



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.



Tuscola High School
564 Tuscola School Road
Waynesville, NC 28786
(828) 456-2408, (828) 456-2466-fax
www.ths.haywood.k12.nc.us

Julia Plott, Counselor

Kari Francoeur, Counselor

Eric Pitts, Counselor

May 28, 2014

Please be advised that Tuscola High School's 2014-2015 Course of Studies information is on our website. The Course of Studies information includes class availability, descriptions, prerequisites, and other information needed for the student's high school career planning process.

If you have any questions, please feel free to call the assigned counselors:

Kari Francoeur, students with the last name beginning with A-G
Eric Pitts, students with the last name beginning with H-O
Julia Plott, students with the last name beginning with P-Z

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

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

REVISIÓN DE HISTORIAL MÉDICO ANUAL/

ESCUELA (2014-15)

Nombre Completo del estudiante: _____ Fecha de Nacimiento: _____ Grado: _____ Maestro/a 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

Pare el Uso de la Enfermera Escolar Solamente: _____ Comunicación: _____ EAP written: _____

ALERGIAS CON RIESGO A LA VIDA

ABEJAS: _____
COMIDAS: _____

MEDICAMENTOS: _____ Medicamentos para alergias con RIESGO A LA VIDA
Epi- Pen: _____ Benadryl: _____ OTRAS(S): _____

ASMA QUE REQUIERE INHALADOR EN LA ESCUELA TIPO DE INHALADOR: _____

DIABETES ¿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)

TIPO 1: _____
TIPO 2: _____

EPILEPSIA/CONVULSIONES ¿Con que frecuencia tiene su niño/a convulsiones? _____ ¿Su niño/a toma medicamentos para CONVULSIONES? _____
NO RELACIONADO A FIEBRE ¿En casa? _____ ¿En la escuela? _____

ENFERMEDAD DEL CORAZON ¿Qué condición tiene su niño/a? _____

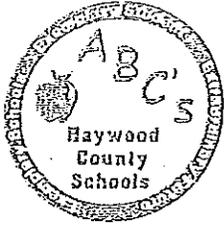
DISCAPACIDAD FISICA Por favor de describir alguna discapacidad o limitación física.
ALGÚN OTRO PROBLEMA DE SALUD

(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 (huelo, pomada antibiótica, crema de hidrocortisona, spray de la garganta Chloraseptic, Oragel, 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.

Padres y/o Tutor Legal

Fecha



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 _____ In a shelter

_____ With more than one family in a house or apartment

_____ Moving from place to place _____ "Awaiting Foster Care"

_____ 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 _____

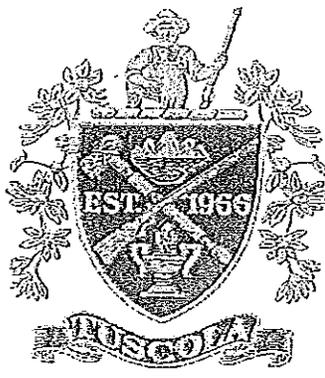
1. What is the first language this student learned to speak? _____
2. What language does this student speak most often? _____
3. What language is most often spoken in this student's home? _____
4. Does this student speak any language other than English? Do not include languages learned only at school.
_____ No _____ Yes 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.



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Fax

To:	From:
Fax:	Pages:
Re: Records Request	Date:

_____ is enrolling at Tuscola High School as of _____. Could you please forward us the following items:

- Grade and Credits earned.
- Birth Certificate and Social Security Cards
- Date of Entry to 9th Grade*
- Grades at the time of leaving your school.
- All standardized test scores grades 3-present, PSAT, SAT, ACT.*
- Discipline/Suspension records.
- Attendance profile
- Immunization records
- Special educations records, psychological testing, or any other placement info.

If it would be convenient for you, you may fax all of the above items. I thank you in advance for your help with this student transfer.

Diana Chambers, Registrar