

BERTIE COUNTY SCHOOLS

P.O. BOX 10
715 Hwy 13 N
WINDSOR, NORTH CAROLINA 27983
PHONE (252) 794-3173 – FAX: (252) 794-9727



Dr. Otis Smallwood
Superintendent

School Use Only School: _____ Entry Date: _____

Grade: _____ Hrm/Teacher: _____

BOARD MEMBERS
TARSHA DUDLEY, Chair
NORMAN CHERRY, Vice-Chairman
CHRISTINE DUDLEY
RICKEY FREEMAN
BOBBY OCCENA

Legal Last Name: _____ Legal First Name: _____

Middle Name: _____ Gender: M ___ F ___ Birth Date: _____

Age: _____ Home Phone No: _____ Cell Phone No: _____

Ethnicity: (Choose one)

___ Hispanic/Latino

___ Non-Hispanic

Race: (Check all that apply)

___ American Indian or Alaska Native

___ Native Hawaiian or Other Pacific Islander

___ Black or African American

___ Asian

___ White

Property Address

Street No & Name: _____ Apt#: _____

City: _____ State: _____ Postal Zip Code: _____

Mailing Address :(If different from above) _____

Previous School/District: District: _____ **Previous School:** _____

Previous School/Bertie County: (has student ever attended a school in Bertie County) _____

Address: _____

Parent/Guardian:

Custody: _____

Living With: _____

Relationship 1. _____

2. _____

Last Name _____

First Name _____

Address: (If different from student)

Work/Employment: _____

Work Phone No: _____

Cell Phone No: _____

Email: _____

Emergency Contacts: (other than parents)

1. _____
Name Relationship

Phone: _____

2. _____
Name Relationship

Phone: _____

I verify that the above is the true and legal residence of the above child. If this information is false, the above child will be relocated to home attendance school immediately and my right to appeal this decision will be relinquished.

Signature: _____ Date: _____