New Student Information Check-Off List

Submit the following information to the Guidance Office upon enrolling at Pamlico County High School

- The contact person, school address, telephone number and fax number of previous school
- Student Birth Certificate, and Immunization Record
- Parent/Guardian's Driver's License
- Transferring student Affidavit for Admissions (to be signed and notarized in the Guidance office).
- A transcript and/or report card from previous school
- A withdrawal form indicating the courses taken up to the date of withdrawal, number of absences and the grade received
- If a student if living with a guardian, legal documentation must be presented
- Proof of Address (example: water bill, light bill, etc.)
- If a student has an IEP, please have a copy of those records for enrollment (confidential records)
- If student has a 504 Plan, please have a copy for enrollment (confidential records)
- Complete all 20 enrollment forms:
    1. PCHS Annual Enrollment Form
    2. Medical History
    3. Request for Records
    4. Student Handbook Read Verification 2025-2026
    5. Application for Waiver of Student Fees and Charges
    6. Sharing Information Form
    7. Suspension/Expulsion Review Form
    8. Home Language Survey Form
    9. Internet Student Contract
    10. FERPA Form
    11. Military Connected Form
    12. Notification of Support Services
    13. Verification of Physical Address
    14. Residency Questionnaire
    15. Health Assessment Form (if applicable). If your child has never attended a NC public school, you will need to complete a Health Assessment Form with a Heath Care Provider within the first 30 days of attendance.
    16. Immunization Notification Parent Letter
    17. Transportation Form
    18. Occupational Survey
    19. PCS Student Media Opt-Out Form
    20. AFFIDAVIT FOR ADMISSIONS (to be signed and notarized in the Guidance office)

NOTE: Failure to follow this checklist may delay the enrollment process at this school.

_____ _____

Parent/Guardian's Signature Date

_____

Counselor's Initials

Revised trs/1/2023

Pamlico County Schools

STUDENT ENROLLMENT FORM

School Year _____

STUDENT INFORMATION

The Legal Name of the student is the name printed on the child's Birth Certificate.
Please print clearly.

Legal Last Name	Legal First Name	Legal Middle Name	Student ID# *(Office Use)*

Ethnicity ☐ Hispanic/Latino ☐ Non-Hispanic/ Non-Latino	**Student's Race** (check all that apply) ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ Black/African American ☐ Asian ☐ White	**Date of Birth** (mm/dd/yyyy)	**Student's Gender** ☐ Male ☐ Female
		Grade Level for Enrollment Year	
		Home Phone	
	Country of Birth (if other than US)	**Has the student ever attended Pamlico County Schools?** ☐ Yes ☐ No **If yes, what school/grade?**	

Student's Street Address		**Apt. No.**	**Name of Previous School attended and Date last attended**		
			Last School's City, State, Zip		
City	**State**	**Zip Code**	**Current IEP for Special Education Services?**	☐ Yes	☐ No
			Current 504 plan	☐ Yes	☐ No
Mailing Address (if different from Street Address)			**Who does the child live with?**		
			Relationship		
			Custody Issues? **Documents Provided?**	☐ Yes ☐ Yes	☐ No ☐ No

Office Use Only:

Records Requested on _____ Records Received on_____
Out of District with approval received ☐Yes ☐No Immigrant ☐Yes ☐ No Homeless ☐ Yes ☐ No
Language Survey Received ☐ Yes ☐No ☐BB Connect Information Entered ☐Documents sent to Central Office, if needed
☐Cumulative Folder in order ☐Media/Cafeteria/IT notified of enrollment ☐Completely Scheduled
☐Nurse Health Sheets Provided ☐ Immunizations Provided ☐Custody Orders Obtained ☐Other Legal Documents
☐IEP Documents Obtained or Requested ☐ Birth Certificate Received
Other Pertinent Information:

PARENT/GUARDIAN INFORMATION

Please note that the names listed on the Birth Certificate as parents, will be listed on the student's record whether or not they have involvement in the child's life. Contacts listed and Legal Documents presented, will determine who has authority to have contact with/pick up the student.

