



1489 US Highway 701 South
PO Box 37
Elizabethtown, NC 28337

Phone: (910) 862-4136
Fax: (855) 860-6170

NEW STUDENT ENROLLMENT PACKET

Dear Parent/Guardian,

We are excited to welcome you to Bladen County Schools! To enroll your child in our school system, you need to complete the attached enrollment packet and provide the noted required documentation.

As a school system, we recognize that each child is unique. It is our vision to provide a student-focused learning community, and the information you provide plays an important role in helping us fully understand your child's strengths and challenges.

We remain steadfast in our commitment to educating the whole child while providing a safe and welcoming environment for our students to learn. By working together, I know we will have a successful year!

If you need any help with this process, please call your home school or the district office, and we will be glad to help you.

Sincerely,

Dr. Jason Atkinson
Superintendent

PROCEDURES FOR ENROLLMENT

Enrollment Forms must be submitted directly to the student's home school.

In compliance with North Carolina law, students must be 5 years of age on or before August 31 to be considered for Kindergarten. Students applying for any Pre-K program must be 4 years of age on or before August 31.

The following documents are required for enrollment:

- ☐ Student Enrollment Form
- ☐ Proof of date of birth and legal name (see page 2)
- ☐ Proof of Residency (see page 2)
- ☐ Safe Schools Declaration
- ☐ Current Immunization Record*
- ☐ All children entering NC public schools for the first time must submit proof of a Health Assessment.*

*These documents are required upon student entry. A "30 calendar day grace period" for submission is granted for students not having required documentation.

BLADEN COUNTY SCHOOLS

REQUIREMENTS FOR ENROLLMENT

Before any student is assigned to attend Bladen County Schools (BCS), the student's parent, legal guardian or sponsor (legal guardianship or sponsorship requires additional documentation from a court or agency) must provide proof of date of birth, proof of legal name, proof of legal residence in Bladen County, current immunizations, and NC Health Assessment for students new to a NC public school.

For Proof of Date of Birth and Legal Name

One (1) of the following documents must be shown:

- ☐ A certified copy of a birth certificate
 - ☐ Student's driver's license
 - ☐ Passport
 - ☐ A certified copy of a life insurance policy
-

For Proof of Residency

One (1) of the following documents must be shown:

- ☐ Copy of residential deed
- ☐ Copy of most recent mortgage statement
- ☐ Copy of residential lease or rental agreement
- ☐ HUD closing statement

AND

One (1) of the following documents must be shown:

- ☐ Any ONE utility bill or work order dated within the past 30 days, including: gas, water, electric, telephone, or cable
- ☐ Valid North Carolina Driver's License or Valid North Carolina Identification Card
- ☐ Dated within the past 30 days:
 - Payroll Stub
 - Bank Statement
 - Credit Card Statement
- ☐ Current Vehicle Registration
- ☐ Current Property Tax Bill
- ☐ Most recent W-2
- ☐ Current Medicaid Card

These documents are for address verification and must reflect the current address for enrollment or change of address. The residency policy does not apply to homeless students, as defined by the McKinney-Vento Act.

Bladen County Schools
STUDENT ENROLLMENT & REGISTRATION PACKET

Student's Name:
ID#:
School:

School Year 20____ - 20____ School:_____ Date:_____

STUDENT/FAMILY INFORMATION

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

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

Home Phone #:_____
(Landline)

Student
Cell Phone #:_____
(If Applicable)

Driver's License # (HS Only):_____

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

Mailing Address:_____
(If different from Physical Address) PO Box City/Town Zip Code

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

Do you have permanent housing? ☐ Yes ☐ No

Are you sharing housing with someone
due to financial hardship? ☐ Yes ☐ No

If yes, what is your current housing situation?

- ☐ Shelter ☐ Unsheltered
☐ Hotel/Motel ☐ Other
☐ Transitional Living Program
☐ Sharing/Doubled Up

Ethnic Designation ☐ Hispanic ☐ Not Hispanic

Racial Designation

- ☐ American Indian or Alaska Native
☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White or Caucasian

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

Relationship to Student:_____

Address:_____
(If different from Student Address) House/Apt Number Street City/Town Zip Code

Home Phone #:_____ Cell Phone #:_____
(Landline)

Work Phone #:_____ Email Address:_____

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

Relationship to Student:_____

Address:_____
(If different from Student Address) House/Apt Number Street City/Town Zip Code

Home Phone #:_____ Cell Phone #:_____
(Landline)

Work Phone #:_____ Email Address:_____

Bladen County Schools
STUDENT ENROLLMENT & REGISTRATION PACKET

Student's Name:
ID#:
School:

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.)

