

RQ 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 another 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. Must be a certified copy not a hospital certificate.
___ 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
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: _____ Country of Birth: _____

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"/> Foster Care | <input type="checkbox"/> Under Suspension or Expulsion | <input type="checkbox"/> Medication |

Other: _____

4. HOME LANGUAGE SURVEY:

This home language survey fulfills the obligations of school districts to make programs, services, and activities accessible for ALL students. This form is confidential and will not be shared outside the NC public school system.

Has your student ever attended school in the US? If yes, how many years and in what state(s)?

What is the language most often spoken by the student?

What is the language that the student first learned to speak?

What is the primary language used in the home, regardless of the language spoken by the student?

If your student has attended another NC school, please share which district/charter school.

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.

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: _____

8. 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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9. 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: _____

10. 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>

Perquimans County Schools
STUDENT ENROLLMENT & REGISTRATION FORM

**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).

Perquimans County Schools
STUDENT ENROLLMENT & REGISTRATION FORM

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: _____

School-Aged AND Non School-Aged Children (0-5) - List ALL children in your family, please PRINT

Name	School	Grade	D.O.B.	Gender	Age

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

_____ **Parent/Guardian Name** **Signature** **Date**

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EMERGENCY CONTACT & HEALTH INFORMATION

Student's Name _____ **DOB** _____ **M or F** **Class** _____

Home Address _____ **Student's Phone** _____
Number/Street City

Mother's Name _____ Address _____ Phone: Home _____ Work _____ Cell _____ Email _____ Workplace _____ City _____	Father's Name _____ Address _____ Phone: Home _____ Work _____ Cell _____ Email _____ Workplace _____ City _____
Guardian/Relationship _____ Address _____ Phone: Home _____ Work _____ Cell _____ Email _____ Workplace _____ City _____	Guardian/Relationship _____ Address _____ Phone: Home _____ Work _____ Cell _____ Email _____ Workplace _____ City _____

⇒ NAME(S) WITH LEGAL CUSTODY OF STUDENT _____

Emergency Contacts/School Pick Up

1. **Name** _____ **Address** _____
Relationship _____ **Phone(s)** _____
2. **Name** _____ **Address** _____
Relationship _____ **Phone(s)** _____
3. **Name** _____ **Address** _____
Relationship _____ **Phone(s)** _____

More contacts may be provided on back of form. If no one can be reached, school administration will use Perquimans County Sheriff's Department or Perquimans County Social Services to reach parent/emergency contact.

Check health concerns for which your child has seen a doctor in the last 2 years. Please explain below or on attached sheet.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Problem with Immune System (ex: on steroids or chemotherapy)
<input type="checkbox"/> Seizures/Epilepsy	<input type="checkbox"/> Muscle or Nerve Disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Genetic Disorders
<input type="checkbox"/> Sickle Cell	<input type="checkbox"/> Severe Allergy & details/treatment (ex: insect bites/food/medication)
<input type="checkbox"/> Heart Problems	_____
<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/> Head Injury in the past year and details _____
<input type="checkbox"/> Hemophilia	_____
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Other health concerns not already listed _____
<input type="checkbox"/> Emotional Problems	_____
<input type="checkbox"/> Bone or Joint Condition	_____

Do you authorize the school to call your child's doctor in case of an emergency? Yes No

Dr.'s Name _____ **Phone Number** _____ **Hospital Preference** _____

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 in School form must be completed by the prescribing Doctor.*

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

**PERQUIMANS COUNTY SCHOOLS
FERPA OPT-OUT FORM**

Parents and guardians have the right to opt-out of sharing directory information. Schools use directory information to publish items such as yearbooks, honor roll, newsletters, and graduation announcements. This also includes information about opportunities for scholarship programs and colleges to be sent to you.

Directory information may include student's name, address, telephone number, date and place of birth, participation in officially recognized activities and sports. For additional information, refer to PCS Board Policy 4700: Student Records. A school may disclose directory information to third parties, for non-commercial use only. Schools will never sell information to third parties for commercial purposes. Directory information will only be used for official purposes and to colleges and universities if you so choose.

Federal law requires schools to release a secondary student's name, address, and phone number to military recruiters and institutions of higher education unless the student or his parents request in writing that such information be withheld. In addition, the Family Educational Rights and Privacy Act (FERPA) gives parents (or students if 18 years of age or older) the authority to prohibit schools from disclosing any or all directory information by providing notification in writing. More information about your FERPA right may be viewed at <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Please provide an answer to the following required question(s). If this form is not returned, students will not be removed from sharing directory information.

Question 1: Do you grant permission to allow directory information to be shared for non-commercial purposes?

- Yes. I give my permission for my student's directory information to be shared.
 No. I do not give my permission for my student's directory information to be shared.

****Please complete questions below if your student is in Grades 9-12**

Question 2: Do you grant permission for your student's contact information to be provided to the US Military for the sole purpose of informing students of potential career opportunities?

- Yes. I give my permission for my student's information to be shared with the US Military.
 No. I do not give my permission for my student's information to be shared with the US Military.

In order to inform you and your student about educational and scholarship opportunities, North Carolina public and private colleges may request from the Department of Public Instruction your student's contact information (name, home address, and home phone number).

Question 3: Do you grant permission to share information with NC public and/or private colleges?

- Yes. I give my permission for my student's information to be shared with colleges and universities.
 No. I do not give my permission for my student's information to be shared with colleges and universities.

Question 4: During the junior year of high school, students take the state-administered nationally-recognized college readiness assessment (currently the ACT). Do you grant permission to share your student's ACT scores with colleges and universities? The highest score available will be shared.

- Yes. I give my permission for my student's ACT scores to be shared.
 No. I do not give my permission for my student's ACT scores to be shared.

Student Name: _____ Grade: _____

Name of School: _____

Date: _____

Signature of Parent/Legal Guardian or Student if 18 or older

Perquimans County Schools
STUDENT ENROLLMENT & REGISTRATION FORM

**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. _____

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?**

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Farming | <input type="checkbox"/> Picking fruit or vegetables | <input type="checkbox"/> Plant nursery |
| <input type="checkbox"/> Ranching | <input type="checkbox"/> Cotton farming/ginning | <input type="checkbox"/> Poultry production |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Combining/harvesting grain | <input type="checkbox"/> Clearing land |
| <input type="checkbox"/> Dairying | <input type="checkbox"/> Driving tractors/machinery | <input type="checkbox"/> Picking pecans, etc. |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Tree growing or harvesting | <input type="checkbox"/> Baling hay |
| | <input type="checkbox"/> Food processing in plants | <input type="checkbox"/> Other similar work |

6. **Do you:** Own Rent Other