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Revised 4/17

Stanly County Schools
Student Enrollment Form

Student ID# _____

(Daim Ntawv Cuv Npe Menyuum Kawm Ntawv)

Student Information (Nug txog Menyuum Kawm Ntawv)

Students Legal Name *(Menyuam Lub Npe Raws Txoj Cai)*:

Last Name *(Lub Xeem)* _____ First Name *(Lub Npe)* _____

Middle *(Lub Npe Duab Dab)* _____

Preferred Name _____ Birthdate: _____
(Me nyuam Npe) *(Hnub Yug)* *Hli/Hnub/Xyoo*

Proof of Age: *(Ntawv pov thawj ntawm hnub yug)*

Birth Certificate Other: Please specify _____

(Daim ntawv qhia txog hnub yug) *(Lwm Daim: Thov qhia kom meej)*

Gender Male Female SS # *(sau los tau, tsis sau los tsis ua li cas)* _____ - _____ - _____
(Tub) *(Ntxhais)*

Ethnicity: Student

is Hispanic or Latino or of Spanish origin *(Yog neeg mev)*

is not Hispanic or Latino or of Spanish origin *(Tsis yog neeg mev)*

Race: (Check all that apply) *(Haiv neeg dab tsis: Kos seb koj yog haiv neeg twg)*

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
(Neeg Khab) *(Neeg Hawaii)*

Black or African American Asian White
(Neeg tawv Dub) *(Neeg tawv Daj)* *(Neeg tawv Dawb)*

Grade _____ School Last Attended: _____
(Qib kawm) *(Lub Tsev Kawm Ntawv Kawm tag los)*

City _____ State _____
(Lub Nroog) *(Lub Xeev)*

If the school last attended is not in Stanly County, has the student attended school in Stanly County before?
(Yog lub tsev kawm ntawv tag los tsis nyob hauv Stanly County, koj tus menyuum puas tau kawm ntawv rau hauv Stanly County dua ?) _____

If yes, when? _____ What school? _____
(Yog kawm lawm, thaum twg?) *(Lub tsev kawm ntawv twg?)*

CONTACT INFORMATION (NUG TXOG KEV TIV TAUJ TAU)

Home Address _____
(Chaw nyob)

City/State _____ Zip Code _____
(Lub Nroog/ Lub Xeev) (Tus leb qhia txog thaj chaw koj nyob)

Mailing Address (if different from home address) _____
(Chaw xa ntawv yog txawv qhov chaw nyob)

City/State _____ Zip Code _____
(Lub Nroog/ Lub Xeev) (Tus leb qhia txog thaj chaw koj nyob)

Home Phone _____
(Xov tooj hauv tsev)

Country of Birth _____ Date First Enrolled in US School _____
(Yug nyob teb chaw twg) (Thawj hnuv cuv npe kawm ntawv nyob teb chaws Mes Kas)

PARENT/GUARDIAN INFORMATION (NUG TXOG NIAM TXIV/ TUS SAIB XYUAS) (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 _____
Txiv los yog Txiv Tshiab Npe

Home Phone _____ Day Phone _____ Cell Phone _____
(Xov tooj tom tsev) (Xov tooj tom hauj lwm) (Xov tooj ntawm duav)

Employer _____
(Chaw Ua Hauj Lwm Npe)

Highest grade completed in school _____ Email address _____
(Txiv Kawm Ntawv Txog Qib Twg)

Mother's name _____
Niam los yog Niam Tshiab Npe

Home Phone _____ Day Phone _____ Cell Phone _____
(Xov tooj tom tsev) (Xov tooj tom hauj lwm) (Xov tooj ntawm duav)

Employer _____
(Chaw Ua Hauj Lwm Npe)

Highest grade completed in school _____ Email address _____
(Niam Kawm Ntawv Txog Qib Twg)

LIVING ARRANGEMENTS (NUG TXOG CHAWS NYOB NROG LEEJ TWG)

Student lives with (name of parent/guardian) _____

Menyuam nyob nrog (niam txiv npe/ tus saib xyuas npe)

Relationship to Student: *(Kev txheeb tus menyuam)*

- Mother & Father (Niam thiab Txiv)
- Mother Only (Niam xwb)
- Father Only (Txiv xwb)
- Mother & Stepfather (Niam thiab Txiv Tshiab)
- Father & Stepmother (Txiv thiab Niam Tshiab)

- Legal Guardian
Tus saib xyuas raws txoj cai

Is there a custody order in existence? Yes No If yes, who is the primary custodian? _____
(Puas muaj ntawv saib xyuas tus menyuam?) Muaj Tsis Muaj Yog muaj, yog leej twg?