Primary Parent/Guardian for School and District Communication Information

Parent/Guardian First and Last Name: _____

Cell Phone # for School Messages: _____

Email for School Messages: _____

Name of Siblings in the Home	Age	School Attending	Grade	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS SCHOOL ENROLLMENT

School Last Attended: _____

School Address: _____
Number Street City/Town State Zip Code

School Phone #: _____ School Fax #: _____

Withdrawal Date: _____ Grade: _____

Reason for Withdrawal: _____

Reason for entering school in Bladen County: _____

Check ALL that apply to this student:

- | | | |
|---|---|---|
| <input type="checkbox"/> Served with IEP | <input type="checkbox"/> Identified AIG | <input type="checkbox"/> Served with 504 Plan |
| <input type="checkbox"/> Under Suspension or Expulsion | <input type="checkbox"/> Served by MLL | <input type="checkbox"/> Non English Speaking |
| <input type="checkbox"/> Missed more than 10 days of school last year | <input type="checkbox"/> Served by Migrant Services | |
| <input type="checkbox"/> Other: _____ | | |

Bladen County Schools will request the following Student Data/Records from the student's most recently attended school:

- Formal Withdrawal/Transfer Form
- Most recent Transcript (high schools only)
- Student's birth certificate and all immunizations and health records
- All discipline records to date including any arrest records, juvenile arrests, or referrals to juvenile detention
- All legal documentation including the most current custody/guardianship documentation
- All report cards
- All test scores, including but not limited to State Testing, End of Grade and End of Course testing, etc.
- ELL evaluations, testing and documentation
- All Individual Education Plan (IEP) documentation and accommodations to date, including all IEP Service Evaluations and all Psychological Evaluations
- 504 Plan
- Advanced Placement or Academically Gifted program documentation and testing results

Parental permission is no longer required when authorized school personnel require records (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673, 976, Vol. 41, No. 118, Page 24673)

SAFE SCHOOLS ENROLLMENT DECLARATION

North Carolina General Statute 115C-366 (a4) requires that parents, guardians, or legal custodians of all students who transfer into Bladen 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 or has been convicted of a felony in this or any other state. This does not apply to a student who has never been enrolled in or attended a private or public school in this or any other state.

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

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

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

Suspensions and Expulsions

Please check the appropriate box as it relates to the student above.

- ☐ IS NOT currently suspended or expelled from any school and does not have a pending suspension or expulsion.
- ☐ Has been recommended for long term (more than 10 days) suspension or expulsion from _____
_____ (school). Explain offense and pending discipline. _____

- ☐ Has been long-term suspended or expelled from _____ (school). Explain
offense and pending discipline. _____

Address of Previous School: _____

Previous School Telephone: _____

Felony Convictions

Please check the appropriate box as it relates to the student above.

- ☐ HAS NOT been convicted of a felony in this or any other state.
- ☐ Has been convicted of a felony.
Convicted of: _____
in (City/Town, State): _____
Date of Conviction: _____
Description of offense: _____

Probation Officer: _____ Phone: _____
Court Counselor: _____ Phone: _____

I, _____ (Parent/Guardian/Legal Custodian) hereby swear or affirm that the
above information is true and accurate.

Parent/Guardian/Legal Custodian Signature: _____

Home/Cell/Work Phone: _____

North Carolina Home Language Survey Form

North Carolina is committed to embracing families from diverse linguistic backgrounds. Being multilingual is a significant advantage that enriches the community and enhances educational opportunities. This Home Language Survey (HLS) fulfills the obligations of school districts to make programs, services, and activities accessible for all students, as required by state and federal law.* This form is confidential and will not be shared outside the North Carolina public school system.

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

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

What is the primary language used in the home, regardless of the language spoken by the student?

What is the language that the student first learned to speak? What is the language most often spoke by the student?

Has your student ever attended any schooling (Kindergarten through 12th grade) in the United States?

☐ Yes ☐ No If yes, how many years? _____

This information will be reviewed by designated staff to determine if an English Language proficiency screening should be administered.

Parent/Caregiver Signature: _____ Date: _____

..... **For Office Use Only**

Person Reviewing this Survey: _____

If more than one language is indicated on the HLS, designated staff should complete a parent, family, or caregiver interview and review available documents that provide evidence of language background or previous identification as an English Learner.

