workspace for Education Tools** explanation found within the Parent Hub on the district website at bladen.k12.nc.us. In compliance with the Children's Online Privacy Act (COPPA) and the Family Educational Rights and Privacy Act, I grant permission for my student to use these services. ,

Part 5 By signing this form below, you are acknowledging that you have reviewed the following documents on our website at bladen.k12.nc.us located within the Parent Hub.

- 2025-2026 School Calendars
- Student Dress Code
- Family Educational Rights and Privacy Act (FERPA)
- Integrated Pest Management
- Section 504 Plans
- School Supply List
- Internet Safety Policy
- Technology Responsible Use Policy
- Student Searches Policy
- Non-Discrimination: Title VI of the Civil Rights Act of 1964; The Rehabilitation Act of 1973 (Section 504); and the Americans with Disabilities Act of 1990 (ADA)
- McKinney-Vento Homeless Assistance Act
- Non-Discrimination on the Basis of Sex: Title IX
- Student and Parent Grievance Procedures
- Individuals with Disabilities Act (IDEA) and Child Find
- Parents Right to Know—Title 1 Schools

***If you do not have access to the internet or a computer and need a hard copy of the electronic documents, please let your school now.**

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Printed Name: _____

Phone Number: _____ Date: _____

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TRANSPORTATION FORM

STUDENT NAME:_____
Last First Middle

SCHOOL:_____ GRADE:_____ BIRTH DATE:_____
MM/DD/YYYY

NAME OF PARENT/GUARDIAN WITH WHOM STUDENT RESIDES: _____

_____

HOME ADDRESS:_____ _____
911 House # Street or Road Name

CITY: _____ STATE: NC ZIP: _____

HOME PHONE#: _____ CELL PHONE#:_____
(Landline)

STUDENT WILL NEED BUS TRANSPORTATION: ☐ AM ☐ PM ☐ BOTH

OTHER LOCATION: (Bus Stop location when different than residence address)

This section is only used if this is where your child's bus stop should be assigned on a regular daily basis, such as grandparents, child care facility, etc. The address must be in the attendance area of the assigned school. Please provide the 911 house # and street or road name of the bus stop location where the child needs to get on or off the bus. T*emporary bus stop changes should be covered by a note to the principal.*

_____
911 house # Street/Road Name City Zip Code

Student will utilize this Bus Stop: ☐ AM ☐ PM ☐ BOTH

RESPONSIBLE PARTY _____
Please provide contact information for "Other Location" to include name (person or child care facility) and phone number.

PARENT/GUARDIAN SIGNATURE_____

For Office Use Only

New Student: ☐ YES ☐ NO Date _____

Student ID # _____ School Code _____

Assigned Bus _____

Data Manager Signature_____

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MILITARY CONNECTED FORM

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 HB 1060 requires the North Carolina State Board of Education and the 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.

This mandatory collection began with the 2015-2016 school year. To ensure compliance with Session Law 2014-15 HB 1060 please complete the following.

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or a Federal Civil Service Employee?

"Immediate family member" is defined as a parent, stepparent, sibling, guardian or any other person that would normally live in the same household as the child.

☐ Yes ☐ No

If YES, please complete the information for each family member on the table below.

Example

Relationship	***Branch***	***Status***	***Grade***	***Installation***
Father	Army	Active Duty	E-4	Ft. Bragg

Definitions

Branches: Air force, Army, Coast Guard, Marine Corps, Navy
Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service
Installation: The facility where the service member fulfills their duty role in the military. (e.g. Fort Bragg, NG Raleigh Armory, Knightdale Reserve Center, etc.)
Grade: Enlisted (E-1 through E-9), Officer (O-1 through O-10), Warrant Officer (W-1 through W-5)

Student Name:				
Relationship	*Branch*	*Status*	*Grade*	*Installation*

Please return a form for each child in your household.

Please return this form to your school's data manager by:_____

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Student Health Information

Student Full (Legal) Name:_____
(Last) (First) (Middle)

Age:_____ Grade:_____ Date of Birth:_____ Teacher:_____
(MM/DD/YYYY)

Parent/Guardian
First & Last Name_____ Relationship:_____
Phone #:_____

Parent/Guardian
First & Last Name_____ Relationship:_____
Phone #:_____

Student Health Services Consent

In accordance with NC Session Law 2023-106 (Senate Bill 49-Parents' Bill of Rights), please read the information below and indicate your consent preference.

Bladen County Schools employs licensed school nurses as required by the NC Department of Health and Human Services to provide care to students who present with illness or injury (basic first aid), administer medications as necessary upon parental consent, and to train school staff (in the absence of the school nurse) to provide care to students who present with illness or injury and administer medications as necessary upon parental consent. Licensed school nurses provide vision screenings, and health education classes related to hand washing, hygiene, and safety.

I give consent for my child to receive the above school health services. ☐ YES ☐ NO

Parent/Guardian Signature: _____ **Date:** _____

Student Medical Information

The following confidential information is essential for meeting the health needs of your child at school. If diet modification for food allergies or medication is needed at school, forms that require healthcare provider completion are available in the school office and on the Student Health Services web page. Contact the school nurse to discuss your child's health condition(s) if needed.

Physician Name_____ Phone #:_____

Date of last physical exam:_____

Does your child have health insurance: ☐ YES ☐ NO

If YES: Private Insurance Medicaid Health Choice TriCare Other
Please Circle

Medical Conditions

Has your student suffered a head injury or concussion within the last year? ☐YES ☐NO

If YES, Date of concussion or head injury:_____

Did the student receive a medical evaluation? ☐YES ☐NO

Do you have concerns regarding the concussion or head injury? ☐ YES ☐ NO

Medical Conditions

CONDITION	RESPONSE	DETAILS	Is Student on Medication?	Medication Needed at School
Allergies	YES or NO	Allergic to: Describe Reaction: Does student have Epi-Pen?	YES or NO	YES or NO
Asthma	YES or NO	Date of last attack: Student on medication? *Asthma Action Plan must be completed by student's physician	YES or NO	YES or NO
Diabetes	YES or NO	Does the student have a Diabetic Care Plan for school?	YES or NO	YES or NO
Heart Condition	YES or NO	Specific Diagnosis: Is exercise limited?	YES or NO	YES or NO
Mental Health Concerns	YES or NO	Specific Concerns:	YES or NO	YES or NO
Orthopedic Diagnosis	YES or NO	Specific Diagnosis: Is exercise limited?	YES or NO	YES or NO
Seizures	YES or NO	Date of last seizure: Type of seizure:	YES or NO	YES or NO
Vision Problems	YES or NO	Does student wear contacts or glasses? Date of last evaluation by eye doctor:	YES or NO	YES or NO
Hearing Loss	YES or NO	Loss percentage: Does student wear hearing aid? Date of last evaluation by hearing specialist:	YES or NO	YES or NO
Other Health Concerns	YES or NO	List Concerns:	YES or NO	YES or NO