

Wayne County Public Schools New Student Enrollment Packet

Welcome to Wayne County Public Schools! This document can be filled out, printed at your convenience, and submitted to the school when you are ready to enroll your child. Your child will not be enrolled in school until this form is delivered to the appropriate school personnel. You can determine your child's school by consulting the [school boundary maps](#). Please note the following requirements:

- **Who can enroll my child?** The parent/ legal guardian **MUST** accompany the student to enroll. NC State law requires children under age 18 be enrolled by a legal parent or guardian. The student must reside with the legal parent/guardian, and the student must live in the school district in which they are trying to enroll.
- **What documentation do I need to enroll my child?** In addition to this packet, the following information must be presented at the time of enrollment:
 - 2 proofs of residency for the school district in which you are trying to enroll. Military families may use a letter from base housing as proof of residence. Documents must be current; licenses/IDs should not be expired and bills should be within the past 30 days. Residency documents may include:
 - Property/Tax records
 - Medicaid card
 - Voter registration card
 - Mortgage documents and deed to property
 - Phone bill
 - U.S. passport
 - Lease agreement
 - Bank statement
 - REALID
 - Current utility bill
 - Cable/Internet bill
 - Motor vehicle registration
 - Current driver's license
 - Payroll/W2 Stub
 - Motor vehicle insurance card
 - Correspondence from government authority regarding receipt of benefits
 - Immunization records
 - Certified birth certificate
 - Photo ID of the adult enrolling the child
 - Official withdrawal information from previous school
- **Contents of this packet:**
 - Student Information System Data Form p. 2
 - WCPS New Student Enrollment Form pp. 3-4
 - WCPS Authorization to Release Form p. 5
 - Military-Connected Student Information Form p. 6
 - Wayne County Public Schools Student Health Form p. 7
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Student Information System Data Form

SCHOOL OFFICE USE ONLY			
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Record Requested	Date: _____	Teacher: _____
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Out of County	Grade: _____	Enrollment Code: _____
<input type="checkbox"/> KI Health Assessment	<input type="checkbox"/> Out of State	Last School/Location: _____	
Entry into the U.S.: _____			

STUDENT		Home ADDRESS:	
Student Number:		Address:	
Legal Last Name:		City:	
Legal First Name:		Zip:	
Middle Name:			
Birth Date:		MAILING ADDRESS: (If Different from Home Address)	
Country of Birth:		Address:	
Home Phone:		City:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Zip:	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		

PARENT/GUARDIAN INFORMATION	
Child Lives With:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parents <input type="checkbox"/> Guardian Other: _____
Legal Custody:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parents <input type="checkbox"/> Guardian Other: _____

Parent 1:		Parent 2:	
Relationship to Student:		Relationship to Student:	
Address/City/Zip:		Address/City/Zip:	
Home Phone:		Home Phone:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	

EMERGENCY CONTACTS		
	Contact 1	Contact 2
Full Name:		
Relationship to Student:		
Home Phone:		
Work Phone:		
Cell Phone:		

Doctor:	Phone: _____	Dentist:	Phone: _____
Allergies or Health Conditions: _____			

SPECIAL NEEDS:			
<input type="checkbox"/> IEP (Individualized Education Plan)	<input type="checkbox"/>	PEP (Personalized Education Plan)	Other: _____
<input type="checkbox"/> 504 (Accommodation Plan)	<input type="checkbox"/>	AIG (Academically/Intellectually Gifted)	Other: _____
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/>	English as a Second Language	Other: _____

CURRENTLY ENROLLED SIBLINGS:			
Name:		School:	
Name:		School:	
Name:		School:	
Name:		School:	

OTHER	
Has this student ever attended a Wayne County public school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give the name of the school(s) and approximate dates of attendance:	

Signature	Date

**Wayne County Public Schools
New Student Enrollment Form**

*** Must remain in the cumulative folder- DO NOT purge ***

Directions: Please read & initial beside each statement.

I. Student Residence Verification (Parent Initials _____)

The verification of address must be accompanied by any two of the items listed below. The items submitted must display the current address of the residence. Documents with a Post Office box address will not be accepted. **Check all that apply:**

- Property/Tax records
- Medicaid card
- Voter registration card
- Mortgage documents and deed to property
- Phone bill
- U.S. passport
- Lease agreement
- Bank statement
- REALID
- Current utility bill
- Cable/Internet bill
- Motor vehicle registration
- Current driver's license
- Payroll/W2 Stub
- Motor vehicle insurance card
- Correspondence from government authority regarding receipt of benefits

If residence documentation is not available at the time of enrollment, the principal may require the completion of an affidavit, which includes a notarized statement by the Parent or Legal Guardian, which lists their residential address. *This affidavit should be followed within thirty (30) days with two of the items of documentation listed above or a reasonable explanation as to why this documentation is not yet available.*

II. WCPS Policy for a Safe & Orderly Environment (Student Initials _____ Parent Initials _____)

I have received the WCPS Safe & Orderly Environment policy handbook. I will specifically read & review the following policies:

- 1) Acceptable Use of Technology 2) Attendance 3) Discipline 4) Dress 5) Student Behavior 6) Wireless Communication

OR (Student Initials _____ Parent Initials _____) I am enrolling my child during the **summer**. I understand that all students will receive the WCPS Safe & Orderly Environment policy handbook on the first day of the new school year.

