



Haywood County Schools - Enrolling New Students

Checklist for Schools – Updated July 30, 2015

The following items are required before enrollment may occur.

- ☐ Guardianship must be verified using a valid birth certificate or current court order. We need to ask about guardianship, start the registration process and then verify guardianship before enrolling.
- ☐ Residency must be verified using a NC Driver's 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. Principals may use discretion in accepting other documents to verify residency.
- ☐ After guardianship and residency have been verified, the specific school assignment in the district will be made. This default assignment will be the school where the residence is located.
- ☐ If the guardian has a verifiable reassignment request under Board Policy 4150, that request may be made using the current 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.
- ☐ Birth certificates are required upon initial enrollment into the school (district). 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 ..." Principals may make a photo copy of a certified birth certificate and return the certified copy to the parents. Principals should initial the copy and write, "copied from certified birth certificate" on the copy.
- ☐ If the guardian lives in a neighboring county and has a work-related childcare hardship, this is governed by Board Policy 4130. Guardians must receive a release from the "home" district before enrollment can be considered. After students are released from the "home" district, Board Policy Regulation 4120R will be used to determine if enrollment in Haywood County Schools is granted.
- ☐ Any student discipline or felony convictions must be verified using the Admission Affidavit (or other procedures as deemed appropriate). Enrollment will be denied for felony convictions, active suspensions or expulsions from other schools.
- ☐ Schools 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 by Board Policies 4100, 4110, 4120 in G.S. 115C-366. Unique situations may also be referred to Dr. Nolte for guidance.

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 _____, 200__

Notary Public

My commission expires _____

Students' Full Name: _____

Date of Birth: _____

Credent: _____

IT-Manager E : _____

Parent's Name: _____
Phone Numbers: _____

Address: _____

Student's Doctor: _____

Phone #: _____

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

Bus Rider: # _____ Car Rider: _____ Driver: _____ After-School Program: _____
School Nurse Use Only: _____

My Child does not have any medical conditions at this time

Communication:

☐ My Child has the following conditions checked (✓) below

EAP written: _____

☐ LIFE THREATENING ALLERGIES THAT REQUIRE EMERGENCY MEDICATION AT SCHOOL

BEEES: _____

Medication for LIFE THREATENING ALLERGIES

DOZ: _____
 MEDICATION: _____
 Epinephrine Auto-injector: _____ Type: _____
 Benadryl: _____
 (Epi-Non Auto-Inject)

OTHER: _____

☐ ASTHMA THAT REQUIRES INHALER AT SCHOOL

TYPE OF INHALER: _____

DIABETES

Does your child use an Insulin Pump?

Is your child on any other medication for DIABETES?

TYPE 2:

(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

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

☐ **LIST OF MEDICATIONS taken at home that may affect student at school:** Use back of sheet if needed.

****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. 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, 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.*

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

Tuscola High School Registration

Basic Information ***** Date: _____

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: _____

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.

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.