Student lives *(Menyuam nyob)*:

- in a home owned/rented by parent/guardian
(tsev yuav/ los yog tsev xoj nrog niam txiv/ los yog tus saib xyuas)
- with more than one family in a home owned/rented by someone other than parent/guardian because family has no home of their own
(nrog lwm tsev neeg nyob los nrog ib tug neeg twg nyob ntau dua niam thiab txiv vim tsis muaj tsev nyob)

Other *(lwm qhov)*: _____

- in a public or private residential facility because of neglect delinquency
(nyob nrog ib pab neeg los lub chaw pab neeg vim (tsis quav ntsej) (khiav tawm)

Number of adults in the home _____
(Pes tsawg tus laus nyob hauv tsev)

Number of children in the home _____
(Pes tsawg tus menyuam nyob hauv tsev)

HEALTH INFORMATION (KEV NUG TXOG KEV MOB NKEES)

Does your child have any of the following conditions?

Koj tus menyuam puas muaj tej yam mob raws li nram no?

- Asthma *(Mob hawb pob, ua tsis taus pa)* Diabetes *(Ntshav qab zib)* Seizure Disorder *(Qaug dab peg)*
- Fainting Spells *(Tsaus muag)* Hyperactive (ADHD) *(Khib dwb, zaum tsis tswm)*
- Heart Condition Migraines Other: _____
(Mob plawv) (Mob taub hau) (Lwm yam)

Please explain any positive responses *(Thov piav tej yam txog kev noj qab nyob zoo)*:

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.

Kev muab tshuaj noj tom tsev kawm ntawv yuav tsum muaj kev tso cai los ntawm kws kho mob. Koj yuav tsum tau ntsib tus ceev ntaub ntawv muab tshuaj yog hais tias koj tus menyuam yuav noj tshuaj tom tsev kawm ntawv.

Name of Physician _____ Phone _____
(Kws kho mob Npe) (Xov tooj)

Name of Dentist _____ Phone _____
(Kws kho hniav Npe) (Xov tooj)

IDENTIFIED SPECIAL NEEDS (KEV TXHAWB NQA MENYUAM KAWM TSHWJ XEEB)

- Child has been tested for special services (ex. academically gifted, speech, learning difficulties).
(Menyuam muaj xeem qees yam kev pab (ib yam li cov muaj peev xwm, cov hais lus tsis meej, los yog cov kawm tsis tshuas tau)
- Child has a current Individualized Education Plan (IEP).
Daim ntawv (IEP) pab rau cov menyuam kawm tsis tau ntawv zoo
- Child has a current 504 Plan
Daim ntawv (504 Plan) pab rau cov menyuam kawm tsis tau thiab muaj mob muaj nkeeg kom txhawb nqa nws kev kawm
- No special needs identified.
Menyuam tsis muaj xeem qees yam kev pab

LANGUAGE SPOKEN AT HOME (NUG TXOG YAM LUS HAIS NYOB TOM TSEV)

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

(Tus menyuam xub kawm yam lus twg ua ntej?)

What language does the student speak most often? _____

(Tus menyuam hais yam lus twg ntau tshaj?)

What language is most often spoken in the home? _____

(Yam lus twg hais ntau dua nyob tom tsev?)

SIBLING INFORMATION (Nug txog Nus Muag)

Other children attending Stanly County Schools *(Lwm cov menyuam kawm ntawv nyob hauv tsev kawm ntawv Stanly County):*

1. Name _____ Relationship _____
(Npe) (Kev txheeb)

Age _____ Gender _____ School _____
(Hnub nyoog) (Tub los Ntxhais) (Tsev kawm ntawv)

2. Name _____ Relationship _____
(Npe) (Kev txheeb)

Age _____ Gender _____ School _____
(Hnub nyoog) (Tub los Ntxhais) (Tsev kawm ntawv)

3. Name _____ Relationship _____
(Npe) (Kev txheeb)

Age _____ Gender _____ School _____
(Hnub nyoog) (Tub los Ntxhais) (Tsev kawm ntawv)

4. Name _____ Relationship _____
(Npe) (Kev txheeb)

Age _____ Gender _____ School _____
(Hnub nyoog) (Tub los Ntxhais) (Tsev kawm ntawv)

EMERGENCY CONTACT (KEV TIV TAUJ THAUM MUAJ KEV KUB NTXHOV)

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

(Yog muaj kev kub ntxhov, lub tsev kawm ntawv yuav xub tiv tauj Niam Txiv los yog tus saib xyua. Yog tiv tauj tsis tau Niam Txiv los yog tus saib xyua, thov muab peb tug txheeb ze npe uas yuav tiv tauj tau.)

