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Revised 5/17

Stanly County Schools
Student Enrollment Form

Student ID# _____

STUDENT INFORMATION

Student's Legal Name:

Last _____ First _____ Middle _____

Preferred Name _____ Birth Date _____
Month/Date/Year

Proof of Age: Birth Certificate Other: Please specify _____

Gender Male Female Social Security # (optional) _____ - _____ - _____

Ethnicity: Student

- is Hispanic or Latino or of Spanish origin
 is not Hispanic or Latino or of Spanish origin

Race: (Check all that apply)

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Grade _____ School Last Attended: _____

City _____ State _____

If the school last attended is not in Stanly County, has the student attended school in Stanly County before? ___

If yes, when? _____ What school? _____

CONTACT INFORMATION

Home Address _____ Apt/Suite _____

City/State _____ Zip Code _____

Mailing address (same as above) _____

City/State _____ Zip Code _____

Home Phone _____ Listed or Unlisted (circle one)

Country of Birth _____ Date First Enrolled in US School _____

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.)

Father's name _____

Home Phone _____ Day Phone _____ Cell Phone _____

Employer _____

Highest grade completed in school _____ Email address _____

Mother's name _____

Home Phone _____ Day Phone _____ Cell 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

Is there a custody order in existence? Yes No If yes, who is the primary custodian? _____
If yes, please provide a copy of the legal custody order to the school.

Student lives:

- in a home owned/rented by parent/guardian
 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 _____

HEALTH INFORMATION

Does your child have any of the following conditions?

- Asthma Diabetes Seizure Disorder Fainting Spells Hyperactive (ADHD)
 Heart Condition Migraines 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 _____

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.

LANGUAGE SPOKEN AT HOME

What is the first language the student learned to speak? _____

What language does the student speak most often? _____

What language is most often spoken in the home? _____

SIBLING INFORMATION

Other children attending Stanly County Schools:

1. Name _____ Relationship _____

Age _____ Gender _____ School _____

2. Name _____ Relationship _____

Age _____ Gender _____ School _____

3. Name _____ Relationship _____

Age _____ Gender _____ School _____

4. Name _____ Relationship _____

Age _____ Gender _____ School _____

EMERGENCY CONTACT

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

1st Contact:

Name _____ Relationship _____

Home Phone _____ Day Phone _____ Cell Phone _____

May contact pick up student? Yes No

2nd Contact:

Name _____ Relationship _____

Home Phone _____ Day Phone _____ Cell Phone _____

May contact pick up student? Yes No

3rd Contact:

Name _____ Relationship _____

Home Phone _____ Day Phone _____ Cell Phone _____

May contact pick up student? Yes No

TRANSPORTATION

Student will be transported by: Bus Car Child will walk

Home address is used for Bus Stop: AM PM Both

Student will be using a location other than home as Bus Stop - grandparents, daycare, etc.: AM PM Both

If using address other than home as Bus Stop, please provide the following:

Name of Adult Contact _____

Address _____

In case of early dismissal, student will be transported by: Bus Car Child will walk

Student's Driver's License Number _____ Issue Date _____

SCHOOL USE ONLY

Student Name _____

Address _____ Grade _____

Date Student Enrolled _____ Enrollment Code _____ Student # _____

Immunizations Noted _____ Homeroom Code _____ School Code _____

Dates Records Requested _____ Date Records Received _____

Bus Run Number: AM _____ PM _____ Bus Stop Number: AM _____ PM _____

New Stop Address _____

New Stop Located Between Stops _____ and _____

North Carolina
Stanly County

AFFIDAVIT

As the parent, guardian or custodian of the student being enrolled in the Stanly County Schools, I hereby affirm the following:

- he/she is not under suspension or expulsion from attendance at a private or public school in North Carolina or any other state
- he/she has not been convicted of a felony in North Carolina or any other state
- I understand that I have 30 days to comply with North Carolina immunization requirements

Failing to provide evidence of immunization with 30 days may result in the student being suspended from school.

I UNDERSTAND THAT IF I HAVE PROVIDED FALSE INFORMATION IN THIS ENROLLMENT FORM, I MAY BE FOUND GUILTY OF A CLASS I MISDEMEANOR AND MAY HAVE TO PAY THE STANLY COUNTY SCHOOLS AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD.

Parent/Guardian Signature _____ Date _____

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

Official Seal

Notary Public _____

My commission expires _____ 20 _____