

PQ Schools

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.

___ ID Verification (Adult)	The parent/guardian registering the student must have their identification verification (driver's license, military id, or other acceptable photo id).
___ Proof of Residency	Current lease/rental agreement, mortgage agreement, or utility bill (electricity or water).
___ Birth Certificate	State law requires schools to have proof of a child's identity and age on file.
___ Proof of Guardianship	Proof of guardianship is awarded through the courts. Power-of-attorney from a lawyer or a notary does not constitute legal guardianship.
___ Immunization Record	Immunizations must be up-to-date. The child's clinical immunization record is required.
___ Student Health Assessment	A complete health assessment is required for all students that are new to the state of North Carolina or will be starting Kindergarten. This form must be completed by a physician 30 days from the first day that your child starts school.

Required if Necessary:

___ Verification of Address	If your family is residing with another family within the Perquimans County School district please speak with your child's school for further information.
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Perquimans County Schools
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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? _____

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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:		Father/Guardian Name:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Employer's Name:		Employer's Name:	
Employer's Address:		Employer's Address:	
Employer's Phone:		Employer's Phone:	
<i>Home Phone:</i>	<i>Cell Phone:</i>	<i>Home Phone:</i>	<i>Cell Phone:</i>

- 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.

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10. SUSPENSIONS AND EXPULSIONS

Student's Name: _____ DOB: _____ Grade: _____

- 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: _____

PARENT OR LEGAL GUARDIAN AFFIDAVIT

I verify that the above information is true and accurate and I give consent for the Perquimans County Schools to share this document with the student's previous school and to obtain information or records from that institution to verify the information on this form. I understand that providing false information is a criminal act. If it is found that a person willfully and knowingly provided false information in this affidavit, they shall be guilty of a Class I misdemeanor and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment, not to include state funds. (G.S. 115C-366(a3))

Signature of Parent/Legal Guardian _____

TO BE COMPLETED BY A NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed by my hand and seal this _____ day of _____, 20____.

Signature of Notary _____ My Commission Expires _____

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
- Birth Certificate
- 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.
- AIG Information

Date Requested: _____

These records should be sent to:

PCS K-2
181 Winfall Blvd
Winfall, NC 27985
Phone: 252-426-5332
Fax: 252-426-5480

HGS 3-5
603 Dobbs St
Hertford, NC 27944
Phone: 252-426-7166
Fax: 252-426-7293

PCMS 6-8
312 W. Main St
Winfall, NC 27985
Phone: 252-426-7355
Fax: 252-426-1424

PCHS 9-12
305 Edenton Road St.
Hertford, NC 27944
Phone: 252-426-5778
Fax: 252-426-7614

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).

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McKinney-Vento Residency Form

Student Name: _____ **Birthdate:** _____ **Grade:** _____

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines “homeless” as “individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are temporarily sharing the housing of other persons due to the loss of housing or economic hardship.”

Student is not homeless; does not apply. If you checked this box, please sign, date and return form.

Please check one of the following statements if your family is experiencing temporary homelessness:

____ Living in a shelter, including transitional housing shelters; awaiting foster care, etc. Please provide name of shelter: _____ address: _____

____ Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, and housing not fit for habitation. Please provide information regarding area in which student is living:

____ Living in hotels/motels for lack of other suitable housing. Please list name and address of hotel/motel: _____

____ Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living: _____

Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address? _____

Are you seeking permanent housing? _____

Date student moved to this address: _____

Is a parent living in the home with the student? _____

If no, with whom is student living? _____ Relationship: _____

I have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

Parent/Guardian Name

Signature

Date



Migrant Education Program
Occupational Survey

Date Received: _____ School: _____ Grade: _____

Student's Name: _____ D.O.B. _____ Gender _____ Ethnic group/
Race _____

Address: _____ Phone: _____ Alternate
Number(s): _____

Father's Name: _____ Mother's Name: _____

Sibling's Name: _____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____

The Migrant Education Program provides support and instructional services of children and families that have migrated to North Carolina within the last three (3) years.

1. **How long ago did you arrive to this country?** _____
2. **How long have you lived in Perquimans County?** _____
3. **Did you or someone in your family come in search of temporary or seasonal work in agriculture?**
YES _____ NO _____
4. **If yes, please indicate which family member performs temporary or seasonal work.**
Mother _____ Father _____
5. **What type of employment?**

_____ Farming	_____ Picking fruit or vegetables	_____ Plant nursery
_____ Ranching	_____ Cotton farming/ginning	_____ Poultry production
_____ Fencing	_____ Combining/harvesting grain	_____ Clearing land
_____ Dairying	_____ Driving tractors/machinery	_____ Picking pecans, etc.
_____ Fishing	_____ Tree growing or harvesting	_____ Bailing hay
	_____ Food processing in plants	_____ Other similar work
6. **Do you:** _____ Own _____ Rent _____ Other



Cuestionario Laboral
Programa Educacion Migrante

Fecha de recepcion Escuela Grado

Nombre del estudiante Fecha de nacimiento Sexo Grupo etnico/ Raza

Direccion Telefono Numero(s) Alterno

Nombre del padre Nombre de la madre

Nombre del hermano: Fecha de nacimiento
Fecha de nacimiento
Fecha de nacimiento
Fecha de nacimiento
Fecha de nacimiento

El Programa de Educacion Migrante ofrece apoyo y servicios de instruccion o f ninos y las familias que han migrado a Carolina del Norte en los ultimos tres (3) anos.

1. Cuanto tiempo llegaste a este pais?

2. Cuanto tiempo lleva viviendo en el condado de Perquimans?

3. Usted o alguien de su familia vino a buscar trabajo temporal o estacional en la agricultura?

SI NO

4. En caso afirmativo, indique que miembro de la familia realiza un trabajo temporal o estacional.

Madre Padre

5. Que tipo de empleo?

- Agricultura, Ganaderia, Cercado, Lacteos, Pesca, Recoleccion de frutas o verduras, Cultivo de algodn / desmotado, Combinar / cosechar grano, Conduccion de tractores / maquinaria, Cultivo o cosecha de arboles, Procesamiento de alimentos en plantas, Vivero de plantas, Produccion avicola, Limpiar tierra, Recogiendo nueces, etc., Heno de rescate, Otro trabajo similar

6. Usted: Propio Alquiler Otro