Mother's Last/First/Middle Name		Deceased? ☐Yes ☐No Can Pick Up? ☐Yes ☐No	Father's Last/First/Middle Name		Deceased? ☐Yes ☐ No Can Pick Up? Yes No
Street Address			Street Address		
City	State	Zip	City	State	Zip
Email Address	Employer		Email Address	Employer	
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone

Legal Guardians or Caretakers

☐Step Parent ☐Foster Parent ☐Legal Guardian ☐Agency Care ☐Other: _____

Last/First/Middle Name	Relationship	Email Address	Employer
Street Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	Additional Number

☐Step Parent ☐Foster Parent ☐Legal Guardian ☐Agency Care ☐Other:_____

Last/First/Middle Name	Relationship	Email Address	Employer
Street Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	Additional Number

OTHER CHILDREN IN THE HOUSEHOLD

	Child 1	Child 2	Child 3	Child 4
Name Grade/Age				
Additional Information	Please provide any information you feel would benefit the school in the education and care of your child.			

EMERGENCY CONTACT INFORMATION

Please list individuals who have permission to pick up the student in the event of illness, early dismissal, emergencies, etc.

Please list them in the order you'd like them called.

Contact #1 Name	**Relationship**	**Address**	**City**	**Zip Code**
Home Phone	**Work Phone**	**Cell Phone**		
Contact #2 Name	**Relationship**	**Address**	**City**	**Zip Code**
Home Phone	**Work Phone**	**Cell Phone**		
Contact #3 Name	**Relationship**	**Address**	**City**	**Zip Code**
Home Phone	**Work Phone**	**Cell Phone**		
Contact #4 Name	**Relationship**	**Address**	**City**	**Zip Code**
Home Phone	**Work Phone**	**Cell Phone**		
Contact #5 Name	**Relationship**	**Address**	**City**	**Zip Code**
Home Phone	**Work Phone**	**Cell Phone**		
Contact #6 Name	**Relationship**	**Address**	**City**	**Zip Code**
Home Phone	**Work Phone**	**Cell Phone**		
Contact #7 Name	**Relationship**	**Address**	**City**	**Zip Code**
Home Phone	**Work Phone**	**Cell Phone**		

If used as a change form instead of initial enrollment form, indicate the date of change and parent/guardian's name who requested the changes here: Changes Requested by _____ Date _____.

PAMLICO COUNTY HIGH SCHOOL
601 Main Street
Bayboro, NC 28515
Phone (52) 745-3151 - Fax (252) 745-3153

Rebecca Lansche, Principal

Zanquavia Minor, Assistant Principal
Brandon Spiece, Assistant Principal

MEDICAL HISTORY

Medical Conditions/Concerns (e.g. asthma, diabetes, food allergies, ADHD)

_____
_____
_____

List all medications taken at home _____

List medications to be taken at school _____

If your child is allergic to any medication, please list here

_____
_____
_____

Has your student experienced a head injury of any kind (E.g., concussion) in the past year?

_____
_____

Parent signature: _____ Date: _____

Pamlico County Schools does not discriminate against any person on the basis of sex, race, color, religion, national origin, age or handicap in any of its educational or employment programs or activities

PAMLICO COUNTY HIGH SCHOOL

601 Main Street Bayboro, NC 28515

Phone 252-745-3151 Fax 252-745-3153

REQUEST FOR STUDENT RECORDS

ATTENTION TO:_____

SCHOOL NAME:_____

ADDRESS:_____

FAX NUMBER_____ PHONE_____

STUDENT NAME: _____

DOB:_____ GR_____ POWERSCHOOL #_____

The student is scheduled to enroll or has enrolled at PCHS on_____

FROM: Amy Daniels PHONE 252-745-3151 Ext 528 FAX 252-745-3153

EMAIL: amydaniels@pamlicoschools.org

Please forward the following documents:

_____Transcript (FAX ASAP)

_____Grades to date of Withdrawal

_____Health Records

_____Attendance Records

_____Custody Papers

_____CPR certificate

_____504 Documents (if applicable)

_____Birth Certificate

_____Immunization

_____Standardized Test Scores

_____Discipline

_____EC Records requested on a separate sheet

(If applicable) EC Student Records Request is a separate sheet. Please send all EC Student Records to Nancy Ross @ Fax 252-745-4171

_____IEP _____Psychological test & evaluations

Parent Signature_____

Please send the applicable documents requested to the attention of Amy Daniels at PCHS Student Services FAX 252-745-3153

or EMAIL amydaniels@pamlicoschools.org

PAMLICO COUNTY HIGH SCHOOL
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Rebecca Lansche, Principal

Brandon Spiece, Assistant Principal

My student and I have read and discussed the Pamlico County High School ***PCHS STUDENT PARENT HANDBOOK 2021-2022*** including the following Pamlico County Schools Policies:

- Student Conduct and Discipline, Board Policy #6400
- Student Code of Conduct, Board Policy #6401
- Prohibition of Bullying, Harassment, and Discrimination, Board Policy #3037/4037/8337
- Parent/Family Involvement, Board Policy #5424
- Effective Discipline, Board Policy #6513
- Student Wellness, Board Policy #6760/5051

This handbook can be found on our website (www.pchs.pamlicoschools.org), under Parents/Parent Resources or you may request a print copy from Student Services.

