



Escuelas del condado de Northampton

2026-Información sobre la solicitud para el programa Pre-K de NC 2027

Sedes de Preescolar de Carolina del Norte: Escuela Primaria Central y Escuela Primaria Gaston. Si tiene alguna pregunta o inquietud, llame al (252)537-2520 para aclaración.

Esta aplicación es para niños que cumplirán cuatro años o antes del 31 de agosto de 2026.

Aplicaciones DEBE_Tiene que estar completo lo siguiente:

- Comprobante de nacimiento (Copia del acta de nacimiento)
- Comprobante de residencia (ejemplos: copia de factura de servicios públicos actual o contrato de alquiler)
- Comprobante de ingresos (ejemplos: copia del formulario 1040, W2, manutención infantil ordenada por el tribunal, beneficios de desempleo, compensación laboral)

Talones de pago: Talones de pago consecutivos más recientes basados en sus períodos de pago

Semanal - 4 talones de pago consecutivos

Quincenal y quincenal - 2 talones de pago consecutivos

Mensual - 2 Talones de pago

·Registro de vacunación-*Si corresponde*, documentación de condición de salud crónica, servicio militar de los padres, necesidades educativas o de desarrollo y/o IEP.

·Padres/Los tutores que reciben asistencia pública (tamaño familiar de 8 personas o menos) aún necesitan proporcionar información sobre ingresos listado arriba.

Junto con tu PCartas de inscripción/adjudicación de Asistencia Pública (con menos de 12 meses de antigüedad a partir de la fecha de solicitud) (ejemplo les: WIC, Vivienda Pública, TANF/Work First, Medicaid, SSI, Servicios de Alimentos y Nutrición (Cupones de Alimentos), SNAP).

No hay costo para ninguno de nuestros centros de Preescolar de Carolina del Norte. El Programa de Preescolar de Carolina del Norte de las Escuelas del Condado de Northampton forma parte del sistema escolar público. El Preescolar de Carolina del Norte está financiado por la División de Desarrollo Infantil y Educación Temprana. Las Escuelas del Condado de Northampton podrán proporcionar transporte a los niños.

Dependiendo de la ubicación dentro del distrito escolar. Para obtener información sobre el transporte a las distintas sedes de Pre-K de Carolina del Norte, comuníquese con el director del programa.

Devuelva la solicitud original completa y la documentación por correo o en persona a: Escuelas del condado de Northampton

Apartado postal 158

Jackson, Carolina del Norte 27845

No se aceptarán solicitudes enviadas por fax.



CHILD'S INFORMATION/INFORMACION DEL NIÑO

Child must be 4 years old on or before August 31, 2026. / El niño debe tener 4 años cumplidos el 31 de agosto de 2026 o antes

PRINT CLEARLY

Child's Name

Nombre del Niño

First / Primer Nombre

Middle / Segundo Nombre

Last / Apellidos

Date of Birth

Fecha de Nacimiento

(MM/DD/YY)

Physical Address

Dirección Física

Street/ Calle

City / Ciudad

State / Estado

Zip / Código

Postal County / Condado

Mailing Address

Dirección de Correspondencia

Street/ Calle

City / Ciudad

State / Estado

Zip / Código

Postal County / Condado

Ethnicity / Etnia

Race (check all that apply): Raza (marque todo lo que aplique):

☐ Latino or Hispanic/ Hispano☐ Not Latino or Hispanic☐ White or European American / Blanco o Americano Europeo☐ Native American Indian or Alaska Native/
Indio Nativo Americano o Nativo de Alaska☐ Black or African American
/ Negro o Afroamericano☐ Asian / Asiático☐ Native Hawaiian or Other Pacific Islander/
Nativo de Hawái U otra Isla Pacífica Islandés☐ Other /Otro: _____

Gender/ Género:

☐ Male/Masculino☐ Female/Femenino**FAMILY INFORMATION/ INFORMACION FAMILIAR**

With whom does the child live? Documentation is required if child does not reside with parents./¿Con quién vive el niño?

Documentación es requerida si el niño no vive con los padres.

