

Registering School \_\_\_\_\_

School # \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>ENTRY DATE</b>	<input type="text" value="- -"/>	<b>ENTRY CODE:</b>	<b>E1</b>	<b>E2</b>	<b>R2</b>	<b>R3</b>	<b>R5</b>	<b>R6</b>
<b>NCWISE ID#/MF</b>	<input type="text"/>	<b>TEACHER</b>	_____				<b>TRACK</b>	<input type="text"/>

STUDENT'S LEGAL LAST NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT'S LEGAL FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

**SEX** (check one)  Male or  Female

**ETHNICITY** (check one)  Hispanic/Latino  Not Hispanic/Latino

**RACE** (check all that apply)  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Does your child have an **IEP?**  Y  N **or 504 Plan?:**  Y  N

Does your child receive services through: **ESL?**  Y  N **or Title One?**  Y  N

**ADDRESS** \_\_\_\_\_  
Street City State Zip

**BIRTH** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **HOME PHONE** (\_\_\_\_) \_\_\_\_\_  
mm dd yyyy

**WITH WHOM DOES STUDENT RESIDE?** (circle one)  Mother only  Father only  Both Parents  Legal Custodian  Other \_\_\_\_\_

**FATHER/STEPFATHER** \_\_\_\_\_ **CELL PHONE** (\_\_\_\_) \_\_\_\_\_  
**PLACE OF EMPLOYMENT** \_\_\_\_\_ **WORK PHONE** (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**MOTHER/STEPMOTHER** \_\_\_\_\_ **CELL PHONE** (\_\_\_\_) \_\_\_\_\_  
**PLACE OF EMPLOYMENT** \_\_\_\_\_ **WORK PHONE** (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**LEGAL CUSTODIAN** \_\_\_\_\_ **CELL PHONE** (\_\_\_\_) \_\_\_\_\_  
(if not parent)  
**PLACE OF EMPLOYMENT** \_\_\_\_\_ **WORK PHONE** (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**MAILING ADDRESS** (If different from above) \_\_\_\_\_  
Street City State Zip

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 Has your child ever been enrolled in a Wake County School?  Y  N Which school? \_\_\_\_\_ Dates: \_\_\_\_\_  
 Has your child ever been enrolled in a North Carolina School?  Y  N Which school? \_\_\_\_\_ Dates: \_\_\_\_\_

Name of last school your child attended: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Address of last school attended: \_\_\_\_\_  
Street City State Zip  
 Type of school last attended:  Public  Private  Charter  Home

List siblings attending WCPSS: \_\_\_\_\_ Grades \_\_\_\_\_  
 List non-school age siblings: \_\_\_\_\_

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**Emergency Medical Information** – Note any unusual physical conditions, convulsion disorders, severe allergies, etc. - any condition for which the school should extend extraordinary care: \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency contact person: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_



- Enrolled at School Site       Sent to the Center for International Enrollment (CIE)  
(please complete box below)

## HOME LANGUAGE SURVEY

**Student:** \_\_\_\_\_  
*Last*                      *First*                      *Middle*

**Date of Birth:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Federal and North Carolina State policies require schools to determine the language(s) spoken at home by each student. Your cooperation in helping us meet this important requirement is requested.

Please answer the following questions:

1. What language does your son/daughter most frequently use to communicate? \_\_\_\_\_
2. What language do you most frequently speak to your son/daughter? \_\_\_\_\_
3. What language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_

If the answer to any of the above questions is a language other than English, your child may be assessed on the WIDA ACCESS Placement Test (W-APT) to determine English language proficiency. Based on the results, your child may be identified as LEP and may qualify for ESL services. **All identified LEP students will be assessed annually.**

4. Country of student's birth: \_\_\_\_\_  
**Country**
5. Student's initial entry into a U.S. school: \_\_\_\_\_  
**Month/Day/Year**

**Place This Form in Student's Cumulative Record**

\*Please give a copy to the LEP contact if a language other than English is indicated in any question 1-3 or a country other than U.S. is listed for question 4.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**Parent Contact Number** \_\_\_\_\_

**Office Use Only**

CIE Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Date HLS Faxed to CIE: \_\_\_\_\_

Staff Member Assisting Parent (please print): \_\_\_\_\_ Position: \_\_\_\_\_

Signature of Staff Member Assisting Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of IEC Staff Member Receiving Fax: \_\_\_\_\_ Date: \_\_\_\_\_



# *Parental Request to Deny Access*

**TECHNOLOGY SERVICES**  
110 CORNING ROAD  
CARY, NORTH CAROLINA 27518

You have the option of denying your child’s individual access to the Internet and / or prohibiting them from obtaining a Wake County Public School System e-mail account. To deny access to one or both services, please complete this form as appropriate, sign, date and return to your child’s school. [Parents or guardians will be notified when the school receives the signed form.](#)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone \_\_\_\_\_

I have read the Wake County Public School System's Acceptable Use Policy and hereby request to deny Internet access for my child.

I DO NOT give permission to issue an account for my child and DO certify that the information contained in this form is correct.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the Wake County Public School System's Acceptable Use Policy and hereby request to deny a Wake County Public School System Electronic Mail account for my child.

I DO NOT give permission to issue an account for my child and DO certify that the information contained in this form is correct.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Student Name and Photograph/Video Privacy Release**

This form explains potential uses of student photographs and video images by the Wake County Public School System (WCPSS) and allows you to grant or deny permission to the WCPSS to release your child’s image for display or publication.