_____

Parent Signature *Date*

_____

Student Signature *Date*

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PAMLICO COUNTY HIGH SCHOOL
601 Main Street
Bayboro, NC 28515
Phone (52) 745-3151 - Fax (252) 745-3153

Rebecca Lansche, Principal

Brandon Spiece, Assistant Principal

Application for Waiver of Student Fees and Charges

1. I hereby request that my child, _____(Child's Name) a student of Pamlico County High School, receive a waiver of student fees.

2. Number of family members residing in household: _____

3. Total gross family income before deductions of all family members. (Include welfare payments, wages of working members, pensions, social security, and other income). Verification may be in the form of U.S. or N.C. income tax forms for the previous year, W-2 forms from employee may be used.

   Monthly $_____ or Annually $_____

4. I certify that the above information is true and correct. Please sign below.

   _____Date:_____

5. I elect to have a copy of my child's **Food and Nutrition Services Award Letter** released to the Pamlico Co. High School as documentation to be used for qualification and approval of my Waiver of Student Fees Application. This release is for the following school year: **2022-2023**

   *for release of information, please sign attached.

(SCHOOL USE ONLY)

I hereby stipulate that the child named above is entitled to the waiver of the fees and/or charges as listed.

Approved_____
Principal or designee

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Updated trs/7/2022

Pamlico County Schools

2025-2026 SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

❑ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Advance Placement Test Fee Program for 2025-2026 school year with Program Coordinator.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name:
_____School:_____

Child's Name:
_____School:_____

Child's Name:
_____School:_____

Child's Name:
_____School:_____

Signature of Parent/Guardian: _____ Date: _____

Printed Name:_____

Address:_____

Telephone or Cell number:_____

For more information, you may call Child Nutrition Services at **745-4171 ext. 638/639** or e-mail at **lauramancinas@pamlicoschools.org.**

Return this form to: 507 Anderson Drive, Bayboro, NC 28560 with the application.

PAMLICO COUNTY HIGH SCHOOL
601 Main Street
Bayboro, NC 28515
Phone (52) 745-3151 - Fax (252) 745-3153

Rebecca Lansche, Principal
Brandon Spiece, Assistant Principal

SUSPENSION/EXPULSION REVIEW FORM

This form must be completed and signed for any student enrolling. If the student does not have any incidents of suspension/expulsion, you may enter student name, DOB, Grade. Make sure you have marked N/A in the line for Incidents/suspensions/expulsions. Please sign and date this form.

Student's Name_____

Student DOB:_____ **Current Grade:**_____

School Name:_____

School Address:_____

_____

Phone:_____**Fax:**_____

Date(s) of Incident(s):_____

Date of Suspension(s)/Ecpulsions:_____

COMMENTS:

I, hereby, acknowledge that this information is accurate concerning any disciplinary action administered to my student during the (2022-2023) school year at the school indicated above.

_____ _____

Parent/Guardian Signature ***Date***

Pamlico County Schools does not discriminate against any person on the basis of sex, race, color, religion, national origin, age or handicap in any of its educational or employment programs or activities

Updated trs/7/2022

Pamlico County Schools
North Carolina Home Language/Immigrant Survey Form

Directions:

1. Parents/guardians of all new students (including preschool and Kindergarten) complete this form at the time of enrollment and record all information requested. Provide interpreting services whenever necessary.

2. **Ensure that all questions on the form are completed.**

3. If ANY of the questions indicate a **language other than English, or a Country of Birth other than the United States**, forward a copy of the form to the Central Office, attn: Nancy Ross.

4. **Place the original form in the student's cumulative folder**.

Student Information		
First Name:	Last Name:	
Country of Birth:	Date **first** enrolled in **any** U.S. school (Private or Public, but not PreK) *Indicate if the student left the U.S. for a school year(s):*	Date of Birth:
Current School:	School Enrollment Date:	Current Grade:

Questions for Parents/Guardians*	**Parent Response**
What language(s) is (are) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most frequently at home?	
In what language do you most frequently speak to your child?	
In what language would you prefer to get information from the school?	