☐ Both Parents / Ambos Padres☐ Parent & Stepparent / Padre y Padrastro☐ Legal Guardian/Custodian / Tutor/Tutor Legal☐ 50/50 Custody / Custodio 50/50☐ Foster Parent(s) / Padres De Crianza☐ Other /Otro:☐ Mother Only / Solo Madre☐ Father only / Solo Padre

Parent/Guardian 1

Padre/Tutor 1

Primary Phone Number

Número de teléfono primario Número

Alternate Number #1

Alternativo #1 Número

Resides w/ Child

Reside con el Niño ☐ Yes / Si ☐ No

#2 Parent/Guardian 2

Padre/ Guardián 2

Primary Phone Number

Número de teléfono primario Número

Alternate Number #1

Alternativo #1 Número

Resides w/ Child

Reside con el Niño ☐ Yes / Si ☐ No

Total number of persons in child's family, including the NC Pre-K child

Número total de personas en la familia del niño, incluido el niño de NC Pre-K

Please list the names of <u>parents/guardians</u> <u>and siblings</u> that live in the household. Enumere los nombres de los padres / tutores y hermanos que viven en el hogar.	Relationship to the NC Pre-K Child Relación con el Niño de NC Pre-K	Age Edad	Date of Birth Fecha de Nacimiento
1.			
2.			
3.			
4.			
5.			
6.			

NOTE: Documentation of each applicable source of family 's income is required. / *NOTA: Se requiere documentación de cada fuente aplicable de los ingresos de la familia.*

Parent/Guardian 1 / Padre/Tutor 1: _____

Please check all that apply / Por favor marque los que apliquen:

Employed / Empleado: ☐ Yes/Si ☐ No

(list average hours worked per week /indique el promedio de horas trabajadas por semana): _____

☐ Seeking Employment / Buscando empleo

☐ Attending job training / Asistiendo a entrenamiento de trabajo

☐ Attending secondary education / Asistiendo a educación secundaria

☐ Attending high school/GED / Asistiendo a la escuela secundaria/GED

Current Wages BEFORE Taxes / Los Salarios Actuales ANTES de Impuestos	\$ _____	This amount is Esta cantidad es	Yearly anual	Monthly mensual	Twice a Month Dos veces al mes	Bi-weekly quincenal	Weekly semanal
Alimony / Pension Alimenticia	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐
Child Support / Sustento de Menores	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐
Workers' Comp / Compensacion al trabajador	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐
Unemployment / Desempleo	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐
SSI	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐

Parent/Guardian 2 / Padre/Tutor 2: _____

Please check all that apply / Por favor marque los que apliquen:

Employed / Empleado: ☐ Yes / Si ☐ No

(list average hours worked per week /indique el promedio de horastrabajadas porsemana): _____

☐ Seeking Employment / Buscando empleo

☐ Attending job training / Asistiendo a entrenamiento de trabajo:

☐ Attending secondary education / Asistiendo a educaciónsecundaria:

☐ Attending high school/GED / Asistiendo a la escuela secundaria/GED

Current Wages BEFORE Taxes / Los Salarios Actuales ANTES de Impuestos	\$ _____	This amount is Esta cantidad es	Yearly anual	Monthly mensual	Twice a Month Dos veces al mes	Bi-weekly quincenal	Weekly semanal
Alimony / Pension Alimenticia	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐
Child Support / Sustento de Menores	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐
Workers' Comp / Compensacion al trabajador	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐
Unemployment / Desempleo	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐
SSI	\$ _____	This amount is Esta cantidad es	☐	☐	☐	☐	☐

