



411 Edenton Road Street

Hertford, North Carolina

Phone: 252-426-5741

STUDENT ENROLLMENT & REGISTRATION FORM

Dear Parent/Guardian,

Welcome to Perquimans County Schools. In order to enroll your child in our school system, you will need to complete the attached enrollment packet and provide the following required documentation.

- Student Enrollment Form
- Current Immunization Record
- Proof of date of birth and legal name
- Proof of Residence
- Parent/Guardian Photo Identification
- All children entering NC Public School for the first time must submit proof of a Health Assessment within 30 days of the start of school.

If you should need any help with this process, please contact the Central Office at 252-426-5741.

Perquimans County Schools
STUDENT ENROLLMENT & REGISTRATION FORM

School: _____

Date: _____

1. STUDENT/FAMILY INFORMATION:

Student Full (LEGAL) Name: _____ Prefers to be called: _____
(Last) (First) (Middle)

Birth Date: _____ Age: _____ Sex: _____ SSN(*optional*): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Grade: _____ Enrollment Date: _____ Driver's License # (HS only): _____

Racial Designation: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White or Caucasian

Ethnic Designation: Hispanic Not Hispanic

Physical Address: _____
House/Apt Number Street City/Town Zip Code

Mailing Address (*If different from Physical Address*): _____
PO Box Number City/Town Zip Code

Names of Parent(s) or Legal Guardian(s) student lives with: (*Please circle and list name, home/cell phone #, email address*)

Mother Guardian: _____ Phone Number: _____

Father Other: _____ Phone Number: _____

Employed by: _____ Work Phone: _____

Names of Sibling(s) in the home	Age	School Attending	Grade	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. TRANSPORTATION INFORMATION:

AM Mode of Transportation: _____ School Bus _____ Private Car _____ Foot/Bicycle

If School Bus, indicate Physical Address of AM Stop: _____

PM Mode of Transportation: _____ School Bus _____ Private Car _____ Foot/Bicycle

If School Bus, indicate Physical Address of PM Stop: _____

As parent/guardian, I give my permission for this student to be picked up at school by the following designated adults, relatives, or older siblings:

Name: _____ Relationship: _____ Home/Cell Phone: _____

Name: _____ Relationship: _____ Home/Cell Phone: _____

Name: _____ Relationship: _____ Home/Cell Phone: _____

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3. PREVIOUS SCHOOL ENROLLMENT:

School Last Attended: _____ Phone: _____

School Address: _____
Number Street City/Town State Zip Code

School Fax: _____ Withdrawal Date: _____ Grade: _____

Reason for Withdrawal: _____

Check ALL THAT APPLY to this student:

- | | | |
|--|--|---|
| <input type="checkbox"/> Served with IEP | <input type="checkbox"/> Identified AIG (Academically & Intellectually Gifted) | <input type="checkbox"/> Served with 504 Plan |
| <input type="checkbox"/> Non English Speaking | <input type="checkbox"/> Served by English as a Second Language | <input type="checkbox"/> Retention |
| <input type="checkbox"/> Remedial Reading/Math Class | <input type="checkbox"/> Missed more than 10 days of school last year | <input type="checkbox"/> Homeless |
| | <input type="checkbox"/> Under Suspension or Expulsion | <input type="checkbox"/> Medication |

Other: _____

4. HOME LANGUAGE SURVEY:

Federal and state policies require schools to determine the language(s) spoken at home by each student. If the answer to any questions below is a language other than English, your child may be assessed on the WIDA ACCESS Placement Test (W-APT) to determine English language proficiency. Based on the results, your child may be identified as Limited English Proficient (LEP) and qualify for English Learner (EL) services.

Date your child first attended K-12 school in the U.S. (do not include Pre-K) _____

What language does your son/daughter most frequently use to communicate? _____

What language did your son/daughter learn when he/she first began to talk? _____

What language do you most frequently speak to your son/daughter? _____

Do you need an interpreter for school meetings involving your child's education? _____

Yes No If yes, in which language? _____

5. PHOTO/PUBLICITY RELEASE WAIVER

Perquimans County Schools shares and distributes student academic awards and extracurricular activities in a variety of formats including local media, print, photographs, video recordings, social media, flyers and web pages. Parents who wish to opt out of this Photo/Publicity Release Waiver for their student should submit a letter to the school principal or attach the letter to this form.

6. TECHNOLOGY RESPONSIBLE USE AGREEMENT

I accept full responsibility for my child's compliance with Perquimans County Schools' Technology Responsible Use Policies (Board Policies 3225, 4312, 7320) and give permission for my child to participate in web-based teaching and learning activities. I release the school district and its personnel from any liability resulting from participation in these activities. I grant this permission and release for these activities indefinitely, or until revoked by me in writing to the school principal.

7. CODE OF CONDUCT AND PARENT/STUDENT HANDBOOK AGREEMENT

This is to verify that I will read, understand and will comply with the Board of Education Policy and local guidelines for Perquimans County Schools as outlined in the Parent/Student Handbook.

8. RELEASE OF INFORMATION AGREEMENT

I grant permission for release of directory information as described in the Parental Involvement section of the Board of Education Policies (1310, 4002).

For further information regarding parent/student school handbooks and the Board of Education Policies for Perquimans County Schools, please visit the school district website at www.pqschools.org.

Student Name (Print): _____ Grade Level: _____

Parent or Legal Guardian's Name (Print): _____

Parent or Legal Guardian's Signature: _____

9. MEDICAL LIABILITY RELEASE

If a student becomes ill or is injured, Perquimans County School personnel will contact parents/emergency contacts. In case of an emergency, EMS will also be contacted.