.

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

Person Reviewing this Survey: _____

Determination	
The student's home language	**Language:**
If the language is other than English, the English language proficiency test should be administered	**Administer** the English Language Proficiency Test **Circle: Yes or No**
Does this student qualify as an immigrant?	

Regulations and Procedures
5450-5452

PAMLICO COUNTY SCHOOLS
INTERNET STUDENT CONTRACT AND PARENTAL CONSENT FORM

Directions: After reading Board Policies 5450 - Internet Access, 5451 - Appropriate Internet Use, and 5452 - Student Internet Use in the Student Parent Handbook, please read and fill out the following contract completely and legibly. The signature of the parent or guardian is required. Please return to office.
See Board Policies online at https://www.pamlicoschools.org/

Student Contract

I have read School Board Policies 5450-5452. I understand and will abide by the stated rules and regulations. I further understand that violation of these rules and regulations may result in evocation of my access privileges, school disciplinary and /or appropriate legal action.

User Name (please print) _____ Grade_____
User Signature _____ Date _____
Student ID Number _____

Parental Consent Form

As the parent/guardian of this student, I have read Board Policies 5450-5452. I understand that access of the Internet is designed for educational purposes and that all students will be supervised and monitored. I recognize it may be impossible to prevent accidental access to controversial of offensive materials. However, I also believe that the valuable information and interaction on this world-wide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of Pamlico County Schools. I hereby give my permission to allow my child access to the Internet. I understand that my child may continue this access as long as the rules and regulations described in Board Polices 5450-5452 are followed.

Parent Signature _____ Date _____

Pamlico County Schools

School Year 2025-2026

Parents and guardians have the right to opt-out of sharing directory information. Directory information means information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed.

Schools use directory information to publish items such as yearbooks, honor roll, newsletters, and graduation announcements and social media posts. This also includes information about opportunities for scholarship programs and colleges to be sent to you when your child reaches the appropriate age level.

Directory information may include student's name, address, telephone number, date and place of birth, participation in officially recognized activities and sports and photograph. A school may disclose directory information to third parties, for non-commercial use only.

For more information on directory information https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Do you grant permission to allow directory information to be shared for non-commercial purposes?

☐Yes, I give permission

☐No, I do not give permission **(Your student WILL NOT be included in the yearbook, honor roll announcements, newsletters, graduation announcements and social media posts)**

Do you grant permission for your student's contact information to be provided to the US Military for the sole purpose of informing students of potential career opportunities?

☐Yes, I give permission

☐No, I do not give permission

In order to inform you and your student about educational and scholarship opportunities, North Carolina public and private colleges may request from the Department of Public Instruction your student's contact information (name, home address, phone number).

Do you grant permission to share information with NC Public and Private Colleges?

☐Yes, I give permission

☐No, I do not give permission

During the junior year of high school, students take the state-administered nationally-recognized college readiness assessment currently the ACT.

Do you grant permission to share your student's ACT scores with colleges and universities? The highest score available will be shared.

☐Yes, I give permission

☐No, I do not give permission

Student Name (PLEASE PRINT): _____Grade: _____

Parent/Guardian Signature: _____ Date: _____

Pamlico County School Identification Of Military-Connected Students

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 Civil Service Employee?

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

_____

Student Name **Grade** **Homeroom**

_____ **No** (If no, skip to signature and return to office)

_____ **Yes** (If yes, please complete form and return to office)

Relationship	Branch	Grade	Military Installation

Branch: Air Force, Coast Guard, Marine Corps, Navy
Status Options: Active Duty, National Guard, Reserves Retired Military, Disabled Veteran, Federal Civil Service
Grade: Enlisted (E-1 through E-9), Officer (O1 through O-10), Warrant Officer (W-1 through W-5)
Installation: The facility where the service member fulfills their duty role in the military. (e.g. Camp Lejeune, Cherry Point, etc.)

_____ _____

Parent/Guardian Signature **Date**

Revised trs/7/22

PAMLICO COUNTY HIGH SCHOOL
601 Main Street
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Rebecca Lansche, Principal

Brandon Spiece, Assistant Principal

Notification of Services Support

We would like to be sure that your child receives any special help to which he/she is entitled. Please answer the following questions:

My student _____has been receiving services in a special program.
Yes _____ No _____

If you answered yes, please check the condition or conditions for which special services were provided.

