



Haywood County Schools - Student Enrollment
Checklist for Guardians and Schools

North Carolina General Statute 115C-366, Board Policy A:4 and Board Policy A:14 govern student enrollment in Haywood County Schools. Students must reside with a legal guardian in Haywood County. The following items are required before enrollment may occur.

- ☐ Birth certificates are required upon enrollment into school. N.C. General Statute 115C-364 states, "The principal of any public school shall require the parent or guardian of any child presented for admission for the first time to that school to furnish a certified copy of the child's birth certificate ... " N.C. General Statute 130A-109 states, "School authorities may accept only competent and verifiable evidence as secondary proof of age, specifically including but not limited to: (i) a certified copy of any medical record of the child's birth issued by the treating physician or the hospital in which the child was born, or (ii) a certified copy of a birth certificate issued by a church, mosque, temple, or other religious institution that maintains birth records of its members."
- ☐ Guardianship must be verified using a valid birth certificate or current court order.

- ☐ Residency must be verified using a NC Drivers License with Haywood County address. Residency is not property ownership. N.C. General Statute 115C-366 authorizes enrollment for the "domicile" where the guardian and child live.
- ☐ After guardianship and residency have been established, the specific school assignment in the district will be made. This assignment will be made at the school where the residence is located.

- ☐ If the guardian has a verifiable reassignment request authorized Board Policy A:4, that request may be made using the Pupil Reassignment Form. The following reasons are not authorized under school board policy: (1) school rules (2) personality conflicts (3) discipline matters (4) sports or other extra-curricular participation (5) class or course assignment (6) class or course design (7) class schedules (8) personal preferences, etc.

- ☐ If the guardian lives in a neighboring county and has a work-related childcare hardship, this is governed by Board Policy A:14 and A:4. Guardians must receive a release from the "home" district before enrollment can be considered. After students are released from the "home" district, Board Policies A:14 and A:4 will be used to determine if enrollment in Haywood County Schools is granted. The local Pupil Reassignment Form will be used to process requests.

- ☐ Student discipline and felony convictions must be verified (Admission Affidavit or other procedures as deemed appropriate). Enrollment will be denied for felony convictions, active suspensions or expulsions from other schools.

- ☐ School enrollment officials should determine if the guardian is also seeking enrollment for other dependents in other schools in the district. Schools should notify each other when there appear to be multiple enrollments. This information will help improve consistency when documenting residency and guardianship.

Questions not covered in this checklist may be addressed in G.S. 115C-366, Board Policy A:4, or Board Policy A:14. Unusual questions should also be referred to Dr. Nolte or Dr. Garrett.

Office Use Only
 Student # _____ Entry Code _____
 Entry Date _____ Homeroom _____
 Grade _____ Dip. Cat. _____
 9th Grade Entry Date _____

Tuscola High School Registration

Date: _____

Basic Information *****

Student's DL # _____ Student's Social Security # _____ Grade Enrolling _____
 Name: Last _____ First _____ Middle _____ Called by _____
 Sex: Male Female Date of Birth _____ Birth Place: City _____ State _____ Country _____
 (Circle) Ethnicity Choices: Hispanic Non-Hispanic (Circle) Race: White Black American Indian Asian Hawaiian/Pacific Islander
 Students Physical Address: _____ City _____ Zip Code _____
 Students Mailing Address: _____ City _____ Zip Code _____

Family Information *****

Student Resides with: Mother & Father Father & Stepmother Mother & Stepfather Mother Only Father only Legal Guardian Other (explain) _____
 Mother/Stepmother Name: _____ Home Phone _____ Highest Level of Education _____
 Employer _____ Work Phone _____ Cell Phone _____ Email _____
 Father/Stepfather Name: _____ Home Phone _____ Highest Level of Education _____
 Employer _____ Work Phone _____ Cell Phone _____ Email _____
 Guardian/Other Name _____ Home Phone _____ Highest Level of Education _____

Transportation Information *****

Student will be transported by: AM: Bus Car Walk PM: Bus Car Walk

Bus Number student assigned to: _____ In the event school is dismissed early, your child needs to know what to do!

Medical Information *****

Family Doctor _____ Phone Number: _____

DOES THIS STUDENT NEED TO TAKE A PRESCRIPTION MEDICATION DURING SCHOOL HOURS? _____

(If yes, you need to complete a mandatory medication release form through the office)

Continued on the reverse side

Emergency Contact Information*****

In case of an emergency the parents will be the first notified, but when a parent/guardian cannot be reached, we need two others who will be able to make decisions and pick up your child.