1st Contact (Tus thib ib):

Name _____ Relationship _____
(Npe) (Kev txheeb)
Home Phone _____ Day Phone _____ Cell Phone _____
(Xov tooj hauv tsev) (Xov tooj tom hauj lwm) (Xov tooj ntawm duav)
May contact pick up student? Yes No
(Tus neeg tiv tauj ntawv tos puas tau tus menyuam?) Tau Tsis tau

2nd Contact (Tus thib ob):

Name _____ Relationship _____
(Npe) (Kev txheeb)
Home Phone _____ Day Phone _____ Cell Phone _____
(Xov tooj hauv tsev) (Xov tooj tom hauj lwm) (Xov tooj ntawm duav)
May contact pick up student? Yes No
(Tus neeg tiv tauj ntawv tos puas tau tus menyuam?) Tau Tsis tau

3rd Contact (Tus thib peb):

Name _____ Relationship _____
(Npe) (Kev txheeb)
Home Phone _____ Day Phone _____ Cell Phone _____
(Xov tooj hauv tsev) (Xov tooj tom hauj lwm) (Xov tooj ntawm duav)
May contact pick up student? Yes No
(Tus neeg tiv tauj ntawv tos puas tau tus menyuam?) Tau Tsis tau

TRANSPORTATION (Kev mus los sib cuag)

Student will be transported by: Bus Car Child will walk

Menyuam tuaj li cas: Caij Npav Caij tsheb Menyuam taug kev

Home address is used for Bus Stop: AM PM Both

Menyuam caij npav ntawm tsev sij hawm twg Sawv ntxov Tav su (Ob zaug)

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

Menyuam caij npav rau lwm qhov chaw twg Sawv ntxov Tav su Ob zaug

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

Yog menyuam caij npav rau lwm qhov chaw, thov qhia rau nram qab no:

Name of Adult Contact _____

(Ib tug neeg laus npe)

Address _____

(Nws qhov chaw nyob)

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

Yog yuav lawb ntxov, tus menyuam yuav: Caij Npav Caij tsheb Menyuam taug kev

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

Sau tus leb ntawm menyuam daim ntawv tsav tsheb

Hnub Muab Ntawv Tsav Tsheb

SCHOOL USE ONLY (TSEV KAWM NTAWV SIV XWB)

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 _____

High School Student's Intended Course of Study _____

North Carolina
Stanly County

AFFIDAVIT (KEV LEES PAUB TXOJ CAI KAWM NTAWV)

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

(Kuv yog Niam Txiv los yog tus saib xyua tus menyuam kawm ntawv nyob hauv tsev kawm ntawv Stanly County pom muaj tseeb hais tias):

- he/she is not under suspension or expulsion from attendance at a private or public school in North Carolina or any other state
(Tus menyuam tsis tau raug ncaws tawm vim kev qhaj ntawv hauv ib lub tsev kawm ntawv twg nyob hauv North Carolina los lwm lub xeev)
- he/she has not been convicted of a felony in North Carolina or any other state
(Tus menyuam tsis tau raug ntes los raug kaw hauv North Carolina los lwm lub xeev)
- I understand that I have 30 days to comply with North Carolina immunization requirements
(Kuv tau taub hais tias kuv muaj 30 hnuv ua yuav tsum koj tus menyuam mus kuaj thiab txhaj tshuaj thaiv kab mob raws txoj cai nyob hauv xeev North Carolina)

Failing to provide evidence of immunization with 30 days may result in the student being suspended from school. (Yog hais tias koj tus menyuam tsis mus kuaj thiab txhaj tshuaj thaiv kab mob raws txoj cai, nws yuav tsis tau kawm ntawv.)

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.

(KUV TAU TAUB HAIS TIAS YOG KUV TAU QHIA TSIS TSEEB RAU DAIM NTAWV CUV NPE KAWM NTAWV NO, KUV YUAV RAUG LIAM THIAB THEM TSEV KAWM NTAWV STANLY COUNTY TUS NQE KAWM LOS NTAWM TUS MENYUAM.)

Parent/Guardian Signature _____ Date _____
Niam Txiv/Tus Saib Xyuas Sau Npe Hnuv

Sworn to and subscribed before me this _____ day of _____ 20_____
Kuv cog lus rau hnuv tim Lub hli Xyoo

Official Seal(*Mus Ntau Thwj Tias Muaj Tseeb*)

Notary Public _____
(Ntau Thwj)

My commission expires _____ 20_____
(Hnuv ua hauj lwm tas) Xyoo