

## KINDERGARTEN SURVEY DATA

What is your child's LEGAL NAME? Please Print.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Do you currently call your child by his/her first name or middle name?

- I call him/her by their First Name Shown Above.
- I call him/her by their Middle Name Shown Above.

Which WCPS Elementary School will your child be enrolling in for the 2020-2021 school year?

Please select the box for the appropriate school below:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Brogden Primary        | <input type="checkbox"/> Carver Elementary       | <input type="checkbox"/> Eastern Wayne Elementary |
| <input type="checkbox"/> Fremont Stars          | <input type="checkbox"/> Grantham Elementary     | <input type="checkbox"/> Meadow Lane Elementary   |
| <input type="checkbox"/> North Drive Elementary | <input type="checkbox"/> Northeast Elementary    | <input type="checkbox"/> Northwest Elementary     |
| <input type="checkbox"/> Rosewood Elementary    | <input type="checkbox"/> Spring Creek Elementary | <input type="checkbox"/> Tommy's Road Elementary  |

Did your child attend any Wayne County Pre-K program during the 2019-2020 school year (Head Start/NC Pre K/Other)? Please check the applicable box below.

- My child did not attend a Pre-K Program.      Other: \_\_\_\_\_

My child attended.....

- Antioch Daycare
- Belfast Head Start Center
- Bright Beginnings
- Bright Beginnings II
- Brogden Primary NC Pre K
- Bryan Sutton CDC Head Start
- Carver Elementary
- Carver Head Start
- Chestnut Head Start
- Dillard Academy
- Eastern Wayne Elementary
- Fairview Community Ctr.
- Fremont Stars

---

THIS SECTION FOR SCHOOL USE ONLY .....

Assigned Kindergarten Teacher: \_\_\_\_\_ Homeroom Number: \_\_\_\_\_

Staggered Entry Dates: \_\_\_\_\_

Special Identifiers?     Medical                       IEP                       Court Order                       Other

NOTES:

## GENERAL ENROLLMENT INFORMATION

STUDENT'S LEGAL NAME						
Last Name:		First Name:		Middle Name:	Suffix:	
Parent/Guardian # 1 Name	Parent/Guardian # 2 Name	Student's Date of Birth			Student Gender	Federal Ethnicity
		MONTH <small>Please enter 2-Digit Month</small>	DAY <small>Please enter 2-Digit Day</small>	YEAR <small>Please enter 4-Digit Year</small>	<input type="checkbox"/> Male or <input type="checkbox"/> Female	Is the student Hispanic or Latino? <input type="checkbox"/> Yes or <input type="checkbox"/> No
Relationship to Student:	Relationship to Student:					
Parent/Guardian Contact Info:	Parent/Guardian Contact Info:					
Home:	Home:	<b>Select the student's race:</b>				
Cell:	Cell:	<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Native Hawaiian/ other Pacific Islander		
Email:	Email:	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American		<input type="checkbox"/> White		
Parent Guardian # 1 Workplace & Work Phone	Parent Guardian # 2 Workplace & Work Phone	Does this student have any serious medical conditions? If so, please provide a copy of the doctor's note.				
Workplace:	Workplace:	Has this student participated in the exceptional children's program? If so, please provide a copy of the student's IEP.				
Work Phone:	Work Phone:	Are there any custody matters concerning this student? If so, please provide a copy of the court order.				
STUDENT PHYSICAL ADDRESS						
House Number or Building Number:		Street Name:			Apartment Number:	
Name of Housing Development or Apartment Complex:			What City do you live in?		Zip Code	
STUDENT MAILING ADDRESS						
<input type="checkbox"/> Check here mailing address is the same as above or enter info below if different						
P.O. Box, House Number or Building Number:		Street Name:			Apartment Number:	
Name of Housing Development or Apartment Complex:			What City do you live in?		Zip Code	