

Pamlico County Primary School Enrollment Check list

☐	ENROLLMENT PACKET
☐	BIRTH CERTIFICATE
☐	PROOF OF RESIDENCY (Light Bill, Water Bill, or Rental Agreement)
☐	PARENT'S ID
☐	CUSTODY DOCUMENTS (IF APPLICABLE)
☐	IMMUNIZATION RECORDS
☐	30 DAY ASSESSMENT
☐	PROOF OF INCOME (PRE-K ONLY)
☐	AFFIDAVIT - MUST BE NOTORIZED
☐	PARENT/STUDENT FINISH SIGNING

Received by: _____

Notes:

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



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	
	Country of Birth (if other than US)			Grade Level for Enrollment Year			
				Home Phone			
				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			
City			State	Zip Code	Last School's City, State, Zip		
				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?		☐ Yes	☐ No
				Documents Provided?		☐ Yes	☐ No
				Is this a Foster Child?		☐ Yes	☐ 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			
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				
	Please provide any information you feel would benefit the school in the education and care of your child.			
Additional Information				

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 _____.

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 be 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/his 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."



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

North Carolina Home Language Survey

North Carolina is committed to embracing families from diverse linguistic backgrounds. Being multilingual is a significant advantage that enriches the community and enhances educational opportunities. This Home Language Survey (HLS) fulfills the obligations of school districts to make programs, services, and activities accessible for all students, as required by state and federal law.* This form is confidential and will not be shared outside the North Carolina public school system.

Student Information

Name: _____

Date of Birth: _____ Grade: _____

1. What is the primary language used in the home, regardless of the language spoken by the student? _____
2. What is the language that the student first learned to speak? _____
3. What is the language most often spoken by the student? _____
4. Has your student ever attended any schooling (Kindergarten through 12th grade) in the United States? _____ Yes _____ No If yes, how many years? _____

This information will be reviewed by designated staff to determine if an English language proficiency screening should be administered.

For Office Use Only:

If more than one language is indicated on the HLS, designated staff should complete a parent, family, or caregiver interview and review available documents that provide evidence of language background or previous identification as an English Learner (EL).

If a student transfers schools or PSUs within North Carolina and completes an additional HLS at the time of registration, the answers submitted on the first HLS will prevail for purposes of EL status.

Was a parent interview completed? Yes _____ No _____

Completed by: _____ Date: _____

Based on the information collected and reviewed, it is determined that this student:
_____ will be screened _____ will not be screened

Designated EL Staff: _____ Date: _____
(Please Print)

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:

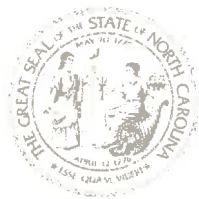
My student _____ has been receiving services in a special program.

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: _____



NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION

Maurice "Mo" Green, Superintendent of Public Instruction

www.dpi.nc.gov



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 school district? Month _____ Year _____					
4. Parent(s) Name(s) _____					
5. What is your current address? Address _____ City _____ State _____ Zip Code _____					
6. Phone Number(s): _____					

OFFICE OF FEDERAL PROGRAMS

Alex Charles, Senior Director, Office of Federal Programs | alex.charles@dpi.nc.gov
6307 Mail Service Center, Raleigh, North Carolina 27699 | (984) 236-2786



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



Pamlico County Schools

School Year 2026-2027



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 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 or 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 Policies 5450-5452 are followed.

Parent Signature _____ Date _____



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.

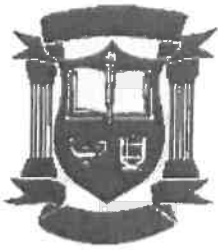
Student Name: _____

School: _____

Parent Name: _____

Parent Signature:

Date: _____



Pamlico County 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, MSN, NCSN
PCPS School Nurse



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 SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016rev

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:



Public Health
HEALTH AND HUMAN SERVICES



RELEASE OF INFORMATION



Pamlico County Primary School

Savannah Alexander, Principal

Jaclyn Denney, Assistant Principal

323 Neals Creek Road, Bayboro, North Carolina 28515

Phone 252-745-3404

Fax 252-745-3118

TO: _____ (previous school)

FAX# _____

Please send the cumulative records, including health records/assessment, transcript of grades, attendance records, psychologicals/confidentials and other pertinent school data of the student 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 names 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 252-745-3404. Thank you!



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