

Pupil # \_\_\_\_\_ Admit Date \_\_\_\_\_ Entry Code \_\_\_\_\_ Registration Date \_\_\_\_\_  
School Name \_\_\_\_\_ HR Teacher \_\_\_\_\_ HR Teacher Code \_\_\_\_\_

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**Scotland County Schools**

**Student Enrollment Form**

**Laurinburg, N. C.**

Student's previous school name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Previous school phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_ Date record requested \_\_\_\_\_

**Student Information**

Student's Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Name Middle Name Last Name

Student's Preferred Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity: Must choose one: (Circle) Hispanic or Non-Hispanic

Race: Must choose one or more: (Circle) American Indian/Alaskan Asian Black Hawaiian/Pacific Islander White

**Special Needs:**

Was your child in a special education class for all or part of the school day? -----Yes \_\_\_ No \_\_\_

Does your child have a current IEP? -----Yes \_\_\_ No \_\_\_

Was your child in an academically gifted class/program? -----Yes \_\_\_ No \_\_\_

Does your child participate in English as a Second Language? -----Yes \_\_\_ No \_\_\_

Does your child have a current 504?-----Yes \_\_\_ No \_\_\_

Is there a custody issue with this child? \_\_\_\_\_ If yes, please state the circumstances of the custody and provide the school a copy of the custody papers. \_\_\_\_\_

**Parent/Guardian Information** *Parents/Guardians are contacted first in case of emergency. To be in the computer all information must be filled in.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Lives with student? Yes  
Can pick up student? Yes No

Address (if different) \_\_\_\_\_ Speaks English? Yes No If no, list language: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ Military Employee?

Needs copy of correspondence? Yes No Willing to volunteer? Yes No When available? \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Can be contacted @ work? Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Lives with student? Yes No  
Can pick up student? Yes No

Address (if different) \_\_\_\_\_ Speaks English? Yes No If no, list language: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ Military Employee?

Needs copy of correspondence? Yes No Willing to volunteer? Yes No When available? \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Can be contacted @ work? Yes No

**Emergency Contact Information**      Parents are notified first, then contacts will be called in the order given.

**First Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permission to pick up student from school: Yes No Speaks English? Yes No If No list language: \_\_\_\_\_

**Second Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permission to pick up student from school: Yes No Speaks English? Yes No If No list language: \_\_\_\_\_

**Third Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permission to pick up student from school: Yes No Speaks English? Yes No If No list language: \_\_\_\_\_

**Fourth Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permission to pick up student from school: Yes No Speaks English? Yes No If No list language: \_\_\_\_\_

**Medical**

Does your child have any of the following medical conditions? (Please circle all that apply)

**Asthma / Diabetes / Seizures / High Blood Pressure / Hemophilia / Shunt / Nosebleeds / ADD/ADHD**

Allergic to: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Will this student need to take medications at school for any reason? Yes \_\_\_ No \_\_\_

If yes, what is the name of the medication? \_\_\_\_\_

This medication is taken for what condition? \_\_\_\_\_

***Please note that no medication can be given or taken at school without a "Physicians School Medication" form completed and signed by the child's parent/guardian and physician.***

Other Children in the Family

Name	Gender	Age	Relationship

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_