

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: _____ - _____ - _____

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

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)

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:** _____