

# Edgecombe County Public Schools

## Student Enrollment Form

Revised 8/15  
Student ID# \_\_\_\_\_

### STUDENT INFORMATION

Student's Legal Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Address \_\_\_\_\_

Grade \_\_\_\_\_ Gender:  Male  Female Birth Date \_\_\_\_\_ (Month/Date/Year)

Proof of Age:  Birth Certificate  Other, please specify \_\_\_\_\_

Ethnicity: Student is:

Race: (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Hispanic or Latino or of Spanish origin     | <input type="checkbox"/> American Indian or Alaska Native          |
| <input type="checkbox"/> Not Hispanic or Latino or of Spanish origin | <input type="checkbox"/> Asian                                     |
|  | <input type="checkbox"/> Black or African American                 |
|  | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
|  | <input type="checkbox"/> White                                     |

**PARENT/GUARDIAN INFORMATION** (If more space is needed to reflect the non-custodial parent and step-parent's information, please request an additional copy of this page and attach.)

Mother/Stepmother's name (Circle One) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Highest grade completed in school \_\_\_\_\_ Email address \_\_\_\_\_

Father/Stepfather's name (Circle One) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Highest grade completed in school \_\_\_\_\_ Email address \_\_\_\_\_

### LIVING ARRANGEMENTS

Student lives with (name of parent/guardian) \_\_\_\_\_

Relationship to Student:

- Mother & Father     Mother Only     Father Only     Mother & Stepfather     Father & Stepmother  
 Legal Guardian (Proper documentation must be completed prior to enrollment)

Is there a custody order in existence?  Yes  No If yes, who is the primary custodian? \_\_\_\_\_

Student lives:

- in a home owned/rented by parent/guardian

**SCHOOL USE ONLY: If a box(es) is checked below, please contact Counselor:**

- with more than one family in a home owned/rented by someone other than parent/guardian because family has no home of their own

Other: \_\_\_\_\_

- in a public or private residential facility because of  neglect  delinquency

Number of adults in the home \_\_\_\_\_ Number of children in the home \_\_\_\_\_

Student Name: \_\_\_\_\_

**SCHOOL LAST ATTENDED:**

School Last Attended: \_\_\_\_\_ If the school last attended is not in Edgecombe County Public Schools, has the student attended school in Edgecombe County Public Schools before now? \_\_\_\_\_  
If yes, when? \_\_\_\_\_ If yes, which school? \_\_\_\_\_

Address of Last School Attended: \_\_\_\_\_

Phone Number of Last School Attended: \_\_\_\_\_

**IDENTIFIED SPECIAL NEEDS**

- Child has been tested for special services (ex. academically gifted, speech, learning difficulties).
- Child has a current Individualized Education Plan (IEP).
- Child has a current 504 Plan.
- No special needs identified.
- Other \_\_\_\_\_

**EMERGENCY CONTACT**

In case of emergency, the school will first attempt to contact the parents or legal guardian. If unable to reach parents or guardian, please give the names of three other persons who may be contacted:

1<sup>st</sup> Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
May contact pick up student?  Yes  No

2<sup>nd</sup> Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
May contact pick up student?  Yes  No

3<sup>rd</sup> Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
May contact pick up student?  Yes  No

**HEALTH INFORMATION**

Does your child have any of the following conditions?

- Asthma  Diabetes  Seizure Disorder  Fainting Spells  Hyperactive (ADHD)  Heart Condition
- Migraines  Allergies/Other: \_\_\_\_\_

Please explain any positive responses:

\_\_\_\_\_

Medication may be given at school with the **proper authorizations and permissions**. Please see the school secretary for a **Medical Authorization Form** if your child will need medication given at school.

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**SIBLING INFORMATION**

Other children in the home (including those not yet attending school):

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

Student Name: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

**TRANSPORTATION**

Student will be transported by:  Bus  Car  Child will walk

Home address is used for Bus Stop:  AM  PM  Both

***If your child needs bus transportation, please complete the Bus Enrollment Form***

***If your child will drive to school, please complete the Application for Student Parking Permit at the front office.***

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**AFFIDAVIT for**

\_\_\_\_\_  
**(Student)**

I affirm that the family address stated is true and correct and that it is our residency. HB 512-School Safety Act, Section 2 G.S. 115C-366 states that prior to the admission of a student to any public school in North Carolina, the student’s parents, guardian, or custodian must 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 in this or any other state. Any person who willfully makes a materially false statement or affirmation under this subsection shall be guilty of a Class 3 misdemeanor. Notwithstanding any other law, the local board may deny admission to a student who has been suspended from a school within the local administrative unit where the student is seeking admission until the period of suspension has expired. Also, a local board may deny admission to a student who has been expelled from a school for behavior that indicated the student’s continued presence in school constituted a clear threat to the safety of other students or employees. If the local board denies admission to a student who has been expelled, the student may request the local board to reconsider that decision in accordance with G.S. 115C0391 (d). The law further requires that parents notify the student’s school when the student is charged with a felony or when the student is alleged or found to be delinquent for an offense that would be a felony if committed by an adult.

1. I am the (parent / legal guardian) (**CIRCLE ONE**) of the child listed above, and request that this child be admitted to Edgecombe County Public Schools.
2. This child (is / is not) (**CIRCLE ONE**) currently under a term of suspension or expulsion from attendance at a private, charter, or public school.
3. I further affirm that this child (has not been / has been) (**CIRCLE ONE**) convicted of a felony.
4. I understand that if the information in this affidavit is false, the child may be removed from school.

**I state under oath that the above facts are true and correct.**

Signature \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
(Parent, Guardian, Custodian)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Student)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Person Coordinating Enrollment)

**\*\*\*\* BE SURE THAT THE PARENT / GUARDIAN RECEIVES A COPY OF THIS AFFIDAVIT \*\*\*\***

*NOTARY SEAL*

My commission expires \_\_\_\_\_