- ☐ __ EC (Exceptional Children)
- ☐ __ AIG (Academically/Intellectually Gifted)
- ☐ __ 504 Plan
- ☐ __ LEP (Limited English Proficiency)
- ☐ __ Medical (Health Plan)
- ☐ __ Foster Care Placement
- ☐ __ Homeless
- ☐ __ Other

Parent/Guardian Signature: _____ Date: _____

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PAMLICO COUNTY HIGH SCHOOL

601 Main Street
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Rebecca Lansche, Principal

Brandon Spiece, Assistant Principal

To: Parents who previously resided outside of Pamlico County
Re: Verification of New Address and Pamlico County Residency

Even though you have previously told us your new Pamlico County address, we must verify the physical address. A post office box number is insufficient. Therefore, we must have a street or highway name and number. Please complete the following:

Student's Name _____

Mailing Address _____

_____

Physical Address _____

_____

Emergency Contact other than parent: _____

My signature below certifies that the above address is the correct address and that the student named above is a resident of Pamlico County.

_____
Parent Signature

_____
Date

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Updated trs/7/2022

Pamlico County Schools

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: _____ /_____ /_____ Grade: ___
Month Day Year *(preschool-12)*

Address:_____

Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (*Please check* ***one*** *box.*)

☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____

☐ In permanent housing

_____
Print name of Parent, Guardian, or Student (for unaccompanied youth)

_____
Signature of Parent, Guardian, or Student (for unaccompanied youth)

_____
Date

INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Purpose of the Enrollment Form - Residency Questionnaire

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status.

Who should fill out the Enrollment Form - Residency Questionnaire?

A Enrollment Form - Residency Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. Preschool includes any LEA program for 3-5 year olds, such as pre-k, Head Start, or Even Start. The Form - Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's completed **Enrollment Form -** Residency Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data.

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements.

Other than the above uses, housing information **should be kept confidential** and generally **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Enrollment Form **-** Residency Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Enrollment Form - Residency Questionnaire with Students and Families

In reviewing the Enrollment Form **-** Residency Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will kept confidential and will only be shared with those LEA staff responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/her child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status**.** Contacting a landlord or building superintendent may be a violation of FERPA, a federal law, and may put the

family at risk of losing its housing. If the student is living in a doubled up situation, it may also lead to loss of housing for the primary tenants.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Enrollment Form - Residency Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Enrollment Form **-** Residency Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"*With another family or other person" (also referred to as "doubled-up")"*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"*Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

January 2016rev

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education | Department of Public Instruction

NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.
(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last) (First) (Middle)

Birthdate (M/D/YYYY): **School Name:**

Home Address: **City:** **State:** **County:**

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:
Passed vision screening: ☐ Yes ☐ No
Concerns related to student's vision:

Public Health
HEALTH AND HUMAN SERVICES

Hearing screening information:
Passed hearing screening: ☐ Yes ☐ No
Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: ☐ Yes ☐ No

Medical Provider Comments:

Please attach other applicable school health forms:

Immunization record attached: ☐
School medication authorization form attached: ☐
Diabetes care plan attached: ☐
Asthma action plan attached: ☐
Health care plans for other conditions attached: ☐

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name: Title:

Signature: _____ Date (m/d/yyyy):

Date of Exam (if Different):

Practice/Clinic Name:			Practice/Clinic Address:	
Practice/Clinic City:	State:	Zip:	Phone:	Fax:

Provider Stamp Here:

Date:

Dear Parent/Guardian:

The purpose of this letter is to inform you of immunization requirements that will impact rising 12th grade students. Starting with the 2020-21 school year, students entering 12th grade are required to have a booster (second) dose of meningococcal conjugate vaccine if they have not already received one.

An up-to-date immunization record indicating that your student has received all required immunizations is due by the first day of attendance at school. If proof of immunization is not provided within 30 calendar days after school entry, **your student will not be allowed to attend school until it is provided, as required by law.**

North Carolina law provides for only two types of exemptions from required immunizations. These are medical and religious, as detailed below. If your child has a medical or religious exemption to this vaccine(s), you are required to provide documentation of this exemption(s).

