Davidson County Schools

OFFICE USE ONLY	
	Student ID # _____
	Grade_____ Entry Date/Code _____
	Homeroom/Team _____
	School_____

Welcome to Davidson County Schools! The parent, guardian, or legal custodian must appear in person with this completed form and the following to enroll a student in school:

- •Identification
- •Certified Birth Certificate
- •Two Proofs of Residency
- •Immunization Records
- •Custody Order, *if relevant*

STUDENT INFORMATION

LEGAL LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH (MM/DD/YYYY)	GENDER ◯ MALE ◯ FEMALE	IS THIS STUDENT HISPANIC/LATINO? ◯ YES ◯ NO

RACE (CHECK ALL THAT APPLY)

◯ AMERICAN INDIAN/NATIVE ALASKAN ◯ ASIAN ◯ BLACK/AFRICAN AMERICAN ◯ NATIVE HAWAIIAN/PACIFIC ISLANDER ◯ WHITE

PRIMARY PHONE NUMBER ( )	LAST SCHOOL ATTENDED (NAME/LOCATION/PHONE NUMBER)

SPECIAL PROGRAMS (PLEASE CHECK IF YOUR CHILD HAS BEEN SERVED IN ANY OF THE FOLLOWOING PROGRAMS)

◯ EXCEPTIONAL CHILDREN-IEP ◯ SECTION 504 ◯ AIG/GIFTED ◯ ESL ◯ TITLE I READING ◯ OTHER (PLEASE SPECIFY)

FAMILY'S DOMICILE ADDRESS		FAMILY'S MAILING ADDRESS (IF DIFFERENT)	
STREET	APT/SUITE#	STREET	APT/SUITE#
CITY	STATE/ZIP	CITY	STATE/ZIP

PROOF OF RESIDENCY (TWO REQUIRED)	DATE VERIFIED WITH TRANSPORTATION/INTIALS
◯ UTILITY STATEMENT ◯ MORTGAGE STATEMENT ◯ VEHICLE REGISTRATION ◯ LEASE/RENTAL AGREEMENT/DEED ◯ DC PROPERTY TAX ◯ OTHER	

PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN INFORMATION
FULL NAME	FULL NAME
RELATIONSHIP TO STUDENT ◯ MOTHER ◯ FATHER ◯ GUARDIAN	RELATIONSHIP TO STUDENT ◯ MOTHER ◯ FATHER ◯ GUARDIAN
STUDENTS LIVES WITH ◯ YES ◯ NO	STUDENTS LIVES WITH ◯ YES ◯ NO
ADDRESS	ADDRESS
HOME PHONE ( )	HOME PHONE ( )
CELL PHONE ( )	CELL PHONE ( )
EMPLOYER/OCCUPATION	EMPLOYER/OCCUPATION
WORK PHONE ( )	WORK PHONE ( )
LANGUAGE OF PARENT	LANGUAGE OF PARENT
EMAIL ADDRESS	EMAIL ADDRESS
STEPPARENT INFORMATION	**STEPPARENT INFORMATION**
FULL NAME	FULL NAME
CELL PHONE ( )	CELL PHONE ( )
WORK PHONE ( )	WORK PHONE ( )

Only a custodial parent or legal guardian can enroll a student in Davidson County Schools.

PARENTS MARITAL STATUS

◯ MARRIED ◯ SEPARATED
◯ DIVORCED ◯ WIDOWED
◯ SINGLE

IF SEPARATED/DIVORCED, HAS THE COURT ISSUED A CUSTODY ORDER?

◯ YES ◯ NO

IF SEPARATED/DIVORCED, WHO HAS *PRIMARY* CUSTODY?

◯ MOTHER ◯ FATHER
◯ JOINT

Unless otherwise determined by court order, both natural parents have equal rights to make educational decisions and to access educational records for their child. If COURT ORDERED CUSTODY paperwork exists, it must be provided to the school upon enrollment. ***Notarized statements regarding custody/guardianship are not acceptable for enrollment.***

Your future. Our focus.

EMERGENCY CONTACTS (OTHER THAN PARENTS-ANYONE NOT LISTED WILL BE UNABLE TO PICK CHILD UP FROM SCHOOL WITHOUT WRITTEN CONSENT FROM THE PARENT)

FULL NAME	RELATIONSHIP TO STUDENT	PRIMARY PHONE ( )	SECONDARY PHONE ( )
FULL NAME	RELATIONSHIP TO STUDENT	PRIMARY PHONE ( )	SECONDARY PHONE ( )
FULL NAME	RELATIONSHIP TO STUDENT	PRIMARY PHONE ( )	SECONDARY PHONE ( )
FULL NAME	RELATIONSHIP TO STUDENT	PRIMARY PHONE ( )	SECONDARY PHONE ( )

MEDICAL INFORMATION

PHYSICIAN NAME/PHONE NUMBER ( )	DENTIST NAME/PHONE NUMBER ( )	MEDICAL CONDITIONS/ALLERGIES (LIST)
HAS YOUR CHILD EXPERIENCED A HEAD INJURY WITHIN THE LAST YEAR? ◯ YES ◯ NO IF SO, WHEN?		LIFE THREATENING ◯ YES ◯ NO

DOES YOUR CHILD REQUIRE ANY OF THE FOLLOWING SELF CARRY MEDICATION? ◯ EPIPEN ◯ INHALER ◯ OTHER (PLEASE SPECIFY)

HOME LANGUAGE SURVEY

If the answer to any of these questions reveals that a student/family speaks a language other than English, the student must take an English language assessment in order to determine if academic support will be provided for acquisition of English language skills. Parents may waive ESL pull out services. Do not include foreign languages studied in school or solely learned through media (TV, tape, CDs, toys).

Date of entry into US public schools?	What is the first language this student learned to speak?	What language is most often spoken in the home?
Country of Birth?	What language does the student use most often?	Please list any language(s) other than English your student speaks **on a regular basis**.

SAFE SCHOOLS DECLARATION *(Please do not sign until directed to do so by a Notary Public.)*

NC General Statute 115C-366 (a4) requires that parents, guardians, and legal custodians of all students who transfer into a NC public school provide a statement as to whether the child is under suspension of 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.

SUSPENSIONS AND EXPULSIONS

◯ My child **IS NOT** currently suspended or expelled nor has a pending suspension or expulsion from any school.
◯ My child **IS** currently under a short-term (less than 10 days) suspension.
School _____ Offense _____
◯ My child **IS** currently under a long-term (more than 10 days) suspension.
School _____ Offense _____

FELONY CONVICTIONS

◯ My child **HAS NOT** been convicted of a felony in this or any other state.
◯ My child **HAS** been convicted of the following felony/felonies.
Charge(s) convicted of _____ City/State _____ Date of conviction _____

PARENT/GUARDIAN/ LEGAL CUSTODIAN ATTESTATION

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

To be completed by Notary Public:
Dated this _____ day of _____, 20_____, _____personally appeared before me, is personally known by me or has proved their identity by providing adequate documentation to me, and in my presence signed the Safe Schools Declaration above. This person made an oath or affirmed to me that the information given is true.
Witness my hand and official seal this _____ day of _____, 20_____.
Notary Public _____ My commission expires _____

CERTIFICATION STATEMENT

I, _____ (Printed name) certify that all information provided is true and accurate.

Signed _____ Date _____