

Name: _____ DOB: _____ ☐ NES ☐ OES ☐ SES

Caswell County Schools



PRESCHOOL INFORMATION NEEDED

You **MUST** return a completed application and **ALL** supporting documents.

Child must be 4 years old by August 31, 2024.

- ☐ **NC Pre-K Application Completed**
- ☐ **Birth Certificate** (official copy needed/ mother's copy will not be accepted)
- ☐ **Proof of Income** (4 consecutive pay stubs if paid weekly; 2 consecutive pay stubs if paid biweekly or 2x/month; 1 pay stub if paid 1x/month, 1040, W2, Child Support, SSI, SSA, Unemployment Benefits, Workers Comp, Public Assistance/Work First Benefits, or signed statement when no verifiable countable income).
- ☐ **1 Proof of Residency** (current utility bill [electric/water/gas] or rental agreement)
- ☐ **Immunization Record**
- ☐ **NC Health Assessment** (visit must occur within 12 months of school start date- **8/26/23** or later)
- ☐ **Dental Screening** (visit must occur within 12 months of school start date - **08/26/23** or later)
- ☐ **Driver's License/NC I.D. Card**
- ☐ **Caswell County Schools Data Sheet**
- ☐ **Transportation form**
- ☐ **Military Member's Leave & Earning Statement** (if applicable)
- ☐ **ASQ-3 Questionnaire**

North Elementary: 336-388-2222 South Elementary: 336-694-1212
Oakwood Elementary: 336-694-4221 Stoney Creek Elementary: 336-694-6222
Pre-K Office: 336-694-4116 ext 70 Caswell County Partnership for Children: 336-694-1538

NC PRE-K PROGRAM APPLICATION INFORMATION



Applications can be obtained:

- Any elementary school
- The EC Department at Central Office
- Printed from district website
<https://www.caswell.k12.nc.us/Domain/161>
- Mailed to you - call 336-694-4116 ext 70 to request
- The Caswell County Partnership for Children office

Applications can be submitted to:

- Any elementary school
- The EC Department at Central Office
(please make an appointment with Pre-K)
- The Caswell County Partnership for Children office

Applications are due by June 14, 2024

Only *completed* applications to be reviewed



North Elementary: 336-388-2222 South Elementary: 336-694-1212
Oakwood Elementary: 336-694-4221 Stoney Creek Elementary: 336-694-6222
Pre-K Office: 336-694-4116 ext 70 Caswell County Partnership for Children: 336-694-1538



2024-2025 Caswell County NC Pre-Kindergarten Application Instructions

What is NC Pre-Kindergarten (Pre-K)?

The Caswell County NC Pre-K Program provides high-quality educational experiences to enhance school readiness for eligible 4-year-old children. NC Pre-K classrooms operate at least 6.5 hours per day, Monday through Friday from late August – June. The program is **FREE** for eligible families. **You only need to submit one NC Pre-K application to be considered for all possible placements.** Space is limited and some children may be placed on a wait list, so earlier submissions of the application are encouraged.

Should I apply? In order to be eligible for the Caswell County NC Pre-K Program, your child must be:

• 4 years old on or before August 31	• A resident of Caswell County
--------------------------------------	--------------------------------

Income eligible children are given priority and are served first. Other factors that may be used to determine if your child is eligible include:

• Having an identified developmental disability or chronic health condition	• Having an IEP (Individualized Education Program) or an identified educational need
• Living in foster care	• Receiving refugee services
• Receiving any of the following public assistance: WIC, public housing, TANF/Work First, Medicaid, SSI, Food Stamps/SNAP	• Having a parent in the military
• Speaking limited or no English in the home	• Experiencing homelessness

How do I apply? Return a **completed, signed application AND all required documents (refer to application checklist)** to one of the sites listed below. Please mark your first choice and second choice for site placement on the NC Pre-K application. Completing an application does not guarantee participation in the NC Pre-K program. **The NC Pre-K Site will notify families if the application is missing information. The NC Pre-K Site will also notify families when your child has been approved for the program or if your child does not meet the eligibility criteria. Please contact the NC Pre-K Site at the number listed below with any questions regarding your child's application.**

Caswell County Schools
319 Main Street E
Yanceyville, NC 27379

Phone: 336-694-4116 ext. 70

Mail Applications to: PO Box 160, Yanceyville, NC 27379

North Elementary School
10390 NC Hwy 86 N
Providence, NC 27315

Oakwood Elementary School
274 Oakwood Drive
Yanceyville, NC 27379

South Elementary School
8925 NC Hwy 86 South
Mebane, NC 27302

Rainbow Educational Child Care Center
573 Fire Tower Road
Yanceyville, NC 27379

Phone: 336-694-9675

Mail Applications to: PO Box 82, Yanceyville, NC 27379

The Caswell County Partnership for Children oversees the NC Pre-K program. Caswell County Schools and Rainbow Educational Child Care Center will follow up with you for any missing documentation and to notify you about your child's placement.