N.C. G.S.130A-156 Medical Exemption – applies when it is certified that a required immunization is or may be detrimental to a person's health due to the presence of one of the contraindications adopted by the Commission for Public Health. Under this exemption, the person is not required to receive the specified immunization under G.S. 130A-152, as long as the contraindication persists. The child may attend school or a child care facility with a copy of the Medical Exemption Statement Form (DHHS-3987).

N.C. G.S.130A-157 Religious Exemption – applies when the bona fide religious belief of the parent, guardian or person in *loco parentis* of a child are contrary to the immunization requirements contained in North Carolina law, the adult or the child shall be exempt from the requirements. Upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the child may attend school without presenting a certificate of immunization.

Please contact your health care provider or local health department if your child needs this vaccine. For additional information about the vaccine, the disease it protects against, and other recommended vaccines your teen may need, visit the Centers for Disease Control and Prevention's website at https://www.cdc.gov/vaccines/parents/by-age/years-13-18.html, (or scan the QR code below).

If you have any questions, please contact **Christina Warren, RN-School Nurse** at **christinawarren@pamlicoschools.org (252) 745-3151**.

Sincerely,

Rebecca Lansche

Principal

Pamlico County Schools

Transportation Request

Minimum 3 – 5 day processing required

(One form per child)

Student Name: _____ Grade: _____
Street Address: _____
City and Zip Code: _____
Telephone Number (s): _____

Only one AM and PM stop is designated for your child. If daily arrangements are needed, it will be the parent's responsibility to provide them. If a change is made during the school year, a new transportation form request must be submitted and approved before the child is allowed to ride any other bus. The new request will void any previous transportation requests. Please check all information to make sure this is the schedule you want for your child.

Please Check:

_____ AM STOP ADDRESS _____

_____ PM STOP ADDRESS _____

I authorize the following person(s) to receive my child (Pre-K to 3rd grade) at the bus stop.

Name:	Phone:
_____	_____
_____	_____

PUBLIC LAWS GOVERNING PUPIL TRANSPORTATION § 115C-244. Assignment of pupils to school buses.

The superintendent or superintendent's designee shall assign the pupils and employees who may be transported to and from school upon the bus or buses assigned to each school and shall implement and enforce the plan developed under G.S. 115C-246. **No pupil or employee shall be permitted to ride upon any school bus to which such pupil or employee has not been so assigned by the superintendent or superintendent's designee, except by the express direction of the superintendent or superintendent's designee.**

Parent/Guardian Signature: _____ Date: _____

DEPARTMENT USE ONLY:

Student ID: _____ Stop ID: _____ AM Bus #: _____ PM Bus #: _____

Department Approval: _____ Date: _____

Phone: 252-745-4601 Fax: 252-745-3016

PUBLIC SCHOOLS OF NORTH CAROLINA
DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, *Superintendent of Public Instruction*
WWW.NCPUBLICSCHOOLS.ORG

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.

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)**

2. **Have you or your family moved to another school district or to another city or county in the last three years?**
   - ☐ **No**
   - ☐ **Yes**

Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards ☐	Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant ☐	Working in a dairy ☐	Working in a fishery or on a shrimp or catfish farm ☐

Working in a slaughter house (chicken, cow, or pig) ☐	Working on a poultry or hog farm ☐	Working in a plant nursery or orchard; growing or harvesting trees ☐	Other similar work in agriculture, please explain: _____ _____ _____

3. **How long ago did you arrive to this county?** **Month** _____ **Year** _____
4. **Parent(s)' Name(s)** _____
5. **What is your current address?**

   _____
   Address

   _____
   City **State** **Zip Code**

6. **Phone Number(s):** _____

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION
6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PUBLIC SCHOOLS OF NORTH CAROLINA
DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, *Superintendent of Public Instruction*
WWW.NCPUBLICSCHOOLS.ORG

Encuesta Ocupacional

Nombre del Estudiante: _____
Apellido **Primer Nombre**

Escuela: _____ **Grado:** _____

El Programa de Educación para estudiantes migrantes a través del Departamento de Instrucción Publica del Estado provee servicios de apoyo a los niños y familias que se han mudado en los últimos 3 años y que han trabajado en agricultura o pesca. Agradecemos que nos ayuden a determinar si su niño o pariente califica para recibir servicios en este programa. Por favor, conteste las siguientes preguntas y entréguelas a la escuela.