Child's name / Nombre del Niño: _____

English

Espanol

Language *Required What is the primary language spoken with the child at home? Does your child speak and understand English? ☐ Yes ☐ No In what language would you prefer your child to be screened (check one)? ☐ English ☐ Spanish ☐ Arabic ☐ Vietnamese ☐ Burmese ☐ French ☐ Montagnard ☐ Jarai ☐ Rade ☐ Swahili	Idioma *Requisito ¿Cuál es el idioma principal que se habla con el niño en casa? ¿Su hijo habla y entiende inglés? ☐ Si ☐ No ¿En qué idioma le gustaría que su hijo sea evaluado? (marque solo una) ☐ Inglés ☐ Español ☐ Árabe ☐ Vietnamita ☐ Birmano ☐ Francés ☐ Montagnard ☐ Jarai ☐ Rade ☐ Swahili
Health *Required Official documentation from a medical provider indicating a child's chronic condition is required. Application cannot be processed without doctor's documentation and signature. Does your child have a chronic health condition identified by a medical professional? ☐ Yes ☐ No If yes, what is the health condition?	Salud * Requisito Se requiere la documentación oficial del proveedor médico que indique la condición crónica del niño. La solicitud no puede ser procesada sin la documentación y firma del médico. ¿Tiene su niño alguna condición crónica identificada por un proveedor medico? ☐ Si ☐ No En caso afirmativo, ¿cuál es el estado de salud?
Military Service *Required Documentation of a parent's military service (includes current active duty and serious injury or death resulting from military service) is required. Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty? ☐ Yes ☐ No	Servicio Militar * Requisito Se requiere documentación del servicio militar de los padres (incluyendo servicio militar actual, lesiones graves o muerte en el servicio militar). ¿Es uno de los padres o tutor legal de este niño un miembro activo de las fuerzas armadas, o el padre o tutor legal de éste niño ha sido gravemente herido o ha muerto durante el servicio activo? ☐ Si ☐ No
Child's Prior Placement *Required (Check one) ☐ My child has never been served in any preschool or child care setting. ☐ My child is currently unserved (at home now but may have previously been in child care or some other preschool program). ☐ My child is in unregulated child care. ☐ My child is in a one or two-star facility. ☐ My child is not receiving subsidy but is in some kind of regulated child care or preschool program. ☐ My child is receiving subsidy and is in some kind of regulated child care or preschool program.	Ubicación Previa del Niño *Requisito (marque sólo una) ☐ Mi hijo nunca ha asistido al preescolar o guardería. ☐ Mi hijo no asiste actualmente al preescolar (está en casa ahora, pero pudo haber asistido a la guardería o a algún programa preescolar). ☐ Mi hijo está en un cuidado de niños que no reglamentado. ☐ Mi hijo está en un centro calificado con una o dos estrellas. ☐ Mi hijo no está recibiendo subsidio, pero está asistiendo a un tipo de cuidado infantil o programa preescolar reglamentado. ☐ Mi hijo está recibiendo subsidio y está en algún tipo de cuidado infantil o programa preescolar reglamentado. ¿Su niño asistió anteriormente a un Pre-K en Carolina
Was your child previously served by an NC Pre-K site as a three-year old? *Required ☐ Yes ☐ No	del Norte cuando tenía tres años? *Requisito ☐ Si ☐ No

English

Español

Development and/or Educational Need *Required

Has this child been referred for or identified with a disability by a professional? ☐ Yes ☐ No (If no, skip to next page)

Is the date of referral known? ☐ Yes ☐ No

Date of referral for evaluation of disabilities: _____

What was the decision from the disability evaluation for this child?

- ☐ No disability identified
☐ Evaluation decision in process
☐ One or more disabilities identified.
☐ Do not know

Type of identified disabilities for this child. Check all that apply:

- ☐ Autism Spectrum Disorder
☐ Deaf-Blindness
☐ Deafness
☐ Developmental Delay
☐ Emotional Disability
☐ Hearing Impairment
☐ Intellectual Disability
☐ Multiple Disabilities
☐ Orthopedic Impairment
☐ Other Health Impairment
☐ Specific Learning Disability
☐ Visual Impairment,
☐ Speech or Language Impairment
☐ Traumatic Brain Injury including blindness

Does this child have an active Individual Education Program (IEP) with Northampton County Schools? ☐ Yes ☐ No

Has this child been referred for services related to his/her disability? ☐ Yes ☐ No

Is this child currently receiving services related to his/her disability? ☐ Yes ☐ No

***Documentation indicating developmental or educational need is required, if applicable.**

*** Please provide a copy of the child's IEP, if applicable.**

Desarrollo y/o Necesidad Educativa*Requisito

¿Este niño ha sido referido o identificado por un profesional para alguna evaluación por discapacidad? ☐ Si ☐ No (Si no, pase a la página siguiente)

¿Sabe el día que fue referido? ☐ Si ☐ No

Fecha del referido de evaluación de la discapacidad: _____

¿Cuál fue la decisión de la evaluación de la discapacidad para este niño:

- ☐ Ninguna discapacidad identificada
☐ Decisión de la evaluación en proceso
☐ Una o más discapacidades identificadas
☐ No lo sé.