You may contact Caswell County Partnership for Children for general questions or to submit an application:

Phone: 336-694-1538

Drop Off Applications to: 1084 NC Hwy 86 North, Yanceyville, NC

Mail Applications to: PO Box 664, Yanceyville, NC 27379

www.caswellchildren.org (to download an application)

NC Pre-Kindergarten Application Checklist

You must provide all of the following documents in order for your application to be considered complete:

- ☐ Completed & Signed Application
- ☐ Child's Birth Certificate
- ☐ **Current** Proof of Residency that matches physical address on application; cannot be a PO Box (such as utility bill or rental agreement-dated within the past 3 months)
- ☐ Child's **current** Immunization Record
- ☐ Military Member's Leave & Earning Statement for child of eligible military family
- ☐ Proof of income for **each** parent/guardian that is employed in the household.

Submit documentation for all that apply:

1. Pay Stubs

Weekly: submit **4 consecutive** pay stubs

Bi-weekly: submit **2 consecutive** pay stubs

Monthly: submit at least **1 full month's** pay stub

OR Tax Records (most recent **W-2** or Form **1040**)

2. Award letter from the Social Security Administration

3. Award letter from the Division of Employment Security

4. Employer written statement *signed by the employer (on letterhead, if available) that reflects the employee's most recent pay periods; the amount and frequency of pay (including overtime)*

5. Self-employed individuals should submit either a Form 1040, 1099 or Bank Statement for business

6. Completed statement on the Pre-K application when the parent/guardian states they do not have any income to report or do not have documentation of income OR the NC Pre-K Certification of No Income Form

*Proof of public assistance **may** be required to support your child's eligibility. Do not submit information with the application. Families will be contacted if information is needed.

**** NC Pre-K requires children's health assessments to be on file within 30 days of the child's first day of attendance in the NC Pre-K Program. The assessment must be no more than a year old. If your child is accepted into the program, please plan to obtain this documentation from your child's health care provider and submit a copy to the NC Pre-K site.***



2024-2025 Caswell County NC Pre-Kindergarten Application

Please complete all fields

Please mark your 1st and 2nd choice for your child's NC Pre-K site placement:

- ☐ North Elementary School
- ☐ Oakwood Elementary School
- ☐ Rainbow Educational Child Care Center
- ☐ South Elementary School

Child Information

Child's Name: _____
First Middle Last

Child's Birth Date: _____
Month – Day – Year

Child's Gender: ☐ Male ☐ Female

Child's Home Address: _____
Street City Zip Code

Child's Ethnicity:

- ☐ Hispanic or Latino
- ☐ Non- Hispanic or Latino

Child's Race (may select more than one):

- ☐ Black/African American
- ☐ White/European American
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander

Is child a Caswell County resident? ☐ Yes ☐ No

Is child a U.S. Citizen? ☐ Yes ☐ No

Family Information**Child lives with:**

- ☐ Both Parents
☐ Mother
☐ Father
☐ Parent & Stepparent
☐ 50/50 Joint Custody
☐ Grandparent(s)

- ☐ Foster parent(s)*
☐ Legal Guardian*
☐ Legal Custodian*
☐ Kinship Provider**: _____
☐ Other (specify): _____

*Attach copies of legal documentation

**Note: Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. For the purposes of NC Pre-K, kinship is established when the child lives with and is cared for by an adult who is not the child's parent, legal guardian, legal custodian, or foster parent.

How many family members live in household (including the NC Pre-K Child)?

List the names of <u>ALL</u> adults and children living in the household	List relationship to the NC Pre-K Child (e.g. mother, father, stepparent, grandparent, sister, brother, half-sister/brother, step-sister/brother)	List date of birth for any child(ren) up to age 18	List name of school that child(ren) (up to age 18) attend
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Parent/Guardian #1: Name: _____
 Phone #(s): _____ Email address: _____

(Email will be used by the Caswell County Partnership for Children to provide information about FREE Pre-K activities and supplies when available)

Choose which of these apply: ☐ Employed Fulltime ☐ Employed Part-time

Name of Employer: _____
☐ Unemployed ☐ Seeking Employment ☐ Attending College ☐ In High School/GED program
☐ In Job Training ☐ Other: _____