III. WCPS Project, Web, Photo & Video Release Agreement/Policy #3226 (Parent Initials _____)

I **DO** grant permission for individual photographs, videos or other images of my child to be used in WCPS sponsored web pages, publications or events. This includes the use of any project/ class work created by my child for purposes deemed appropriate by the school or school district.

I **DO NOT** grant permission for individual photos of my child to be used by WCPS other than in standard directory information such as yearbooks.

IV. WCPS Home Language Survey (Parent Initials _____)

Country of Birth: _____ Date of Entry to the USA: _____

Date first enrolled in **any** USA school? _____

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

What language does the student speak most often? _____

What language is spoken most often at the student's home? _____

Besides languages studied in school, does the student speak a language other than English? No Yes

If yes, please list languages: _____

V. Student Handbook/ Comprehensive Discipline Plan (Student Initials _____ Parent Initials _____)

I have been given a copy/ have online access to the student handbook/ comprehensive discipline plan for the current school year.

OR (Student Initials _____ Parent Initials _____) I am enrolling my child during the **summer**. I understand that all students will receive the student handbook/ comprehensive discipline plan on the first day of the new school year.

VI. Child Custody Acknowledgment (Parent Initials _____)

By law, if parents are separated or divorced and the parent name is on the child's birth certificate, then each parent has equal rights to the custody of the child unless a court order is in effect that indicates otherwise. The parent cited as the primary or residential custodian of any child is required to provide a copy of this court order to remain on file at the school. In the absence of a custody order, the parent(s) noted on the child's birth certificate may have physical and/or verbal contact with the child on school property.

VII. WCPS Student Transfer Status (Parent Initials _____)

My child is **NOT** under current suspension or expulsion from the last school attended. My child **DOES NOT** have pending felony charges nor has been convicted of a felony (or what would be considered as a felony if student is younger than age 16). **If yes, please consult with a school official.**

VIII. Student Health (Parent Initials _____)

My child has an existing health condition or disability that may require a Student Health Care Plan: No Yes
I have completed the WCPS Student Health Care Information form included in this registration packet.

IX. Internet Access Opt-Out (Parent Initials _____) Have check marks for opt-in or opt-out

Internet access for students has become a regular part of educational activities in schools. By opting-out for Internet access, you are indicating that you would prefer for your student **NOT** to be allowed to use the Internet.

Parent AND student signatures required.

Student Name (print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (print): _____ Relation to student: _____

Parent/ Guardian Signature: _____ Date: _____

School Official Signature: _____

School: _____

Student: _____

**Wayne County Public Schools
Authorization to Release Students**

In an effort to ensure the safety of all students, the Wayne County Public Schools will adhere to the following procedure before releasing students to any person appearing at the school requesting permission to take a student from the school.

1. The person requesting permission to take a student from the school must report to the principal’s office, or in a high school, a designated assistant principal’s office.
2. The person must present photo identification.
3. The person must be listed as having the authority to take the student from the school as specified by the custodial parent or guardian on AR 4210, page 2.
4. The student will be sent to the office and must visually identify the person making the request.
5. When al conditions have been met, the student will be released by the office to the person making the request.
6. High school students may be released from school with a note from the custodial parent or guardian only after the attendance office has verified the note with the parent or guardian through direct or telephone contact.
7. A student will be released to either biological parent in the absence of a copy of a Court Order. In such cases where a Court Order has been provided, the directives in the Court Order will be followed.

The school is authorized to release my child to the following individuals (please print first and last names). Include the names of any and al individuals who may take your child from school, as the school will not release your child to anyone not listed. This list of authorized individuals may be updated at any time by the child’s custodial parent or guardian by requesting the change through the principal’s office.

Parent Signature

Date

Daytime Telephone Number

Adopted: June 27, 2002; Revised: August 14, 2008

**Wayne County Public Schools
Military-Connected Students
Data Collection Form**

Student Name: _____

School Name: _____

Is the student considered military-connected as defined in the below note? _____ (Yes or No)

Note: A military-connected student is defined as a student enrolled in a local school administrative unit who has a parent, step-parent, sibling, or any other person who resides in the same household serving in the active or reserve components of the Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard - NC G.S. 115C-12 (18)(f).