Tipos de discapacidades identificadas para este niño. Marque todas las que correspondan:

- ☐ Trastorno del espectro autista
☐ Sordo-ciego
☐ Sordera
☐ Retraso en el desarrollo
☐ Discapacidad emocional
☐ Discapacidad auditiva
☐ Discapacidad intelectual
☐ Múltiples discapacidades
☐ Problema ortopédico
☐ Otras discapacidades de salud
☐ Discapacidad específica del aprendizaje
☐ Discapacidad del habla o lenguaje
☐ Lesión cerebral traumática
☐ Discapacidad visual, incluyendo la ceguera

¿El niño tiene un Plan de Educación Individualizada (IEP) activo con las Escuelas del Condado de Northampton County Schools? ☐ Si ☐ No

¿El niño ha sido referido para servicios relacionados p or la discapacidad? ☐ Si ☐ No

¿El niño recibe servicios relacionados por la discapacidad? ☐ Si ☐ No

*** Se requiere documentación que indique la necesidad tanto del desarrollo como las educativas para el niño si es aplicable.**

***Por favor proporcione una copia del IEP de su niño.**

STOP

Double check that you have answered all required questions and collected the necessary documentation. Failure to answer all questions can delay application processing and your child's possible placement.

PARE

Verifique nuevamente que haya respondido todas las preguntas requeridas y haya recopilado la documentación necesaria. El no responder a todas las preguntas puede demorar el proceso de la solicitud y la posible ubicación de su hijo.

Parent Responsibility and Participation (Please INITIAL for each statement) (Otro lado español)

_____ I understand this is an application for services offered and does not constitute enrollment into any program.

_____ I certify that the information given on this application is true and accurate and all income has been reported.

_____ I understand this information is being given for receipt of federal and/or state funds. Program staff may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.

_____ I authorize Partnering Pre-K agencies (Northampton County Schools and CADA Head Start to exchange information regarding my child for the purpose of determining eligibility for state and federally funded Pre-K Programs and for data collection by the Office of Early Learning and the Division of Child Development and Early Education.

_____ I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results of these screenings to be shared with partnering Pre-K Programs (Northampton County Schools).

_____ I understand that if my child is selected to participate in the NCPre-K program, parent involvement will be critical to the success of my child and I/we commit to participate as required by the program criteria.

_____ I understand that NC Pre-K is designed to serve at-risk children and that every effort shall be made by me and the NC Pre-K program to maintain my child's enrollment and participation.

_____ I understand that transportation is provided by Northampton County Schools and children must adhere to the rules and regulations of the transportation department. If I am responsible for providing transportation for my child, I understand that I must adhere to the arrival and departure time of the NC Pre-K Sites at the schools.

_____ I understand that my child will need a current, updated health assessment and immunizations before he/she attends a program.

Parent/Guardian Signature: * _____ Date: _____

Relationship to child: _____ * If a guardian signs, please attach documentation of guardianship.

Return completed original application and documentation by mail or in person to:

Northampton County Schools
POB 158
Jackson, NC 27845

Faxed applications will not be
accepted.

Applications must have the following to be complete.
Check each item below to indicate documentation is attached to the application.

- ☐ Proof of birth
- ☐ Proof of income
- ☐ Proof of residency
- ☐ If applicable, documentation of chronic health condition, parent's military service, developmental or educational needs and/or IEP
- ☐ Immunization Record

****CONTRACTED ADMINISTRATOR USE ONLY****

Received by: _____ Date Received: _____ Date Processed: _____ Processed by: _____



Is your family in transition, temporarily living with friends/family or in a shelter/car/hotel)?

¿Está su familia viviendo temporalmente con amigos / familiares / en un refugio /en su auto o en un hotel)?

☐ Yes/Sí ☐ No

Check All that Apply:

Marque todo lo que corresponda

☐ Friends/Amigos

☐ Family/Familia

☐ Shelter/Refugio

☐ Car/Carro

☐ Hotel/Hotel

CONFIDENTIAL STUDENT HEALTH HISTORY

This health and development form must be completed by the parent or guardian at admission and prior to each school year. It will be reviewed by the school nurse. From this information, a confidential health list will be generated and distributed to appropriate staff.