Parent/Guardian #1 Income – LIST ALL SOURCES OF INCOME

Wages/Salary/Employment Income	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Social Security Benefits/Disability Insurance	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Social Security Income (for Child)	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Retirement/Disability Benefits	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Unemployment Benefits/Worker's Comp	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Court Ordered Child Support/Alimony	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Any Other Income:	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	

Parent/Guardian #2: Name: _____

Phone #(s): _____ Email address: _____

Choose which of these apply: ☐ Employed Fulltime ☐ Employed Part-time

Name of Employer: _____

☐ Unemployed ☐ Seeking Employment ☐ Attending College ☐ In High School/GED program

☐ In Job Training ☐ Other: _____

Parent/Guardian #2 Income – LIST ALL SOURCES OF INCOME

Wages/Salary/Employment Income	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Social Security Benefits/Disability Insurance	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Social Security Income (for Child)	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Retirement/Disability Benefits	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Unemployment Benefits/Worker's Comp	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Court Ordered Child Support/Alimony	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	
Any Other Income:	\$ _____
<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly <input type="checkbox"/> annually	

To help us determine your child's eligibility, please check all of the following that your household receives:

- | | |
|---|---|
| <input type="checkbox"/> Refugee Services | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> TANF/Work First | <input type="checkbox"/> SNAP |

Proof of public assistance is not required unless specifically requested. This will only be requested in some cases and only if it simplifies the eligibility process.

Parent(s)/Guardian(s):

To be completed by each parent, stepparent, guardian or legal guardian/custodian residing in the household and claiming no income from any source listed on application. For example, if parent 1 has income as marked above and parent 2 does not, then parent 1 should be listed below as source of support. If the only source of household income is social security income in the child's name, then parent(s) must complete:

Person(s) and/or source(s) that provides support for this family: _____

Amount provided \$ _____ ☐ week or ☐ month or ☐ other: _____

Additional Family Information

- Does your family currently have a stable living arrangement? ☐ Yes ☐ No
- Do you have transportation to drop off and pick up your child from the Pre-K Program? ☐ Yes ☐ No
- What is the Primary Language spoken in the family's home? _____
- Does your child have a chronic health condition or significant health concern diagnosed and documented by a Professional Health Care Provider? ☐ Yes ☐ No
If yes, please list health condition(s) or concern(s): _____
- Has your child been referred for an evaluation for a disability? ☐ Yes ☐ No

6. Has your child been identified with a disability? ☐ Yes ☐ No
 If yes, check all that apply:
☐ Autistic
☐ Deaf-blind
☐ Hearing impaired
☐ Multi-handicapped
☐ Orthopedically impaired
☐ Speech/language impaired
☐ Visually impaired
☐ Traumatic brain injured
☐ Developmentally delayed
☐ Other health impaired (specify): _____
7. Has your child been referred for services related to a disability? ☐ Yes ☐ No
8. Is your child receiving services related to a disability? ☐ Yes ☐ No
 If yes, check ALL services received:
☐ Speech Therapy
☐ Physical Therapy
☐ Occupational Therapy
☐ Other (specify): _____
9. Does your child have an Individualized Education Plan (IEP)? ☐ Yes ☐ No
10. Does your child have a parent in current active military duty, active duty within the last 18 months, scheduled active duty in the next 18 months, or who was injured or killed while serving on active duty? ☐ Yes ☐ No
11. Since birth, has your child ever attended a preschool program, child care center or family child care home? ☐ Yes ☐ No
12. Is your child currently enrolled in a preschool program, child care center or family child care home? ☐ Yes ☐ No
 If YES, what is the name of the program? _____
13. Is your child currently receiving subsidy for child care? ☐ Yes ☐ No

Parent/Guardian Responsibility and Participation

- I understand this is an application for services offered and does not constitute enrollment into any program.
- I certify that the information provided on this application is true and accurate and all income has been reported.
- I have provided all of the required documentation to verify my responses included on this application.
- I understand this information is being provided for receipt of federal and/or state funds. Officials may verify the information on this application. Deliberate misrepresentation of the information may cause my child to be terminated from the program and/or other appropriate action may be taken against me.
- The information on this application will be used in the determination of eligibility for Title I and/or NC Pre-K programs. I hereby release the information so that my child may be considered for any of these programs. The designated agency may share and/or verify any and all information regarding my child.
- I understand that NC Pre-K is designed to serve at-risk children and that every effort shall be made by me and the NC Pre-K program to maintain my child's enrollment, attendance, and participation.
- I understand I am responsible for providing transportation for my child if transportation is not available at my child's Pre-K site.

