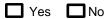
For S	chool
Use	Only

r School	Student	ID		
se Only	Teacher		Grade	

	0.000
Please Print School	
Last Name	Has student ever attended a
First Name	North Carolina public school?
Middle Name	
Nickname	
Date of Birth (Please submit b	irth certificate, passport, or other valid proof of date of birth.)
Home Phone	
Male □ Female □	Race Choices
Ethnicity Non-Hispanic □ Hispanic □	White □ Black □
Driver's License #	American Indian □ Asian □
Country of Birth	—— Hawaiian/Pacific Islander □
City of Birth	•
State of Birth	
911 Address	
РО Вох	
Street Name	
City	
State	Zip Code
Mailing Address	Same as 911 Address
PO Box	
Street Name	
City	
State	Zip Code
Internet Access Information	

May have internet access





Challenging young minds to soar.

Student Information and Consent Student Health Information (Insert)

#1 Parent/Guardian Information	#2 Parent/Guardian Information		
Name	Name		
Relationship	Relationship		
Date of Birth	Date of Birth		
Home Phone	Home Phone		
Custody □ Yes □ No	Custody □ Yes □ No		
Living with Student □ Yes □ No	Living with Student □ Yes □ No		
Same address as student □ Yes □ No	Same address as student □ Yes □ No		
Other	Other		
Address	Address		
Place of Employment	Place of Employment		
Business Phone	Business Phone		
Cellular Phone	Cellular Phone		
Speaks English □ Yes □ No	Speaks English □ Yes □ No		
Language at home	Language at home		
E-mail	E-mail		
Copy of Correspondence □ Yes □ No	Copy of Correspondence □ Yes □ No		
Willing to Volunteer □ Yes □ No	Willing to Volunteer ☐ Yes ☐ No		
Migrant Worker □ Yes □ No	Migrant Worker □ Yes □ No		
Educational Level	Educational Level		
#3 Parent/Guardian Information	#4 Parent/Guardian Information		
Name	Name		
Relationship	Relationship		
Date of Birth	Date of Birth		
Home Phone	Home Phone		
Custody □ Yes □ No	Custody □ Yes □ No		
Living with Student Yes No	Living with Student Yes No		
Same address as student □ Yes □ No	Same address as student □ Yes □ No		
Other	Other		
Address	Address		
Place of Employment Place of Employment			
Business Phone	Business Phone		
Cellular Phone	Cellular Phone		
Speaks English □ Yes □ No	Speaks English □ Yes □ No		
Language at home	Language at home		
E-mail	E-mail		
Copy of Correspondence □ Yes □ No	Copy of Correspondence □ Yes □ No		
Willing to Volunteer □ Yes □ No	Willing to Volunteer ☐ Yes ☐ No		
Migrant Worker □ Yes □ No	Migrant Worker □ Yes □ No		
Educational Level	Educational Level		

□ Yes

□ No

Emergency Contact Information (Other Than Parents/Guardians)				
Number 1	Number 2			
Name	Name			
Relationship	Relationship			
Place of Employment	Place of Employment			
Home Phone	Home Phone			
Business Phone	Business Phone			
Cellular Phone	Cellular Phone			
Speaks English 🗆 Yes 🗆 No	Speaks English □ Yes □ No			
Has permission to Pick up Student □ Yes □ No	Has permission to Pick up Student □ Yes □ No			
Name Relationship Place of Employment Home Phone Business Phone Cellular Phone Speaks English □ Yes □ No Has permission to Pick up Student □ Yes □ No	Name Relationship Place of Employment Home Phone Business Phone Cellular Phone Speaks English □ Yes □ No Has permission to Pick up Student □ Yes □ No			
Transportat	ion Information			
Transportation To School Bus Refer to Bus Rider Information Form in August Car Car Transportation From School Bus Refer to Bus Rider Information Form in August Car Car Car Car	Instructions for Emergency School Closing			
Previous School				
Name				
Address				
City	State Zip			
Phone				
Has your child received services in a program for Exceptiona	al Children in the previous or current school year?			

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I/We do further authorize any physician or hospital to render medical care and treatment that may be needed to care for my child without our specific permission or authorization.

Parent and/or Guardian: If there are any specific considerations that should be taken into account before rendering medical care or treatment, please complete a statement of explanation.				
Physician				Phone
Address				
Home Phone	Mother		Father	
Work Phone	Mother		Father	
Cell Phone	Mother		Father	
Directions to h	ome from school	l (may insert computer generated	l map)	
Parent and/or 0	Guardian Signatu	ire /		