Student's Name (Last Name, First) _____ Birth Date: (00/00/0000): _____

Mother Name: _____ Mother's Email: _____
Phone Home: _____ Cell: _____

Father Name: _____ Father's Email: _____
Phone Home: _____ Cell: _____

Family Doctor: _____ Office Phone # _____ Date of Last Exam: _____

Family Dentist: _____ Office Phone # _____ Date of Last Exam: _____

Eye Doctor: _____ Office Phone # _____ Date of Last Exam: _____

Do you have any health concerns you wish to discuss with the school nurse? ☐ Yes ☐ No

If so, what are some of the things you would like to discuss?

Does your child take any medication on a routine basis? ☐ Yes ☐ No

Does your child take medication during school hours? ☐ Yes ☐ No

If so, please list the name, dosage and purpose of the medication below.

Name: _____	Dosage: _____	Purpose: _____
Name: _____	Dosage: _____	Purpose: _____
Name: _____	Dosage: _____	Purpose: _____
Name: _____	Dosage: _____	Purpose: _____

Please contact the school office regarding the "Medication at School" policies if your child must take prescriptions or over-the-counter medications during the school day.

DISEASE AND DEVELOPMENTAL HISTORY

Please check and explain if your child has a history of, or now has the following conditions or concerns.

☐ My child does not have any health issues at this time

☐ ADD/ADHD

☐ Medication at home ☐ Medication at school

☐ Allergies

☐ Nebulizer ☐ Mild ☐ Moderate ☐ Severe

☐ Bees/Insect

☐ Foods

☐ Season

☐ Allergic to Medication(s)

☐ Anemia

☐ Bone/Joint Muscle problems _____

☐ Asthma

☐ Nebulizer ☐ Mild ☐ Moderate ☐ Severe

☐ Rescue Inhaler at home ☐ Rescue Inhaler in school office

☐ Autism Spectrum Disorder

☐ Behavior/Emotional Issues

☐ Overactive/shy ☐ Separation Anxiety

☐ Medication at home ☐ Medication at school

☐ Trouble making friends ☐ Receiving mental health services

☐ Developmentally Delayed

☐ Diabetes

☐ Type 1 ☐ Type II ☐ Insulin at school

☐ Eczema

☐ Frequent Ear Infections

☐ Frequent Nose Bleeds

☐ Frequent Throat Infection

☐ Tonsils/Adenoids removed

☐ GERD

☐ Headaches

☐ Due to Eyes ☐ Due to Allergies ☐ Migraines

☐ Medication at home ☐ Medication at school

☐ Head Injury or concussion in the past two months

☐ Vision/eye problems

☐ Wears glasses/ contacts ☐ History of corrective eye surgery

☐ Hearing Problems

☐ Hearing Loss ☐ Left ☐ Right

☐ Hearing Aids ☐ Left ☐ Right

☐ Heart Murmur/Disease

☐ Hyperthyroidism

☐ Kidney Disease

☐ Hypothyroidism

☐ Irritable Bowel Syndrome

☐ Physical Limitations/Activity Restrictions

☐ Special Equipment needed at home

☐ Special Equipment needed at school

☐ Seizures

☐ Epilepsy ☐ Medication at home

☐ Febrile

☐ Scoliosis

☐ Under treatment ☐ Needs evaluation

☐ Speech Problems

1. In case of medical emergency, injury, or serious illness, school personnel will try to reach me personally. If unable to do so, I hereby authorize school personnel to take or send my child to the family physician, dentist, or the hospital.

2. If it is impossible to reach either me, the physician, dentist, or specialist indicated, the school may seek emergency care elsewhere at the expense of the parent/guardian.

3. Also, I give my permission to the School Nurse to share or receive health-related information needed to care for my child with other healthcare providers (doctor, eye doctor, etc.) during the school year.

Parent/ Guardian Signature

Date

Student Health Services
Individualized Healthcare Plan

Student _____ Date of Birth _____ School Year _____
School _____ Teacher _____
Parent/Legal Guardian _____ Phone #1 _____ #2 _____

To be completed by Parent/Legal Guardian:

Health Condition/Diagnosis: _____ When was diagnosis made? _____

List/Describe Symptoms: _____

Health Provider: _____ Phone: _____

Date of most recent visit: _____

Please indicate if any of the following is needed for your child during the school day and describe. (Check all that apply)