Parent/Guardian Signature: _____

Date: _____

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EMERGENCY CONTACT AND HEALTH INFORMATION

Student's Name: _____ DOB: _____ Male or Female
(circle one)

Physical Address: _____ Teacher: _____

Mother/Guardian Name: Home Phone: Cell Phone: Employer's Name: Employer's Address: Employer's Phone: <i>Home Phone:</i> <i>Cell Phone:</i>	Father/Guardian Name: Home Phone: Cell Phone: Employer's Name: Employer's Address: Employer's Phone: <i>Home Phone:</i> <i>Cell Phone:</i>
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- 1) Name: _____ Relationship: _____ Home Phone: _____
 Address: _____ Cell Phone: _____ Work Phone: _____
- 2) Name: _____ Relationship: _____ Home Phone: _____
 Address: _____ Cell Phone: _____ Work Phone: _____
- 3) Name: _____ Relationship: _____ Home Phone: _____
 Address: _____ Cell Phone: _____ Work Phone: _____

In the event none of the above numbers work or no one can be contacted, school administration will make the final attempt to get in touch with a parent/emergency contact through the following services:

- 4) Perquimans County Sheriff's Department 5) Perquimans County Social Services

Check health concerns for which your child has seen a doctor in the last two years. Please explain below or on an attached sheet.

<ul style="list-style-type: none"> <input type="radio"/> Asthma <input type="radio"/> Seizures/Epilepsy <input type="radio"/> Diabetes <input type="radio"/> Sickle Cell <input type="radio"/> Heart Problems <input type="radio"/> Dizziness/Fainting <input type="radio"/> Hemophilia <input type="radio"/> Kidney Disease <input type="radio"/> Emotional Problems <input type="radio"/> Bone or Joint Condition 	<ul style="list-style-type: none"> <input type="radio"/> Problem with immune system (ex: on steroids or chemotherapy) <input type="radio"/> Muscle or nerve disorder <input type="radio"/> Genetic disorders <input type="radio"/> Severe Allergy and Details/Treatment (ex: insect bites, food, medicines): _____ <input type="radio"/> If your child has had a head injury/concussion in the past year, provide details: _____ <input type="radio"/> Other health concerns that are not already listed: _____
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Do you authorize the school to call your child's doctor in case of an emergency? yes no
Doctor's Name: _____ **Phone number:** _____ **Hospital Preference:** Chowan Albemarle

If your child takes medications on a daily basis, please list medications and times of administration: _____

If medication is to be given during school hours a Perquimans County Request for Medication Administration is School form must be completed by the prescribing Doctor.

Parent/Legal Guardian's Signature: _____ Date: _____

10. SUSPENSIONS AND EXPULSIONS

Please check the appropriate box as it relates to the student named above.

- IS NOT** currently suspended or expelled from any school and does not have a pending suspension or expulsion
- Has been recommended for long term (more than 10 days) suspension or expulsion from _____ (school).

Explain offense and pending discipline.

- Has been long-term suspended or expelled from _____ (school).

Explain offense and pending discipline.

Address of Previous School: _____

Previous School Telephone: _____

11. FELONY CONVICTIONS:

Please check the appropriate box as it relates to the student names above.

- HAS NOT** been convicted of a felony in this or any other state.
- Has been convicted of a felony.

Convicted of: _____

In (City & State): _____

Date of Conviction: _____

Description of offense: _____

Probation Officer: _____ Phone: _____

Court Counselor: _____ Phone: _____

Military—Connected Students Reporting Form

Dear Parent or Guardian,

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 requires the North Carolina State Board of Education and the North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career.

Please complete the following information:

Student Name: _____ **School:** _____ **Date:** _____

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 Federal Civil Service Employee?

_____ Yes _____ No

“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.

If No, you **do not** need to continue. Please **sign** here _____.

If Yes, please complete the information for each family member. **Example and Options**

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade (optional)</i>	<i>Military Installation (optional)</i>
Father	Army	Active Duty	E-4	Fort Bragg

Branches: Air Force, Army, Coast Guard, Marine Corps, or Navy.

Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, or Federal Civil Service Employee.

Installation: Facility where the service member fulfills their role in the military (*optional*).

Grade: Enlisted (E-1 through E-9), Officer (O-1 through O-10), Warrant Officer (W-1 through W-5) (*optional*).

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade (optional)</i>	<i>Military Installation (optional)</i>

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**PERQUIMANS COUNTY SCHOOLS
RELEASE OF RECORDS CONSENT**

Student: _____ DOB: _____

Parents: _____ Telephone: _____

Previous School Name: _____ Address: _____

I hereby authorize the Perquimans County Schools to obtain/release the following school records:

- Transcript of all previous grades
- Attendance records
- Immunization records
- An explanation of your grading and credit system
- Any additional information and/or recommendations which would assist us in scheduling this student
- Grades for current grading period
- Standardized test scores
- Disciplinary records
- Medical records/evaluations
- Confidential records for proper placement of students, including results for exceptional children; IEP; 504 Plan; etc.

Date Requested: _____

These records should be sent to:

Janet Chaulk, District Data Manager
Perquimans County Schools
Fax: 252-426-4913
Electronic Submission: janetchaulk@pqschools.org

Signature: _____

Relationship/Title: _____ Date: _____

NOTE: Parental permission is no longer required when authorized school personnel request records for educational purposes. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673: prior consent for disclosure is not required if the disclosure is to officials of another school or school system in which the student seeks or intends to enroll).