

Davidson County Schools: K-8 Enrollment/Registration

Student's Legal Name: _____
Last Name First Name Middle Name

School of Enrollment: _____

I. PROOF OF RESIDENCY 911 ADDRESS of Student & Parent or Legal Guardian (Required by Board Policy)

911 Address _____

Directions To Home From School: _____

Document Copies Attached:

____ Utility Bill _____ Rent or Lease Agreement _____ Other: _____
____ Telephone Bill _____ Tax Listing
____ Postal Change Verification _____ Vehicle Registration Card

Verified by: _____

I hereby verify that the above information is correct and I assume responsibility for any false information.

Signature of Parent Date

II. ENROLLMENT AFFIDAVIT of Parent or Legal Guardian as required by NCGS 115C-366(a4)

I, _____, being first duly sworn (or affirmed), do depose and say under penalty of perjury that the following is true of my own knowledge.

- 1 I am the parent, legal guardian or legal custodian of the student named above.
- 2 I have shown the school my child's birth certificate and social security card.
- 3 I am domiciled at the following address in Davidson County:

4 I receive mail at the following address: _____

5 My telephone number is: (Home) _____ (Work) _____
(Cell) _____ (Pager) _____

6 The most recent school attended by this student is _____

Address _____

City _____ State _____

7 (Check One) This child ____ is ____ is not currently under suspension or expulsion from attendance at a public or private school.

8 (Check One) This child ____ has ____ has not been convicted of a felony in this or any other state.

9 I understand that the Board of Education may deny admission to any student based on information required by this affidavit.

STOP! Please do not sign until directed to do so by a Notary Public.

Parent, Legal Guardian, or Legal Custodian

Sworn (or affirmed) to before me on this the: _____
Day Month Year

My commission expires on:

Notary Public Day Month Year

REGISTRATION INFORMATION

Parent to complete information in white areas only.

GRAY AREAS FOR SCHOOL USE

1 _____ New or _____ Returning Student
2 Student ID#: _____
3 Enrollment Date: _____
4 Entry Code:
_____**E1** Initial Enrollment-No Public School this year
_____**E2** Initial Enrollment-Prev School Out-of-State
_____**R2** Transfer-Prev NC Public School same LEA
_____**R3** Transfer-Prev NC Public School diff LEA
_____**R5** Re-entry; Prev External W-1
_____**R6** Re-entry-Prev W-2
5 Grade level assignment: _____
6 Home Room: _____
7 Counselor: _____

8 Legal Last Name: _____
9 Legal First Name: _____
10 Legal Middle Name: _____
11 Nickname: _____
12 Date of Birth: _____
13 Soc Sec #: _____
14 Ethnic: WHITE ASIA BLACK
HISP MULT AMIN
15 Gender: _____ Male _____ Female
16 Home Phone #: _____
17 Student 911 Street/Road Address: include Apt #, Lot #

18 P.O. Box for mail (if needed) _____
19 City & Zip: _____

20 Student resides with (circle applicable):		Send Mail to: (circle)
Father	Mother	Miss
Stepfather	Stepmother	Ms.
Grandfather	Grandmother	Mr.
Uncle	Aunt	Mrs.
Husband	Wife	Rev.
Other	Guardian	Dr.

21 IF SEPARATED OR DIVORCED, CUSTODY PAPERS MUST BE SUPPLIED. Have you given a copy to school?:
_____ Yes _____ No

22 Name of Parent/ Guardian who is to receive school notices:

23 Will student ride bus? ☐ Yes ☐ No

FOR SCHOOL USE:

24 Bus # _____
25 Previous school: _____
26 Locker # _____
27 Cafeteria # _____

28 Place Check Mark for Parent Education Level:

	MOTHER	FATHER
Less than High School	☐	☐
Graduated from High School/Equiv	☐	☐
Trade/Bus School Graduate	☐	☐
Comm College/Tech/Jr. College	☐	☐
4-Year College Graduate	☐	☐
Graduate School Degree	☐	☐

EMERGENCY CONTACTS

Doctor/Clinic: _____ Phone: _____
Dentist/Ortho: _____ Phone: _____
Hospital Preference: _____
Does Child Have Medical Insurance?: _____ Yes _____ No

EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name: _____ Address: _____
Relationship to Student: _____

Daytime Phone Number: _____ Cell #: _____ Pager: _____
Ext. () Ext. () Ext. ()

Name: _____ Address: _____
Relationship to Student: _____

Daytime Phone Number: _____ Cell #: _____ Pager: _____
Ext. () Ext. () Ext. ()

DAY CARE INFORMATION

Name _____	Circle Specific Days at Day Care:	Check Appropriate Line:
Address _____	Mon Tues Wed Thurs Fri	_____ Before/After School
_____	Phone: _____	_____ Before School Only
Contact Person _____		_____ After School Only

PARENT/LEGAL GUARDIAN

Mother: _____	Father: _____
911 Address: _____	911 Address: _____
City: _____ Phone #: _____	City: _____ Phone #: _____
Cell Phone: _____ Pager #: _____	Cell Phone: _____ Pager #: _____
Employer: _____	Employer: _____
Work Phone: _____ Ext. _____	Work Phone: _____ Ext. _____
Work Hours: _____	Work Hours: _____

HOME LANGUAGE SURVEY (Req. NCAC 6D.106)

- 1 What is the first language this student learned to speak? _____
- 2 What language does this student speak most often? _____
- 3 What language is most often spoken in this student's home? _____
- 4 Besides languages studied in school, does this student speak any language other than English?
 _____ Yes _____ No If yes, list the language(s): _____
- 5 Was this student born outside the U.S.? _____ Yes _____ No If yes, where? _____
- 6 In which month and year was the student first enrolled in any U.S. school? _____

- A. Is this student enrolling from a home school? _____ Yes _____ No
 If yes, list the non-home school, last grade and dates attended. _____
- B. Does this student have any medical conditions about which the school should be aware? _____ Yes _____ No
 If yes, please provide school with additional information. _____
- C. Does student take any prescription medication during school day on a regular basis? _____ Yes _____ No
 Medical form on file in office? _____ Yes _____ No
- D. Is this student currently eligible for exceptional children's services? _____ Yes _____ No
- E. Is the parent applying for free/reduced lunch for this student? _____ Yes _____ No
- F. Is the parent applying for a fee waiver for this student? _____ Yes _____ No

LIST OTHER CHILDREN IN FAMILY

NAME	RELATIONSHIP TO CHILD	AGE	GRADE

TOTAL NUMBER IN FAMILY _____ (including parents)

In case of early dismissal due to weather conditions, please send my child home according to the following plan.

Person(s) who may pick your child up from school. (Notify school of any changes)

NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____

Person(s) who may **NOT** pick up your child due to custody papers on file.

NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____

PARENT'S SIGNATURE _____

DATE _____