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Relationship to student _____

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Relationship to student _____

Other Information*****

Our family is currently living: _____ In a home of our own _____ With a relative _____ Other (Please explain) _____
Explain other _____

Has this student been enrolled in another school during this school year? Yes _____ No _____

If yes, what is the name of the school? _____

How many total days has the student been absent from school this year? _____

Has this student EVER been enrolled in a school in Haywood County? Yes _____ No _____

If Yes, Please list the school and when enrolled _____

Please list schools attended in the following grades:

3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

Does your child require any special programs? (AIG, Special Education, Remediation, Counseling, Etc.) Yes _____ No _____

If Yes, please explain _____

Are the parents/guardians employed in temporary agriculture work? Yes _____ No _____

I verify that I am the Legal Parent/Guardian of the student and that all of the information on this enrollment form is correct!

Parent/Guardian Signature _____ Date: _____

Annual Student Health History Update/ MIDDLE/HIGH SCHOOL (2014-2015)

Student's Full Name: _____ Date of Birth: _____ Grade: _____ Homeroom Teacher: _____

Parent's Name: _____ Phone Numbers: _____

Address: _____ Student's Doctor: _____ Phone #: _____

Email Address: _____ Emergency Contact: _____ Phone #: _____

Bus Rider: — # _____ Car Rider: _____ Driver: _____ After-School Program: _____

☐ My Child does not have any medical conditions at this time
☐ My Child has the following conditions checked (✓) below

LIFE THREATENING ALLERGIES THAT REQUIRE EMERGENCY MEDICATION AT SCHOOL

BEES: _____

FOOD: _____

MEDICATION: _____

OTHER: _____

Medication for LIFE THREATENING ALLERGIES

Epi-Pen: _____ Benadryl: _____

ASTHMA THAT REQUIRES INHALER AT SCHOOL

TYPE OF INHALER: _____

DIABETES

TYPE 1: _____

TYPE 2: _____

Does your child use an Insulin Pump?

Is your child on any other medication for DIABETES?

(Please attach list of medications/ diabetic orders from Physician)

EPILEPSY/SEIZURES

NOT RELATED TO FEVER

How often does your child have a seizure?

Is your child on medication for SEIZURES?

At home? _____ At school? _____

HEART DISEASE

What condition does your child have?

PHYSICAL DISABILITY

Please describe any physical disabilities & limitations

OTHER HEALTH PROBLEMS

(Please be specific, if need more room, please use other side of paper)

Attach any medical documentation to this sheet. Medical documentation must be updated every year.

**Parent must supply school with any medicines the child needs. PARENT MUST BRING MEDICINE TO SCHOOL IN ITS ORIGINAL CONTAINER. Written permission and instructions for giving medications must be on file at the school. Forms are available in the school office. Your signature confirms the above information is accurate and can be used by the school system and the school nurse to update your child's health record. Your signature gives the school nurse permission to transfer school immunization records to the state Immunization Registry. It also gives the school nurse permission to perform MINIMAL screening (blood pressure, temperature, etc) and first aide (using ice, antibiotic ointment, hydrocortisone, Chloraseptic throat spray, Orajel, bandages, etc. as needed) on your child in the event of illness or injury at school. . Emergency Action Plans will only be written for students who have all appropriate forms, documentation, and medications at school.

REVISIÓN DE HISTORIAL MÉDICO ANUAL/ ESCUELA (2014-15)

Nombre Completo del estudiante: _____ Fecha de Nacimiento: _____ Grado: _____ Maestra/o de Homeroom: _____

Nombre de Padres: _____ Teléfonos: _____

Dirección: _____ Doctor del estudiante: _____ Teléfono: _____

Dirección de Email: _____ Contacto de Emergencia: _____ Teléfono: _____

Monta el Autobús de Escuela: — # _____ Monta en Carro: _____ Latch Key: _____ Programa después de la escuela: _____

☐ Mi hijo/a no tiene condiciones de salud en este momento

☐ Mi hijo/hija tiene la siguientes condiciones indique (✓) abajo

ALERGIAS CON RIESGO A LA VIDA

ABEJAS: _____

COMIDAS: _____

MEDICAMENTOS: _____

Medicamentos para alergias con RIESGO A LA VIDA

Epi- Pen: _____ Benadryl: _____ OTRA(S): _____

ASMA QUE REQUIRE INHALADOR EN LA ESCUELA

TIPO DE INHALADOR: _____

DIABETES

TIPO 1: _____

TIPO 2: _____

¿Su niño/a usa una bomba de insulina?

¿Su niño/a toma otro(s) medicamento(s) para la DIABETES?

(Adjunte lista de medicamentos / ordenes diabéticas del doctor)

EPILEPSIA/CONVULSIONES

NO RELACIONADO A FIEBRE

ENFERMEDAD DEL CORAZON

¿Con que frecuencia tiene su niño/a convulsiones?

¿Su niño/a toma medicamentos para CONVULSIONES?

¿En casa? _____ ¿En la escuela? _____

¿Qué condición tiene su niño/a?

DISCAPACIDAD FÍSICA

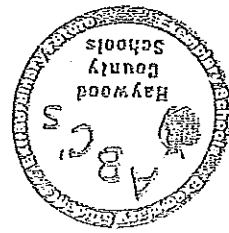
Por favor de describir alguna discapacidad o limitación física.

