

School of enrollment: _____ Entry code: _____

If yes, what area?

Is the student currently under suspension or expulsion (from any other school in this or any other state)?

☐ Yes ☐ No

Has this student ever been convicted of a felony in this or any other state? ☐ Yes ☐ No

INFORMATION ABOUT THE FAMILY

Mother/Step-Mother/Guardian's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

E-Mail Address _____

Father/Step-Father/Guardian's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

E-mail Address _____

Is your current address a temporary living arrangement due to the loss of housing (homeless) or Economic hardship? ☐ Yes ☐ No

If yes, please complete the McKinney-Vento Eligibility form.

Due to the implementation of the NCWISE Parent Assistant, which is a user-friendly web application to help parents track their child/children's progress in school, this information is requested:

Does this child have siblings in the Elizabeth City Pasquotank County school system? ☐ Yes ☐ No

If yes please list siblings below:

Name: _____ Relationship: _____ School: _____

Name: _____ Relationship: _____ School: _____

Name: _____ Relationship: _____ School: _____

Name: _____ Relationship: _____ School: _____

Name: _____ Relationship: _____ School: _____

TRANSPORTATION

My child will ride the bus. ☐ Yes ☐ No **Please fill out attached bus transportation sheet.**

My child will be a pick-up. ☐ Yes ☐ No

My child will walk. ☐ Yes ☐ No **Only if school has a designated *no transportation* zone.**

INFORMATION ABOUT YOUR CHILD

Does your child have any known allergies? ☐ Yes ☐ No

Explain: _____

Does your child have any chronic health conditions? (circle all that apply)

Asthma Diabetes Sickle Cell Cancer Other _____

Please note any additional medical information about your child that may be important: _____

Does this student take any medication at school? ☐ Yes ☐ No

If yes, what type of medication? _____

EMERGENCY CARE INFORMATION

Name of child's doctor: _____ Office Phone: _____

Address _____

Name of child's dentist: _____ Office Phone: _____

Address _____

Albemarle Hospital will be utilized in case of an emergency, unless otherwise specified. _____

As the parent/guardian, I agree that the appropriate school personnel may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian

Date

Persons who may remove your child from school and/or to contact in case of an emergency if immediate family cannot be reached: *(Please make sure that these are updated as changes occur.)*

Name _____ **Relationship to child** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name _____ **Relationship to child** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Name _____ **Relationship to child** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Name _____ **Relationship to child** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I understand that it is my responsibility as parent or guardian of this child to regularly update the school with changes of addresses and phone numbers. This will enable me to continue to receive important updates and communication from the school system, including school connect messages.

Parent/Guardian Signature _____

Date: _____

I understand that NC Law requires all students to have all immunizations on file at the school within 30 days of enrollment.

Parent/Guardian Signature _____ **Date:** _____

The Elizabeth City – Pasquotank Public School System conducts activities and procedures without regard to race, creed, color, national origin, gender or disability.

Bus Transportation

Student Name: _____

Student Address: _____ **Phone:** _____

Homeroom Teacher: _____ Grade: _____

Transportation is arranged for your child by the information you provide on this form. You must complete this form and return it to the school as soon as possible if you cannot immediately do so at registration. Please keep in mind that it *may* take a day or so to assign your child to a bus, therefore, we ask that you be prepared to make transportation arrangements for your child until you are notified that your child has been placed on a bus and the bus number. Transportation *may not* be available to all students in several schools as there are some areas designated as “no transportation zones” for these schools. We regret that transportation is not an option for students who live within those areas.

Morning Transportation Needed: _____ Yes / No

Bus # Please print address Please circle

Afternoon Transportation Needed:	Yes / No
<u>Bus # Please print address</u>	<u>Please circle</u>

Date: _____ Parent / Guardian Signature: _____ Phone # _____