

Student Enrollment Form

(Please PRINT all information)

Student Number: Enrollment Date: Grade Level:B	us Number:
E1 init Enroll this year	<u>R3</u> Transfer from another LEA
E2 init Enroll from non-NC Sch	<u>R5</u> Re-enroll Previous W1
R2 Transfer within same LEA	<u>R6</u> Re-enroll Previous W2
For Offic	ce Use Only

Student's Legal Name:						
	Last		First			Middle
Home Street Address:						
Mailing Address: (if different)						
DateofBirth://	Gender: Ma	ale 🗆	Female 🗆 Contact	Phone Numbe	er:	
Ethnicity:(chooseone)Hispani	c□ Non-Hispa	anic 🗆	Race: (check all the	at apply)	White \Box	African-American \Box
Grade:			Hawaiian/Pacific Isla	nder 🗆 Asian	□ American	Indian or Alaska Native 🗆
Father/Guardian Name:				Father [Step-Father	□Guardian □
Address:				Home	Phone:	
Cell Phone:	En	nployer:		W	ork Phone:	
E-mail address:						_
Mother/Guardian Name:				Mother	☐ Step-Mothe	r \Box Guardian \Box
Address:				Home	Phone:	
Cell Phone:	En	Employer:Work Phone:		_		
E-mail address:						
Ifparentsareseparated or divorc	ed,whohasprimary custo	dy?				
How was custody awarded?*	You must provide a co	ору* С	ourtOrder□	Writte	enSeparationA	Agreement□
Doesthe CourtOrderorSepara	tionAgreementlimitthe	non-custo	dialparent'srights? Ye	s□No□		
Presently, the student is living:						
In apartment or home at				In a shelter	·□	
WithFriendsorrelativestempora Withfriendsorrelatives(without				,	car or campsite seexplain \Box	
Sibling Information:	Name of Sibling	*	Relationship	Currer	nt School	Grade
*List only siblings who are currently in school			p			
Educational Information:						
Name of lastschool attended: Grade while attending:	Hasstud				fore? Yes [State: No
Has student attended a pre-school				mty School De		

Special Program/Exceptional Children:

Does student participate in any special service programs or have an educational disability? Yes 🗆	No 🗆
If yes, check all that apply: 504 Plan 🗆 AIG/Gifted 🗆 Exceptional Child/IEP 🗆 ESL 🗆 Other 🗆	

Emergency Medical Information:

Identify and explain any specific health problems the student may have:

Contact Information: Please list person(s) authorized to pick up this child **OTHER THAN THE PARENT**, or who may be contacted in case of an emergency when the school is unable to make contact with the parent.

First Contact	Relation toStudent	Home Phone	WorkPhone	Cell Phone
Second Contact	Relation toStudent	Home Phone	WorkPhone	Cell Phone
Third Contact	Relation toStudent	Home Phone	WorkPhone	Cell Phone

Name of after-school provider	Work Phone	Cell Phone

Home Language Survey: Where was the student born?

What language does the student speak most often? (Other than those learned in school)
English 🗆 Spanish 🗆 French 🗆 Vietnamese 🗆 Korean 🗆 Russian 🗆
Arabic 🗆 German 🗆 Japanese 🗆 Chinese 🗆 Portuguese 🗆 Other:
What is the first language the student learned to speak?
English 🗆 Spanish 🗆 French 🗆 Vietnamese 🗆 Korean 🗆 Russian 🗆
Arabic 🗆 German 🗆 Japanese 🗆 Chinese 🗆 Portuguese 🗆 Other:
What language is most used in the student's home?
English 🗆 Spanish 🗆 French 🗆 Vietnamese 🗆 Korean 🗆 Russian 🗆
Arabic 🗆 German 🗆 Japanese 🗆 Chinese 🗆 Portuguese 🗆 Other:

Immunization Requirements:

Every parent/guardian shall ensure a child has received the required immunizations at the age required by law. It is the responsibility of the parent/guardian to provide the immunization record no later than 30 days after the child enters school or the child shall be suspended until a valid immunization record can be provided to the school. $_{(G.S.\,130-A-152-157)}$ Every child entering kindergarten shall receive a health assessment. The health assessment shall be made not more than 12 months prior to the date of school entry. The parent/guardian shall have 30 calendar days from the first day of attendance to present the required health form for the child. $_{(G.S.\,130-A-156)}$ (Initial acknowledgement)

Certificate of Domicile:

A student is enrolled in the school that serves his/her domicile. To establish a new domicile, one must actually move to a new location intending to abandon one's prior domicile and remain in the new location as a permanent home for an indefinite period. In contrast, a residence is an established home, but it need not be one's exclusive home. A person may have more than one residence, but only one domicile.

Pursuantto G.S.14-209, if it is found that a person willfully and knowingly provided false information in this sworn affidavit, the student will be removed from school and the maker of the affidavit shall be guilty of a Class F felony and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment (if the student is not a domiciliary of the local administrative unit). Repayment shall not include state funds. Offenders will be prosecuted to the full extent of the law.

Falsifying any information about a student's domicile will result in:

- 1. The student's immediate withdrawal and enrollment at the correct school and,
- 2. The student losing his/her athletic eligibility for up to the remainder of his/her school tenure in the Halifax County School system.

Signature of Parent/Guardian

Date

To Be Completed ONLY When Student Transfers Into Halifax County Schools:

Suspension, Expulsion and Felony Conviction Information: North Carolina General Statute 115-C-366 (a4): When a student **transfers** into the public school of a local school administrative unit, that local board shall require the student's parent, guardian or custodian to provide a statement made under oath or affirmation before a qualified official indicating whether the student is, at the time, under suspension or expulsion from attendance at a private or public school or has been convicted of a felony in this or any other state.

Is this student currently under suspension or expulsion? Yes \Box No \Box If yes, please explain and provide documentation:

Has the student ever been convicted of a felony? Yes \Box No \Box If yes, please explain and provide documentation:

In compliance with Federal Law, Halifax County Schools administers all education programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.