ALGÚN OTRO PROBLEMA DE SALUD

(Por favor, sea específico, utilice el otro lado del papel si es necesario)

Adjunte cualquier documentación médica a esta hoja. Documentación Médica debe ser actualizada cada año.

MEDICINA EN SU ENVASE ORIGINAL. El permiso por escrito y las instrucciones para la administración de medicamentos debe ser archivado en la escuela. Los formularios están disponibles en la oficina escolar. Su firma confirma que la información anterior esta exacta y puede ser utilizada por el sistema escolar y la enfermera escolar para actualizar el registro de salud de su hijo/a. Su Firma le da permiso a la enfermera escolar para transferir los registros de vacunas al registro de vacunas estatal. También le da permiso a la enfermera escolar para llevar a cabo pruebas de evaluaciones MINIMAS (presión arterial, temperatura, etc) y de primeros auxilios (hielo, pomada antibiótica, crema de hidrocortisona, spray de la garganta Chloraseptic, Orajel, vendas, etc. según sea necesario) a su hijo/a en caso de enfermedad o herida en la escuela. Planes de acción de emergencia sólo se escriben para los estudiantes que tienen todos los formularios correspondientes. los documentos y los medicamentos en la escuela.



STATE OF NORTH CAROLINA

COUNTY OF HAYWOOD

RE:

(Student's Name)

HAYWOOD COUNTY SCHOOLS

ADMISSION AFFIDAVIT OF PARENT/LEGAL GUARDIAN

I state under oath that the following facts are true and correct:

1. My name is _____

2. My street address is _____

3. My telephone number is _____ (home) _____ (work)

4. I am the [parent/legal guardian] (circle one) of the student listed above, and request that this student be admitted to HAYWOOD COUNTY SCHOOLS.

5. Previous school (school name) enrolled _____

School address _____

City _____ State _____

6. This student [is/is not] (circle one) currently under a term of suspension or expulsion from attendance at a public or private school.

7. This student [has not been/has been] (circle one) convicted of a felony.

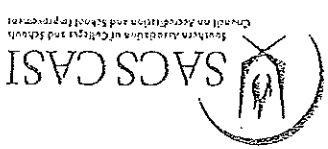
8. I understand that if the information in this admission affidavit is false, the student shall be removed from the assigned school and/or Haywood County School System.

Parent or Legal Guardian of Student _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public _____

My commission expires _____



Haywood County Schools
Support Services Form

The information below is required by the federal McKinney-Vento Homeless Act of 2001 (Subtitle B of title VII) and will be used to determine students' needs. The information on this document will be CONFIDENTIAL.

Name of School: _____

Name of Student: _____

Birthdate: _____

Grade: _____

Does the child have a relative serving in the military (active, National Guard, Reserves)? _____

If so what is the relationship? _____

The answers to this residency information help determine the services the student may be eligible to receive:

1. Is your current address a temporary living arrangement? Yes or No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes or No
3. Is this student in a temporary foster care placement or awaiting foster care? Yes or No
4. As a student, are you living with someone other than your parent or legal guardian? Yes or No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Resides with: _____

Relationship: _____

Do you have legal guardianship/custody? Yes or No

Address: _____

Phone: _____

Other children living in the home: _____

Where is the student presently living? _____

_____ In a motel/hotel

_____ With more than one family in a house or apartment

_____ Moving from place to place

_____ In a location not designed for sleeping accommodations such as car, park, campground

Signature of Parent/Legal Guardian _____

Date _____

FOR SCHOOL USE ONLY: PLEASE GIVE THIS FORM TO THE SSW.

HOME (PRIMARY) LANGUAGE SURVEY

To the ADMINISTRATOR: this survey is to be administered once to every student enrolled in your local unit. If the answer to any one of the questions asked is a language other than English, the student will need to be reported on the Home Language Survey Summary and will need to be assessed further for appropriate placement and English language assistance. It is recommended that a copy of the Home Language Survey be placed with the student's permanent record. Home (Primary) Language Surveys are available in some other languages from the local ESL office. If a student and teacher cannot complete this form, additional assistance may be needed from a translator.

STUDENT _____
 DATE _____
 GRADE _____
 GENDER _____
 DATE OF BIRTH _____
 SCHOOL _____
 HOMEROOM TEACHER _____

1. What is the first language this student learned to speak?

2. What language does this student speak most often?

3. What language is most often spoken in this student's home?

4. Does this student speak any language other than English? Do not include languages learned only at school.

Yes _____ No _____
 If yes, please list the language(s) _____

5. How many years of schooling has this student had in the United States?

6. Was the child born outside of the United States? _____
 If yes, where? _____

If a language other than English is indicated on this form, the student may be assessed with NC's mandated English Proficiency Test.

If a language other than English is indicated on any answer, please forward a copy of this form as soon as possible to the ESL Department at Central Office.