Yearbook and class photos are handled separately, if you do not want your son or daughter to be in the class photographs or yearbook please contact the school directly.

This form also allows a parent or guardian the choice whether or not their child may be identified by name on the school or district’s Internet websites. Student names may be released unless a parent or guardian has expressly contacted the school and requested that their child’s “directory information” not be shared. However, as a safeguard, the district does not directly publish student names to the Internet unless given permission by a parent or guardian.

The WCPSS uses internal and external media to highlight the K-12 experience in a variety of ways, which may include the use of photographs and videos of students. For example, student images may be published or displayed in printed materials (such as brochures and newsletters), videos, school websites, and information about school events and activities provided to external organizations and media outlets. Parents have two options for granting or denying consent:

- Parents may deny permission for any display or publication of their child’s image. You should select this option if you do not want your child’s photograph to be used on the WCPSS or individual school websites, in WCPSS or school publications, or in release to external organizations (such as PTA and booster clubs) or the media.
- Parents also may grant permission for their child’s image to be published or displayed in print, video, and/or digital media. Selecting this option means that your child’s photograph and name may appear in WCPSS or school publications, on the WCPSS or individual school websites, and may be released to external organizations (such as PTA and booster clubs) or the media.

Please complete this form and have your child return it to his or her school. **This consent form remains valid throughout your child’s K-12 experience with the Wake County Public School System or until a new form is completed and signed by a parent / guardian or eligible student.**

Print Student’s Full Name: \_\_\_\_\_

PHOTO/VIDEO Release:

- I deny permission to use my child’s image for display, publication or release to external organizations.
- I grant permission for use of my child’s image in print, video and/or digital media. I understand that my child’s image may be used or released by the WCPSS without additional notification and that my child’s name may appear along with his or her photograph.

NAME Release:

- I grant permission for my child to be identified by name on the school or district’s Internet websites.
- I deny permission for my child to be identified by name on the school or district’s Internet websites.

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian (or Student over age 18) (Printed Name / Signature)                      Date

## Verification of Child Custody

*Only Parents or Legal custodians may register students for school. You will be asked to provide a Driver's License or other form of Photo ID.*

**Student's Name** \_\_\_\_\_  
(Please print)

**Date** \_\_\_\_\_

I, \_\_\_\_\_ am the:  
(Print your name)

*(Please check one of the following)*

Father

Mother

Legal Custodian *(You must present Legal Custody papers to the school.)*

...of the above named child.

Are there any custody issues involving this student of which the school needs to be aware? Yes  No  (Please check one)

Have custody papers been presented to the school for this student?

Yes  No  (Please check one)

*Note: A copy of custody papers is requested by the school (when applicable) to ensure that the school contacts the person who has legal custody of the student concerning school matters. We appreciate your cooperation in this matter.*

Signature of person completing this form: \_\_\_\_\_

## Discipline Status Enrollment Form

**Students transferring into or requesting re-enrollment in the Wake County Public Schools System must complete this form.**  
*Note: This form should NOT be given to students who are immediately returning from suspension.*

**Please Print**

<b>Name of Student Requesting Enrollment</b>							
<b>Age</b>		<b>Date of Birth</b>	/	/	<b>Grade</b>		
<b>Address of Student</b>				<b>City</b>		<b>Zip</b>	
<b>Parent's/ Guardian's Name</b>							
<b>Address (if different from above)</b>				<b>City</b>		<b>Zip</b>	
<b>Home Telephone</b>	( )	<b>Work Telephone</b>	( )				
<b>Last School Attended</b>					<b>Withdrawal Date</b>		
<b>Address of Last School</b>							
<b>City</b>			<b>State</b>		<b>Zip</b>		
<b>Phone Number of Previous School</b>	( )						
<b>Identified for Special Education Services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, identify the exceptionality:</b>				

### Current Discipline Status of Student Seeking Enrollment

Check appropriate box:

- Is not currently** suspended or expelled from any school and does not have pending suspension or expulsion.
- Has been **recommended** for long-term suspension (more than ten (10) days) or expulsion (permanent removal from school) from \_\_\_\_\_ (school), and that recommendation is currently pending. Describe the offense for which the recommendation is being made and the proposed beginning and ending dates of the suspension/expulsion. **(A copy of suspension/expulsion data must be attached.)**

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- Has been long-term suspended (more than ten (10) days) or expelled from and is currently serving the term of suspension or expulsion \_\_\_\_\_ (school). Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion. **(A copy of suspension/expulsion data must be attached.)**

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### Students Records Request

The following student has enrolled in the Wake County School System at \_\_\_\_\_ School.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Transferring From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please forward to us all records you have on this student including the following so that enrollment may be completed.

- Student Cumulative Folder
- Attendance Reports
- Report Cards
- Student Health Information
- Student Confidential Information(Special Educations Services)
- Student Related Services Information (Speech, PT, OT)

Records should be sent to:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

We appreciate your taking time to mail this information at your earliest convenience. **If there is an IEP or other special services for this student, please FAX that information as soon as possible.** If further information is needed, please feel free to contact us. Thank you.

***Federal Law 99.21- "No Parent Signature required for Educational Records sent to another Educational Agency."***