If you answered “No” to the question, please submit this form to your student’s school.

If you answered “Yes” to the question, please provide further information below and submit this form to your student’s school.

Military-connected Relative #1

Relationship to student (i.e., mother, father, brother, guardian, etc.): _____

Branch of Service: _____

Status (i.e., Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service Employee, Veteran, Foreign Military, Active Reserve/Guard, Deceased, Deceased – Killed in Action):

Grade (i.e., E 1-9, O 1-10, W 1-5, Federal Civil Service): _____

Installation (last installation assigned to or most recent one): _____

Unit/Squadron Assignment: _____

Military-connected Relative #2

Relationship to student (i.e., mother, father, brother, guardian, etc.): _____

Branch of Service: _____

Status (i.e., Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service Employee, Veteran, Foreign Military, Active Reserve/Guard, Deceased, Deceased – Killed in Action):

Grade (i.e., E 1-9, O 1-10, W 1-5, Civil Service): _____

Installation (last installation assigned to or most recent one): _____

Unit/Squadron Assignment: _____

**WAYNE COUNTY PUBLIC SCHOOLS
STUDENT HEALTH FORM**

Dear Parents:

The following is a brief health form that must be returned to your child's teacher **as soon as possible**. This information will be reviewed by the school nurse and used to meet your child's health needs at school and in PE-Please use black ink.

School:	Homeroom Teacher/Grade: _____ / _____	
Student Name:	Date of Birth: _____	Home Phone: _____
Parent/Guardian:	Daytime Phone: _____	
Parent/Guardian:	Daytime Phone: _____	
Name of Doctor:	Phone: _____	
Name of Dentist:	Phone: _____	
Please Check Coverage Your Child Has: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Coverage <input type="checkbox"/> None		
* Check What Your Child Will Need At School: <input type="checkbox"/> SPECIAL DIET <input type="checkbox"/> PE LIMITATIONS <input type="checkbox"/> MEDICATIONS		
List Current Medication(s) Here: _____		
*List medication allergies and reactions here: _____		

CHECK CONDITION(S) YOUR CHILD HAS BELOW

___ MY CHILD HAS NO HEALTH CONDITIONS

<input type="checkbox"/> ADD/AHD <input type="checkbox"/> Allergies, Severe (See Below) <input type="checkbox"/> Asthma (See Below) <input type="checkbox"/> Autism <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Concussion Date: _____ <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Diabetes <input type="checkbox"/> Down's Syndrome <input type="checkbox"/> Epilepsy/Seizures (See Below) <input type="checkbox"/> Heart Problems (See Below) <input type="checkbox"/> Hemophilia/Bleeding Disorder <input type="checkbox"/> Hearing Aid/Loss	<input type="checkbox"/> Leukemia/Cancer <input type="checkbox"/> Migraine Headaches <input type="checkbox"/> Neuromuscular Disease (See Below) <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Orthopedic Disability (See Below)	<input type="checkbox"/> Psychiatric Disorder <input type="checkbox"/> Renal/Kidney Disease <input type="checkbox"/> Juvenile Rheumatoid Arthritis <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Ulcers/Gastric Reflux <input type="checkbox"/> Other: _____ _____
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FOR CONDITIONS CHECKED ABOVE, PLEASE PROVIDE ADDITIONAL INFORMATION:

Severe Allergies (Plan)	What is your child allergic to? _____ * Is emergency medication needed at school for allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name: _____ Check the type of allergic reaction that occurs: <input type="checkbox"/> HIVES <input type="checkbox"/> SWELLING <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> OTHER: _____
Asthma (Plan)	* Check only if medication is needed at school for asthma and/or student has missed school due to asthma _____ Date of last episode: _____ List triggers: _____
Seizures (Plan)	Check Type: <input type="checkbox"/> Febrile Only <input type="checkbox"/> Convulsive <input type="checkbox"/> Non-Convulsive When did last seizure occur? _____
Heart Problems	Check type: <input type="checkbox"/> Functional Heart Murmur <input type="checkbox"/> Heart Valve Condition <input type="checkbox"/> Other: _____ * Is exercise limited? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bone/Orthopedic/Neuromuscular	Name of Problem: _____ School Concerns: _____
Other Health Problem/Disability	Name of Problem: _____ School Concerns: _____

(*) Indicates that physician authorization is required. See school nurse for information/forms.

Signature of Parent/Guardian

Date

White Copy: School Nurse

Yellow Copy: Teacher

3/2018