Parent/Guardian Signature _____ **Date** _____



NC PRE-K CERTIFICATION OF NO INCOME

(To be completed by each parent, legal guardian, or stepparent residing in the household and claiming no income from any source)

Parent/Stepparent/Legal Guardian: _____

NC Pre-K Child's Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Social Security (SSA), Supplemental Security Income (SSI);
- d. Rental income from real or personal property;
- e. Annuities, retirement, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance (Work First/ Cash Assistance)
- h. Child support or Alimony
- i. Sales from self-employment (Avon, Mary Kay, Lawn Mowing, etc.);
- j. Any other source not named above.

2. Choose one:

- ☐ Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
- ☐ Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to provide for my family:

Parent/stepparent/legal guardian

Date

Affidavit of Residence

The _____ family is residing with _____ at _____

(Street Address, Apartment Number, City, State, Zip Code)

Attached is a current (within the last 30 days) electric, water, public gas bill or signed lease / purchase contract. This documentation is necessary to show proof of residence for:

_____ to attend Caswell County Schools.

(Name of child / children attending school)

Signature of Parent / Guardian: _____ Date: _____

Signature of Residence Provider: _____ Date: _____

Parent/Guardian Initial Below:

_____ I verify that the information contained on this form is true and accurate.

_____ I verify that any information / documentation I have provided in support of this information is true and accurate.

I attest that the information contained in these documents is true and accurate. I understand that if school officials determine that I have misrepresented any information in the application then the local school board may remove the student(s) from the school(s). If it is found that a person willfully and knowingly provided false information in the affidavit, the maker of the affidavit shall be guilty of a Class 1 Misdemeanor and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment. Repayments shall not include state funds.

Signature of Parent / Guardian

Date

TO BE COMPLETED BY A NOTARY PUBLIC:

State of North Carolina

County of _____

I _____, a Notary Public for said County and State do hereby certify that

_____ and _____ personally appeared before me and acknowledged
Parent/Guardian Parent/Guardian
the due execution of the forgoing instrument.

Witness my hand and seal this _____ day of _____

Signature of Notary _____ My commission expires _____



NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

Birthdate (M/D/YYYY):

School Name:

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: ☐ Yes ☐ No

Concerns related to student's vision:





PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016rev

Hearing screening information:

Passed hearing screening: ☐ Yes ☐ No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: ☐ Yes ☐ No

Medical Provider Comments:**Please attach other applicable school health forms:**

Immunization record attached: ☐
School medication authorization form attached: ☐
Diabetes care plan attached: ☐
Asthma action plan attached: ☐
Health care plans for other conditions attached: ☐

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Dental Screening Form

When the Kindergarten Health Assessment (KHA) Form is used to complete the NC Pre-K child's health assessment, a dental screening must also be completed (10A NCAC 09 .3005 Child Health Assessment). The child's health assessment must include a dental screening, which may be recorded on this form.

Child's Name: _____
 Birth date: ____/____/____
 Gender: Male Female
 Parent or Guardian: _____
 Address: _____
 City: _____
 Phone number: _____ School/Pre-K: _____

Screener's Name _____ Screening Date ____/____/____

Organization/Practice Name _____

Phone number _____

Professional affiliation (please check one):

- ☐ Dentist
☐ Dental Hygienist
☐ Physician
☐ Physician Assistant
☐ Registered Nurse
☐ Other Health Professional: _____

Pattern of early childhood cavities:

- ☐ No cavities/decay present or no obvious problem
- ☐ Cavities/decay present or dental care needed (comment required)
- ☐ Referral for Urgent Care (comment required)

Comments:

Signature _____

Date _____

School: _____ Year: _____ Homeroom Teacher: _____

Transportation (B=Bus, C=Car) AM: _____ PM: _____ Custody Papers on file? Yes No

Caswell County Elementary Schools Student Data & Health Information Sheet

Please complete all requested information, sign and return form to school immediately.

Proof of residency and guardianship/custody papers are required prior to new enrollment.