***Requires authorization from the healthcare provider.**

Yes ___ No ___	*Activity/P.E. modifications/restrictions	List: _____
Yes ___ No ___	Assistive Devices	List: _____
Yes ___ No ___	*Diet modifications/ restrictions	List: _____
Yes ___ No ___	*Medication Administration	List: _____
Yes ___ No ___	*Medical Procedure	List: _____

Please use the space below to list additional concerns and/or provide additional information needed by school staff:

Parent/Legal Guardian Signature

Date

To be completed by Healthcare Provider: (Optional)

Please provide information to assist school staff in safely caring for student at school:

Health Provider Name (Print)

Signature

Address/Phone/Fax

Date

Phone

Fax

School Nurse Signature

Date

HOME LANGUAGE SURVEY

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. Determine which ESL Program staff will review the responses, interview the parent as necessary, and/or observe the student to determine the home language. If the parent lists more than one language other than English, the reviewer must determine which one is the child's home language for data collection purposes and document it on this form.
3. If it is determined that a student's home language is other than English, notify ESL staff who will administer the English language proficiency test. Follow your protocol to collect and document the student's scores. Submit a copy of this form with W-APT test scores.
4. Place the original form in the student's cumulative folder and submit a copy to ESL staff at the school.

STUDENT INFORMATION		
Legal Last Name	Legal First Name	Legal Middle Name
Date of Birth (mm/dd/yyyy)	School	School Year
Country of student's birth	Student's initial entry into an U.S. school (mm/dd/yyyy)	
HOME LANGUAGE INFORMATION		
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?		
Do you need translation services to understand NCS school records? ☐ Yes ☐ No If so, which language do you prefer _____		
Do you need an interpreter for school system meetings involving your child's education?	☐ Yes. Which language _____ ☐ No	
Parent/ Guardian Signature		Date (mm/dd/yyyy)
Parent/Guardian(s) Home: _____ Cell: _____ Cell: _____	Parent/Guardian(s) Work Phone Work Number: _____ Work Number: _____	

CONSENT FOR TECHNOLOGY AND DIGITAL RESOURCE USE

You have the option of denying your child access to the Internet and/or prohibiting them from obtaining an email account. To deny access to one or both services, please complete this form as appropriate, sign, date, and return to your child's school. Please remember that some school services must be provided via the Internet. Parents will be notified when the school receives the signed form.

Student Name: _____ Grade: _____

School: _____

I have read the NCS system's Acceptable Use Policy and hereby request to *deny* Internet access for my child.

☐ I *do not* give permission to issue an account for my child and do certify that the information contained in this form is correct.

I have read the NCS system's Acceptable Use Policy and hereby request to *allow* Internet access for my child.

☐ I *do give* permission to issue an account for my child and do certify that the information contained in this form is correct.

Parent Signature: _____ Date _____

CONSENT FOR TECHNOLOGY AND DIGITAL RESOURCES USE			
Student's Legal Last Name	Legal First Name	Middle IN	Student ID <i>(Required)</i>
Printed Name of Parent/Guardian			
Parent's Signature		Date <i>(mm/dd/yyyy)</i>	
Physical Address		Phone <i>(Home & Cell)</i>	

STUDENT NAME AND PHOTOGRAPH/VIDEO PRIVACY RELEASE

This form explains the potential uses of student photographs and video images by Northampton County Schools (NCS) and allows you to grant or deny permission to the NCS to release your child's image for display or publication.

~~Yearbook and class photos are handled separately. If you do not want your child to be in the class photographs or yearbook, contact the school directly.~~

This form also allows a parent or guardian the choice whether or not their student may be identified by name on the school or district's Internet websites. Student names may be released unless a parent or guardian has expressly contacted the school and requested that their student's "directory information" not be shared. However, as a safeguard, the district does not directly publish student names on the Internet unless given permission by a parent or guardian.

The NCS uses internal and external media to highlight the k-12 experience in a variety of ways, which may include the use of photographs and videos of students. For example, student images may be published or displayed in printed materials (such as brochures and newsletters), videos, school websites, and information about school events and activities provided to external organizations and media outlets. Parents have two options for granting or denying consent:

- Parents may deny permission for any display or publication of their student's image. You should select this option if you do not want your student's photograph to be used on the NCS or individual school websites, in NCS or school publications, or in release to external organizations (such as PTA and booster clubs) or the media.
- Parents also may grant permission for their student's image to be published or displayed in print, video, and/or digital media. Select this website, and maybe release it to external organizations (such as PTA and booster clubs) or the media.

