

Has student ever attended a North Carolina Public school? Yes \_\_\_ No \_\_\_ Previous School Name: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Phone# if possible \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Student Information**

Student's Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Name Middle Name Last Name  
 Primary Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Primary email: \_\_\_\_\_  
 Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Gender: Male \_\_\_ Female \_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_  
 Ethnicity: Must choose one: (Circle) Hispanic or Non-Hispanic  
 Race: Must choose one or more: (Circle) American Indian/Alaskan Asian Black Hawaiian/Pacific Islander White

Is there a custody issue with this child? yes \_\_\_ no \_\_. If yes, provide legal documentation.

**Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Lives with student? Yes No  
 Address (if different) \_\_\_\_\_ Speaks English? Yes No  
 Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Lives with student? Yes No  
 Address (if different) \_\_\_\_\_ Speaks English? Yes No  
 Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Special Needs:**

Was your child in a special education class for all or part of the school day? -----Yes \_\_\_ No \_\_\_  
 Does your child have a current IEP? -----Yes \_\_\_ No \_\_\_  
 Does your child have a current 504 plan? -----Yes \_\_\_ No \_\_\_  
 Does your child have a current gifted plan? -----Yes \_\_\_ No \_\_\_  
 Does your child participate in English as a Second Language? -----Yes \_\_\_ No \_\_\_

Other Children in the Home

Name	Gender	Birth Date	Relationship (Sister/Brother, Etc)	STUDENT ID

**Transportation:** Bus Run # \_\_\_\_\_ Bus Stop # \_\_\_\_\_  
 AM Transportation \_\_\_\_\_ AM Bus # \_\_\_\_\_ PM Transportation \_\_\_\_\_ PM Bus # \_\_\_\_\_  
 Daycare Name \_\_\_\_\_ Carpool AM \_\_\_ PM \_\_\_

For office use only

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 Student # \_\_\_\_\_ Admit Date: \_\_\_\_\_ Entry Code: \_\_\_\_\_ Registration Date: \_\_\_\_\_  
 School Name: \_\_\_\_\_ School Year: \_\_\_\_\_ HR Te: \_\_\_\_\_ Te Code: \_\_\_\_\_  
 Invalid Address Reason: (Circle) Homeless Out of LEA Parent Working at School Self-Contained EC  
 (Student living out of district) (revised 2/2018) Page 1 of 2

**Emergency Contact/Permission to Pick Up Information**

If parents can not be reached, who do you want to be contacted?

**First Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Pager# \_\_\_\_\_

**Second Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Pager# \_\_\_\_\_

**Federally Connected:**

Does parent/guardian work for any federally connected service? ----- Yes \_\_\_ No \_\_\_

Does a parent/guardian work on a military base? ----- Yes \_\_\_ No \_\_\_

Does a parent /guardian serve in an uniformed service? ----- Yes \_\_\_ No \_\_\_

\*\*If yes, check one: Air Force \_\_\_ Army \_\_\_ Marines \_\_\_ Navy \_\_\_

**Medical**

Does your child have any of the following medical conditions? (Please circle all that apply)

**Asthma / Diabetes / Seizures / High Blood Pressure / Hemophilia / Shunt / Nosebleeds / ADD/ADHD**

Allergic to: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Will this student need to take medications at school for any reason? Yes \_\_\_ No \_\_\_

If yes, what is the name of the medication? \_\_\_\_\_

This medication is taken for what condition? \_\_\_\_\_

*Please note that no medication can be given or taken at school without a "Request for Medication Administration at School" form completed and signed by the child's parent/guardian and physician. Please do not send medication to school with your child.*

I give permission for the release and / or transfer of any information, regarding the above listed medical condition my child has, between agents of Harnett County Schools and the treating physician and/or hospital. In the event of a medical emergency, for which I or the emergency contacts cannot be reached, I hereby authorize school personnel to seek medical attention for my child and, if necessary, provide transportation to a health care facility for evaluation. I will assume responsibility for all cost arising from transportation, emergency care and treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I affirm or attest that this student is not, at this time, under suspension or expulsion from attendance at a private or public school in this or any other state, nor has this student been convicted of a felony in this or any other state. If this statement can not be signed, please provide a separate statement with information pertaining to reason it cannot be signed. (G.S 115C-366)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_