1. **¿Usted o alguien en su familia ha trabajado en alguno de los siguientes trabajos abajo en los últimos tres años?**
   - ☐ **NO**
   - ☐ **Sí (Seleccione todo que aplica abajo y favor de continuar a la Pregunta #2)**

2. **¿Usted o su familia se ha mudado a otra zona escolar, o a una ciudad o condado en los últimos tres años?**
   - ☐ **No**
   - ☐ **Sí**

Trabajando en los campos de agricultura cosechando frutas, verduras, nueces, melones, algodón, o en el silaje de zacate, paja, etc ☐	Trabajando en el enlatado de frutas o verduras o en una planta empacadora ☐	Trabajando en la lecherías ☐	Trabajando en la pesca, granjas de camarón o peces ☐

Trabajando en el corte de carnes crudas (pollos, reses, puercos) ☐	Trabajando en granjas avícolas ☐	Trabajando en huertas, viveros, talando árboles o limpiando la tierra) ☐	Otro trabajo similar, favor de explicar: Como cercando ranchos, fincas o huertas _____ _____ _____

3. **¿Hace cuánto tiempo se mudó a este condado?** **Mes** _____ **Año** _____
4. **Nombre de uno de los padres** _____
5. **¿Cuál es su dirección actual?**

   _____
   Dirección

   _____
   Ciudad **Estado** **Codigo Postal**

6. **Teléfono:** _____

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION
6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Pamlico County Schools

Student Media Opt-Out Form

A parent may withhold permission to have a student photographed, videotaped, and/ or audiotaped during school-sponsored activities, learning experiences, and/or media events. In addition, permission may also be withheld for publication of student artwork or writing.

As the parent or guardian of the student identified below, I understand that if I opt-out, my child will **not** be included in pictures taken by school staff, students, or anyone outside the school, including commercial photographers and the media, nor will my child's picture be part of a school yearbook, memory book, memory video, sports team, club, or any other medium. Furthermore, my child's artwork or writings will not be published.

If this form is not signed and returned, parental permission for publication is implied.

(Note: This does not include videotaping by security cameras in school or on school buses.)

If you **do not** want your child to be photographed, videotaped and/or audiotaped, check the box below and sign:

☐ **DO NOT** allow my child to be photographed, videotaped and/or audio taped during school-sponsored activities and/or learning experiences. In addition, DO NOT, publish my child's work in a public medium.

Student Name:_____

School:_____

Parent Name:_____

Parent Signature:_____

Date:_____

STATE OF NORTH CAROLINA

PAMLICO COUNTY

PARENT/GUARDIAN AFFIDAVIT

Affidavit for Admission of a Student Domiciled in Pamlico County Who is Transferring Into Pamlico County Schools

I state under oath that the following facts are true and correct:

1. My name is _____.

2. My street address is _____.

   My mailing address is _____.

   My telephone numbers are: (Home): _____; (Work):_____; (Cell): _____.

3. I am enrolling the following child in the Pamlico County Schools: _____.

4. I am the parent/legal guardian **(circle one)** of the child.

5. The name of the last school my child attended is _____, which is located in _____.

6. The child is/is not **(circle one)** currently under a term of suspension or expulsion from a school for conduct that could have led to a suspension or expulsion from the Pamlico County Schools.
   a. If the child is currently under a term of suspension or expulsion from a school for conduct that could have led to a suspension or expulsion from the Pamlico County Schools, the child is **(check one)**:
      - ☐ identified as eligible for special education and related services (evidence of current eligibility must be tendered with affidavit), or
      - ☐ not identified as eligible for special education and related services.

7. The child has/has not **(circle one)** been convicted of a felony in North Carolina or any other state or territory.

I understand that if the information in this affidavit is false, the child may be removed from school. The school system will give notice of an opportunity to appeal the removal in accordance with school system policy. I UNDERSTAND THAT IF I HAVE PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I MAY BE FOUND GUILTY OF A CLASS I MISDEMEANOR AND MAY HAVE TO PAY THE PAMLICO COUNTY SCHOOLS AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT.

_____
Parent or Guardian of Child

STATE OF _____
COUNTY OF _____

I, _____, a Notary Public of the County and State aforesaid, certify that _____

_____ personally appeared before me this day and acknowledged the execution of the foregoing instrument.

WITNESS my hand and official stamp or seal, this _____ day of _____, 20__.

_____, Notary Public My commission expires: _____.

Enrollment Affidavit No. 2 (revised 8/6/15)

White Copy—School *Yellow Copy—Central Office* *Pink Copy—Parent*