

For School
Use Only

Student ID

Teacher

Grade

Please Print

School	
Last Name	Has student ever attended a North Carolina public school? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	
Middle Name	
Nickname	
Date of Birth (Please submit birth certificate, passport, or other valid proof of date of birth.)	
Home Phone	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Race Choices
Ethnicity Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/>	White <input type="checkbox"/> Black <input type="checkbox"/>
Driver's License #	American Indian <input type="checkbox"/> Asian <input type="checkbox"/>
Country of Birth	Hawaiian/Pacific Islander <input type="checkbox"/>
City of Birth	
State of Birth	

911 Address

PO Box	
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 ☐ Yes ☐ No



Student Information and Consent
Student Health Information (Insert)

#1 Parent/Guardian Information	
Name	
Relationship	
Date of Birth	
Home Phone	
Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Address	
Place of Employment	
Business Phone	
Cellular Phone	
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language at home	
E-mail	
Copy of Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Level	

#2 Parent/Guardian Information	
Name	
Relationship	
Date of Birth	
Home Phone	
Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Address	
Place of Employment	
Business Phone	
Cellular Phone	
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language at home	
E-mail	
Copy of Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Level	

#3 Parent/Guardian Information	
Name	
Relationship	
Date of Birth	
Home Phone	
Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Address	
Place of Employment	
Business Phone	
Cellular Phone	
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language at home	
E-mail	
Copy of Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Level	

#4 Parent/Guardian Information	
Name	
Relationship	
Date of Birth	
Home Phone	
Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Address	
Place of Employment	
Business Phone	
Cellular Phone	
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language at home	
E-mail	
Copy of Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Level	

Please Print

First contact attempt will be taken from the "Parent Information" section

Emergency Contact Information (Other Than Parents/Guardians)

Number 1

Name			
Relationship			
Place of Employment			
Home Phone			
Business Phone			
Cellular Phone			
Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has permission to Pick up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

Number 2

Name			
Relationship			
Place of Employment			
Home Phone			
Business Phone			
Cellular Phone			
Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has permission to Pick up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

Number 3

Name			
Relationship			
Place of Employment			
Home Phone			
Business Phone			
Cellular Phone			
Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has permission to Pick up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

Number 4

Name			
Relationship			
Place of Employment			
Home Phone			
Business Phone			
Cellular Phone			
Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has permission to Pick up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

Transportation Information

Transportation **To** School

Bus ☐ *Refer to Bus Rider Information Form in August*

Car ☐

Transportation **From** School

Bus ☐ *Refer to Bus Rider Information Form in August*

Car ☐

Instructions for Emergency School Closing

Previous School

Name

Address

City

State

Zip

Phone

Has your child received services in a program for Exceptional Children in the previous or current school year?

☐ Yes ☐ No

AUTHORIZATION

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

I/We give permission for school personnel to take my child home if necessary

☐

Directions to home from school *(may insert computer generated map)*

Parent and/or Guardian Signature /