Student's First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Current Age: _____

Mailing Address: _____

Phone: _____

911 Address: _____ Birthplace: _____

Please answer **both** the ethnicity **and** race categories. **You may select more than one race option.**

You must select one of these: Ethnicity: Hispanic/Latino Non-Hispanic/Latino

You must select at least one of these: Race: American Indian/Alaska Native Asian Black Hawaiian/Pacific White
Male Female

Student resides with: Mother Father Mother & Father Father & Stepmother Mother & Stepfather Guardian

Mother/Stepmother/Guardian: _____ Living Deceased

Employer: _____ Highest Grade Completed: _____ Birthplace: _____

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

Email: _____

Mailing Address: _____

911 Address: _____

Father/Stepfather/Guardian: _____ Living Deceased

Employer: _____ Highest Grade Completed: _____ Birthplace: _____

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

Email: _____

Mailing Address: _____

911 Address: _____

Siblings in the home: Brother(s) [name(s) & age(s)] _____

Sister(s) [name(s) & age(s)] _____

Parent's marital status: Married Separated Divorced Single

Does your child have a current IEP or 504? Yes No

Is your child under current suspension/expulsion from his/her previous school? Yes No

If yes, name and location of school: _____

Has your child ever attended a Caswell County School before? Yes No If yes, which school: _____

Is your child transferring from another school? Yes No If yes, which school: _____

Address: _____ Phone: _____

Any other person(s) who has your permission to **pick up your child** if the parents cannot be reached? Include those with your permission to take child to doctor in the event of an emergency (List by priority):

Name:

Phone:

Any person(s) who should not have contact with your child (must provide legal documentation):

In case of inclement weather/early dismissal your child should:

Go Home as usual Other: _____

Office use only: Entry code: _____ Student ID Number _____ Entry date _____

Student Health Inventory

Your child's learning depends upon good health. To assist in providing health services at school, please complete the following and return this to your child's school for review by the School Nurse.

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Orthodontist			
Case Worker (If applicable) / Counselor			
Hospital Preference			

Child's Health Insurance		None	Medicaid	Private/Commercial/Employer sponsored		
Condition	Yes	Comments	Condition	Yes	Comments	
Allergies (food, insects, drugs, latex)			Head or spinal injury			
Allergies (seasonal)			Concussion w/in the last year			
Asthma or breathing problems			Hearing problems or deafness			
Attention-Deficit/Hyperactivity Disorder			Heart problems			
Autism			Migraine Headaches			
Behavioral Problems			Muscle problems			
Bladder problem			Nose Bleeds			
Bleeding problem			Psychiatric & Emotional Difficulties			
Blood pressure (high)			Seizures			
Bone/Joint problems			Sickle Cell Disease			
Bowel problem (Stomach/Bowel)			Speech problems			
Cancer			Special Health Care Services			
Cerebral Palsy			Surgery			
Cystic fibrosis			Thyroid			
Dental problems			Vision problems			
Developmental problems			Other:			
Diabetes						

Current medications:

Name of medication	Dose	Home	School

I, _____ (do_) (do not_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ **Date:** ____ / ____ / ____

Signature of person completing this form: _____ **Date:** ____ / ____ / ____

**CASWELL COUNTY SCHOOLS
TRANSPORTATION DEPARTMENT
SCHOOL BUS ASSIGNMENT FORM
2024-2025 PRE-KINDERGARTEN/KINDERGARTEN REGISTRATION**

SCHOOL NAME: _____ **DATE:** _____

Please complete the following information whether or not your child will ride a bus. We are required to physically locate a child's residence (home) address for verification of attendance eligibility. Thank you for your cooperation.

CHILD'S LEGAL NAME: _____
(LAST) (FIRST) (MIDDLE)

WHAT GRADE WILL STUDENT ENTER IN AUGUST 2024? **PRE-K** _____ **KINDERGARTEN** _____

PHYSICAL ADDRESS, NOT A POST OFFICE BOX, APARTMENT, OR LOT NUMBER

911 ADDRESS _____
(HOUSE NUMBER) (STREET NAME) (RD., LN., ST., AVE)

(CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: _____ **BIRTHDATE:** _____

WILL STUDENT BE A BUS RIDER OR CAR RIDER? _____ **BUS** _____ **CAR**

IS THERE AN OLDER BROTHER OR SISTER THT IS ALREADY RIDING A BUS? _____ **YES** _____ **NO**

IF YES, WHAT IS THE BUS NUMBER? _____

WILL YOUR CHILD RIDE THE BUS IN: **MORNING?** _____ **AFTERNOON?** _____
(YES/NO) (YES/NO)

IF YOUR CHILD WILL BE BOARDING THE BUS AT A LOCATION OTHER THAN HOME, (daycare, babysitters etc.), PLEASE INDICATE THE 911 ADDRESS OF THIS LOCATION BELOW:

911 ADDRESS _____
(HOUSE ADDRESS) (STREET NAME) (RD., LN., ST., AVE.)

(CITY) (STATE) (ZIP CODE)

PARENT SIGNATURE: _____