

For Office Use Only (Section In Gray)		Student ID #	
Grade		E1 Int enroll-this year	R3 Transfer from another LEA
Admission Date		E2 Int enroll from non-NC school	R5 Re-enroll Previous W1
Homeroom / Team		R2 Transfer within Same LEA	R6 Re-enroll Previous W2
Enrolling School			
Proof of Residency <i>More than 2 proofs may be required</i>		Utility Bill Purchase Agreement	Phone Bill (<i>not</i> Cell Phone) USPS Official Change of Address Form
		Rent/Lease Agreement Other	

Student Information

Legal First Name		Legal Middle Name		Legal Last Name	
Preferred First Name				Date of Birth	
Last School Attended		Location-City, State		Last School Phone No.	

Ethnicity (check one)		Gender Male Female	Primary Phone No.	
Hispanic				
Non-Hispanic				

Primary 911 Address

Race (Check All Applicable)	Street No. & Name	
Am Indian/Alaska Native	City & Zip Code	
Native Hawaiian/Pacific Islander		
Black/African-American	Mailing Address (if different from 911 Address)	
Asian	Street No. & Name	
White	City & Zip Code	

School Age Siblings

Last Name		Sibling 1	Last Name		Sibling 2
First Name		Relationship	First Name		Relationship
DOB			DOB		
Last Name		Sibling 3	Last Name		Sibling 4
First Name		Relationship	First Name		Relationship
DOB			DOB		

In the case of joint custody, correspondence and phone communication will be provided to the Primary Address and Phone No. listed above, unless other arrangements have been made with the school.

Parent/Guardian/Legal Custodian Information

If the parents are separated or divorced, the school needs the following information to determine the legal rights of the parents. As a general rule, both parents have an equal right to make decisions regarding their child's education, to visit with their child at school, and to access their child's education records. These rights may be restricted to one parent by court order or agreement. A COPY OF THE CUSTODY PAPERS MUST BE SUPPLIED TO THE SCHOOL.

Parent's Marital Status (choose one)	Married	Separated	Divorced	Widow(er)	Single
If separated/divorced, who has <i>primary</i> physical custody	Father	Mother	Joint	Other	
If separated/divorced, student lives with	Father	Mother	Joint	Other	

Mother/Guardian Information

Father/Guardian Information

Last Name		Last Name	
First Name		First Name	
Language of Parent		Language of Parent	
Employer		Employer	
Occupation		Occupation	
Business Phone		Business Phone	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	

Student Language Info

Country of Birth		Date of 1st enrollment in US school:	
First Language	Language at Home:	Language Most Used:	
Does this student speak ANY language other than English? Y or N		If yes, what language?	

Special Programs	Please check if your child has been in the following programs:			Exceptional Children (IEP)			
504	Gifted/AIG		Title I Reading		ESL		Other

Medical Information

Physician Name		Phone #	
Dentist Name		Phone #	
Preferred Hospital			
Allergies		Reactions	

If applicable list date of concussion or head injury: _____ If student still has symptoms please contact the school nurse.

Other health conditions and/or medications routinely taken		Life Threatening	Y	N	
Does your child carry an Epipen?	Y	N	Does your child carry an Asthma Inhaler?	Y	N

Alexander County Schools staff meets the medical needs for students according to standardized care plans posted in all student areas for Allergies, Asthma, Diabetes, and Seizures. I agree to contact the school nurse IF I prefer to submit a student specific care plan. If my child requires medication to be given at school or on a field trips, I agree to submit a completed Mediation Authorization Form signed by the medical provider and myself. I also agree to provide the medication in the properly labeled container, and I will transport the medication to school.

Emergency Contacts - Who to contact if Parents/Guardians listed above cannot be reached-DO NOT LIST PARENTS a second time

Anyone NOT listed will be unable to pick up the student without prior parent written consent-please list in the order you would like called

Contact # 1			Contact # 2		
Last Name			Last Name		
First Name			First Name		
Relationship			Relationship		
Can pick up student?	Yes or No		Can pick up student?	Yes or No	
Lives with student?	Yes or No		Lives with student?	Yes or No	
Home Phone			Home Phone		
Work Phone			Work Phone		
Cell Phone			Cell Phone		

Contact # 3			Contact # 4		
Last Name			Last Name		
First Name			First Name		
Relationship			Relationship		
Can pick up student?	Yes or No		Can pick up student?	Yes or No	
Lives with student?	Yes or No		Lives with student?	Yes or No	
Home Phone			Home Phone		
Work Phone			Work Phone		
Cell Phone			Cell Phone		

I give permission to be contacted using the school/district automated notification systems. _____ Yes or _____ No

Certification Statement **Must be signed by ALL applicants**

I, _____ (Parent/Guardian/Legal Custodian) certify that all information provided is correct and complete to the best of my knowledge.

TYPE OR PRINT

Signature of Parent or Legal Guardian _____ Date _____

Does student Allow Release of Information? _____ Yes or _____ No

The McKinney-Vento Homeless Education Assistance Act of 2001 requires educational services for homeless students.

Homelessness is a lack of permanent housing due to extreme poverty, or lack of a safe and stable arrangement.

Does this apply to this student? _____ Yes _____ No

Transportation Information: AM Bus # _____ AM Car Rider _____ AM Before School Care _____
 PM Bus # _____ PM Car Rider _____ PM After School Care _____

SAFE SCHOOLS DECLARATION **For students transferring from outside the Alexander County School System ONLY**

The child I am enrolling with this form is not under suspension or expulsion from attendance at a private or public school in this or any other state and has not been convicted of a felony in this or any other state. Note: If student is under suspension or expulsion or has been convicted of a felony, please give an explanation. You must include the length of this suspension or expulsion.