If a student transfers schools or PSUs within North Carolina and completes an additional HLPS at the time of registration, the answers submitted on the first HLS will prevail for purposes of EL status.

Was a parent interview completed? Yes _____ No _____

Completed by: _____ Date: _____

Based on the information collected and reviewed, it is determined that this student:

_____ will be screened _____ will not be screened

Designated EL Staff: _____ Date: _____
(please print)

**Per 3113(b)(2) of the Elementary and Secondary Education Act of 1965 (ESEA), as amended by the Every Student Succeeds Act (ESSA), and as indicated in NC State Board Policy Test-011: Identification of English Learners Participation in the Statewide Testing Program, Eligibility for Testing Accommodations and Exit Criteria.*



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Catherine Truitt, Superintendent of Public Instruction

WWW.DPI.NC.GOV



Occupational Survey

Student Name : _____
Last Name First Name

School: _____ Grade: _____

The Migrant Education Program, through the North Carolina Department of Public Instruction, provides support and instructional services to children and families who have moved in the past three years and who have done agriculture or fishing work. We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.

<p>1. Have you or someone in your family worked in any of the following areas below in the last three years? No _____ Yes _____ (Select all that apply and continue to question number 2)</p>			
<p>2. Have you or your family moved to another school district or to another city or county in the last three years? No _____ Yes _____</p>			
 Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards <input type="checkbox"/>	 Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant <input type="checkbox"/>	 Working in a dairy <input type="checkbox"/>	 Working in a fishery or on a shrimp or catfish farm <input type="checkbox"/>
 Working in a slaughter house (chicken, cow, or pig) <input type="checkbox"/>	 Working on a poultry or hog farm <input type="checkbox"/>	 Working in a plant nursery or orchard; growing or harvesting trees <input type="checkbox"/>	 Other similar work in agriculture, please explain: _____ _____ _____
<p>3. How long ago did you arrive to this school district? Month _____ Year _____</p> <p>4. Parent(s)' Name(s) _____</p> <p>5. What is your current address? Address _____ City _____ State _____ Zip Code _____</p> <p>6. Phone Number(s): _____</p>			

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (984) 236-2786 | Fax (984) 236-2099

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

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. Temporary 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 _____

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:				
<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Installation</i>

Please return a form for each child in your household.

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

MEDIA RELEASE

I do hereby grant to Bladen County Schools the unlimited right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Bladen County School System. I also agree to allow my child to be interviewed and/or photographed by representatives of the BCS and external news media (radio, television, newspaper) in relation to any and all coverage of successes and achievements in BCS in which my child is involved. I also agree to allow my child's work and/or photograph to be published on the Bladen County Schools website(s), social media accounts, BCS publications, yearbooks, and/or advertising (billboards, print ads, fliers, etc.). I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

School Name: _____

Student's Name (please print): _____

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

Parent/Guardian Address: _____

_____ **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 whatsoever.

STUDENT PREFERRED NAME OR PRONOUN CONSENT

In accordance with NC Session Law 2023-106 (Senate Bill 49—Parents' Bill of Rights), this form must be completed prior to any school employee using a preferred name or pronoun for a student on any school document or record or at any time during any school activity (including instruction, field trips and extracurricular activities). This applies to any name change, nickname, or use of a middle name, or pronoun change that are different from the student's legal name at birth.

For example, a student's legal name may be John Thomas Smith, however IF the preferred name may be Tom or J.T then the information below **MUST** be completed it. Furthermore, if the student's preferred name is John, no action is required.

Regardless of this consent, the student's legal name will be used on the following as required: Student email, Student UID, NC Transcript, CFNC, ECATS, High School Diploma CEDARS, EVAAS, School Nutrition Forms, Report Cards, Teacher Gradebook, School Net, Canvas, TIMS, NcEdCloud/IAM.

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

Student Preferred Name*: _____

Student Preferred Pronoun*: _____

By affixing my signature below, I DO consent and authorize Bladen County School employees to use the preferred name and/or pronouns listed above when referring to my child.

Parent's Name (please print): _____

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

**The Student Preferred Name or Pronoun Consent ONLY needs to be completed IF you want your student referred to by any name or pronoun other than their legal name or pronoun.*

Bladen County Schools
STUDENT ENROLLMENT & REGISTRATION PACKET

Student's Name:
ID#:
School:

Student Health Information

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

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

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

Parent/Guardian Relationship: _____
First & Last Name _____ 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