WELCOME TO PAMLICO COUNTY SCHOOLS

New Student Information Check-Off List

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

- The school name, school address, telephone number, and fax number of previous school
- Student Birth Certificate
- Parent/Guardian's Driver's License
- Transferring student Affidavit for Admissions (to be signed and notarized in the school office).
- A report card from previous school, if available
- If a student is living with a guardian, legal documentation must be presented
- Proof of Address (example: water bill, light bill, etc.)
- Custody documents such as court orders between biological parents or foster care documentation (if applicable)
- Updated Immunization Record
- 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 enrollment forms:
    1. Student Enrollment Form
    2. Request for Records (Release of Information)
    3. Internet Student Contract
    4. FERPA Form
    5. Military Connected Form
    6. Student Media Opt-Out Form
    7. Residency Questionnaire
    8. Required Health Assessment Transmittal Form
    9. Required Updated Immunization Record
    10. Home Language Survey Form
    11. Notification of Services Support
    12. NC Occupational Survey
    13. Transportation Form
    14. AFFIDAVIT FOR ADMISSIONS (to be signed and notarized in the school office)

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

_____ _____

Parent/Guardian's Signature Date

Revised 04/2023/trs

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?** **Is this a Foster Child?**	☐ Yes ☐ Yes ☐ Yes	☐ No ☐ 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 _____.

RELEASE OF INFORMATION

Pamlico County Primary School

Savannah Alexander, Principal Jacklyn Denney, Assistant Principal
323 Neals Creek Rd, Bayboro, NC 28515
252-745-3404 Fax 252-745-3118

To: _____ (previous school)
_____
_____ Fax # _____
_____

Please send the cumulative records, including health records/assessment, transcript of grades and attendance records, psychologicals/confidentials and any other pertinent school data of the student(s) listed below:

Name:_____ DOB _____ Grade _____

(If applicable) Please send all EC Student Records to Nancy Ross @ Fax 252-745-4172
Please send all other cumulative records requested to the attention of Ashley Perry @ Fax 252-745-3118 or email ashleyperry@pamlicoschools.org

Thank you,
Ashley N. Perry, Data Manager

I hereby authorize the release of the above records and information to Pamlico County Primary School.

_____ _____
Signature of Parent/Guardian Date

The information contained in this facsimile message is confidential and intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at 252-745-4611. Thank You!

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 2023-2024

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

Please provide an answer to the following required question. If this form is not returned, students will not be removed from sharing directory information.

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

Student Name: _____

School: _____ Grade: _____

☐ 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)**

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 04/2023/trs

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:_____

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

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:

Pamlico County Primary School

323 Neal's Creek Rd
Bayboro, North Carolina 28515
Phone: (252)745-3404
Fax: (252)745-3118

Letter to Parent Regarding the Required NC Health Assessment/Immunizations

Dear Parent(s):

The state of North Carolina requires that all public schools verify that every student has completed the required health assessment and received the required immunizations; this assures the students' health and safety along with the community's. Each parent/legal guardian is responsible for ensuring that their child has these required documents, before entering school.

Every pre-kindergartener, kindergartener, and new-entry student must submit a completed "North Carolina Health Assessment Transmittal Form", within 30 calendar days of the first day of school. A student who fails to meet this requirement will not be permitted to attend school until the health assessment form has been presented. Though this assessment is a requirement, it is also very beneficial to your child's health and well-being. The health assessment provides us with information regarding your child's medical status/history which will help us to better serve them and their needs while they are at school. North Carolina law requires all public school systems to have this documentation on file for each and every student. Therefore, there will be no exceptions for this deadline.

In addition to the required health assessment, you must also make sure that your child's immunization record is complete and up-to-date. Each and every student must have their immunization record complete and up-to-date within 30 calendar days of the first day of school. A student who fails to meet this requirement will not be permitted to attend school until the immunization records have been presented. North Carolina law requires all public school systems to have this documentation on file for each and every student. Therefore, there will be no exceptions for this deadline, other than for medical and/or religious reasons. For more information regarding immunizations, you can contact your child's doctor and/or visit the North Carolina Health and Human Services website at http://www.immunize.nc.gov/schools/k-12.htm.

If you have any questions or concerns regarding the required health assessment and/or the required immunizations, please contact Allison Ormond at 252-745-3404.

Thank you for your cooperation,

Allison Ormond, RN

Allison Ormond, RN, MSN, NCSN
PCPS School Nurse

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?	

Pamlico County Schools
Savannah Alexander, Principal Jacklyn Denney, Assistant Principal
323 Neals Creek Rd, Bayboro, NC 28515
252-745-3404 Fax 252-745-3118

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)
__ 504 Plan
__ LEP (Limited English Proficiency)
__ Medical (Health Plan)
__ Foster Care Placement
__ Other _____

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

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

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