Please complete this form and have your student return it to his/her school. This consent form remains valid throughout your student's K-12 experience with NCS or until a new form is completed and signed by a parent/guardian or eligible student.

The permission regarding Photography/Video/Name release is
for _____

(Student's Last, First, Middle Name)

Photo/Video Release

_____ I *deny* permission to use my child's image for display, publication, or release to external organizations.
_____ I *grant* permission for use of my child's image in print, video, and/or digital media. I understand my child's image may be used or released by NCS without additional notification and my child's name may appear along with his/her photo.

Name Release

_____ I *grant* permission for my child to be identified by name on the school or district's website.
_____ I *deny* permission for my child to be identified by name on the school or district's website.

Parent Printed Name _____
Signature _____ Date _____

NORTHAMPTON COUNTY SCHOOLS'

BUS TRANSPORTATION SERVICE REQUEST

This form is to request transportation services for students based on their home address or record with NCS. Parents must complete this form approximately one month before the start of school to guarantee bus service on the first day of school. Students must be eligible for transportation to receive services. Eligible students will be added to existing bus stops during the first 30 days of school if there is capacity.

Name of School _____
(student is enrolled)

Grade Level _____

Will your student need bus transportation? ____ Yes ____ No

If yes, when will this student need to be provided with transportation?

____ AM/PM (round-trip) ____ AM only (morning rider)

____ PM only (afternoon rider)

Student's Name: _____
Last
First
Middle

**Student's Physical Address: _____
(Required)
House number
City,
State
Zip Code

Student's Alt Secondary Pick-up Address: _____
House number
City,
State
Zip Code

Student's Alt Secondary Drop-Off Address: _____
House number
City,
State
Zip Code

Parent #1 Number: Cell- _____ Work- _____
 Home- _____ Email- _____

Parent #2 Number: Cell- _____ Work- _____
 Home- _____ Email- _____

Parent/Guardian Print Name(s): _____

Parent/Guardian Signature(s): _____
Date: _____
Date: _____

****ALL TRANSPORTATION DESTINATIONS ARE REQUIRED
TO BE LOCATED WITHIN NORTHAMPTON COUNTY SCHOOL DISTRICT TO BE SERVED.****



ZERO INCOME STATEMENT

Please complete this form if you are currently NOT receiving any household income.

Directions: Please complete this form if you are not receiving any verifiable or countable income. This includes reportable income such as tax records indicating no income, pay check stubs, award letters from the Social Security Administration, self-employment, child support, alimony, disability benefits, military earnings, workman's compensation, or retirement.

Child's Name: _____
 First Name *Middle Name* *Last Name*

Date of Birth(mm/dd/yyyy): _____

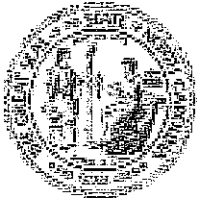
I, _____, the parent/guardian of _____
 am not receiving any verifiable or countable income at this time. I understand if I should begin receiving verifiable or countable income, I should notify the Northampton County Schools Pre-K Coordinator of any new development.

 Print Parent/Legal Guardian Name

 Parent/Legal Guardian Signature

 Date

***Income is REQUIRED by the Division of Child Development and Early Education which funds NC PreK Program.**



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

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  of fruits  etables, vegetable tobacco, sweet potatoes, nuts, cotton, or agricultural farms, ranches, fields, and vineyards.

☐

W  it or in cannery or in a fruit or vegetable packing plant

☐

Wor  a dairy

☐

Workin  hery or on a shrimp or catfish farm

☐


Working in a slaughterhouse (chicken, cow, or pig)

☐


g on a poultry or hog farm

☐


Working in a plant nursery

☐

Other similar work  ure, please explain:

3. How long ago did you arrive in this county? Month _____ Year _____

4. Parent(s)' Name(s) _____

5. What is your current address? _____

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



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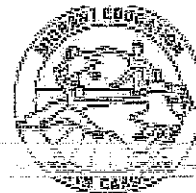
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Encuesta Ocupacional

15 of 15

Nombre del Estudiante: _____

Apellido Primer Nombre



El Programa de Educación para estudiantes migrantes a través del Departamento de Instrucción Pública 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

Código Postal

6. Teléfono: _____

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