

What is needed to register a student:

- All completed WCPSS Enrollment Packet Forms including Application for Access and Discipline Status Form, notarized (see link above).
- Legal Proof of residence in the form of a current electric, city gas or water bill, signed lease agreement or disclosure statement in the name of the parent(s) or court-appointed guardian.
- Parent/Guardian Photo ID.
- A certified copy of the student's birth certificate.
- Current Immunization records.**
- It is helpful to have a copy of the child's latest report card or withdrawal grades from previous school, if child is registering after school year has begun. A copy of the previous year's achievement test results is also helpful.
- Copy of any custody and/or court order papers.
- AG, Special Programs Information, or copy of student's most recent IEP.

**** Student must be registered (and living with) parent(s) listed on the birth certificate. If the person registering the student is not the listed parent, they must have court appointed Legal Guardianship.**

****Registration days and hours are Monday - Thursday from 10am to 12pm, from 1pm to 2pm, or by appointment only. If you have any further questions regarding registration, please contact Donna Coello at Holly Grove Middle School at 919.567.4177. Student records request fax number is 919-670-4209.**

Please click here for address look-up of your base school:

<http://www.gis2.wcpss.net/addressLookup/> (<http://www.gis2.wcpss.net/addressLookup/>)

CREATE A FREE WEBSITE

POWERED BY



WAKE COUNTY
PUBLIC SCHOOL SYSTEM

Crossroads I
5625 Dillard Drive
Cary, NC 27518

ENROLLMENT PACKET

FOR STUDENTS ENTERING 6th-12th GRADE

PLEASE PRINT
LEGIBLE



STUDENT NAME _____ GRADE & TRACK _____
Last First Middle

MAILING ADDRESS _____
Street City Zip code

FATHER/GUARDIAN _____ Email _____
First Last

ADDRESS _____ CELL # _____

HOME PHONE # _____ DAY PHONE # _____

FATHER'S EMPLOYER _____ WORK # _____

MOTHER/GUARDIAN _____ Email _____
First Last

ADDRESS _____ CELL # _____

HOME PHONE # _____ DAY PHONE # _____

MOTHER'S EMPLOYER _____ WORK # _____

#1 EMERGENCY CONTACT:

Name: _____ **Phone Number** _____

2 EMERGENCY CONTACT

Name: _____ **Phone Number** _____

#3 EMERGENCY CONTACT

Name: _____ **Phone Number** _____

Dear Parent(s) and /or Guardian,

Please take a moment to verify if the above information is correct for your student. Please mark any correction(s) that need to be made. We want to ensure we have all correct information on file. In addition please complete the emergency contact information above. When completed and verified, please have your student return the form to his /her homeroom teacher. Thank you!



Holly Grove Middle Student Information

Child's Legal Name _____

Current Grade Level _____

Does the student currently have an IEP (Individualized Educational Plan)? Yes ___ No ___ I don't know ___

Has the student ever been identified/tested as Academically Gifted? Yes ___ No ___ I don't know ___

If yes, what State? _____

What subject area/areas? _____

Parent/Legal Guardian email: _____

Bottom to be filled at time of registration with a school official

I, _____,

Print Parent/Legal Guardian Name

have been verbally advised that within 30 days of the student's start date, _____,

Print Student Name

I will need to submit either the Birth Certificate, NC Health Assessment or Immunization Record if not submitted at time of enrollment.

Parent/Legal Guardian Signature _____

Today's Date _____

STUDENT DATA SHEET

Page 1 of 3



INSTRUCTIONS

Complete this form for each child you are enrolling. A complete list of items required for enrollment can be found at www.wcpss.net/assignment. For assistance, contact your base school or the WCPSS Office of Student Assignment at (919) 431-7333.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए नि:शुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

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STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone Number () -
Current Grade	Is the student Hispanic/Latino? (This information is used for US. Census data.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which category best describes the student's race? (This information is used for US. Census data.) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander		

FAMILY INFORMATION

List names and grades of siblings attending WCPSS:	List names of non-school age siblings:	
Family's Home Address	Apartment or Suite Number	
City	State	Zip Code
Mailing Address (if different from family's home address)	Apartment or Suite Number	
City	State	Zip Code
With whom does the student reside? (Choose only one) <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both parents <input type="checkbox"/> Legal custodian <input type="checkbox"/> Other (Please specify) _____		

FOR OFFICE USE ONLY

Registering school	School number	
Entry date (mm/dd/yyyy)	Entry code E1 E2 R2 R3 R5 R6	
PowerSchool #	Teacher	Track

CONTINUED ON NEXT PAGE >

STUDENT DATA SHEET

Page 2 of 3



CONTACT INFORMATION

Include names of parents or other legal guardians below.

1. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	
2. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	
3. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	
4. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	
5. First Name		Last Name	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone () -	Day Phone () -	Cell Phone () -	
Address		Apartment or Suite Number	
City	State	Zip Code	

STUDENT DATA SHEET

Page 3 of 3



EMERGENCY CONTACT

Emergency Contact's First Name

Emergency Contact's Last Name

Emergency Contact's Phone Number
() -

Emergency Contact's Relationship to Child

SCHOOL HISTORY

Does the student have an IEP?

Yes No

Does the student have a 504 plan?

Yes No

What language is spoken at home?

English Other: _____

Does the student receive services through Title I?

Yes No

Has your child ever been enrolled in a Wake County school? Yes No

If "yes", which school did your child attend? School name: _____ Start date _____ End date _____

Has your child ever been enrolled in a North Carolina school? Yes No

If "yes", which school did your child attend? School name: _____ Start date _____ End date _____

Which school did your child last attend? School name: _____ Start date _____ End date _____

Address of last school your child attended

Type of school last attended

Public Private Charter Home

City

State

Zip Code

HEALTH INFORMATION

Note any unusual physical conditions such as convulsion disorders, severe allergies or any condition for which the school should extend extraordinary care:

CONSENT FOR RELEASE OF INFORMATION

I authorize the release of my student's information to persons listed under the Family Information and Emergency Contact sections. I certify that all information provided above is true. Anyone listed as mother, father, or legal guardian will receive automated phone calls, texts, and email. Parents and legal guardian will have the opportunity to customize their communication preferences.

Parent/Guardian Signature

Date (mm/dd/yy)

TRANSPORTATION SERVICE REQUEST



INSTRUCTIONS

Use this form to request transportation service for students based on their home address of record with WCPSS. Parents must complete this form approximately one month before the start of school to guarantee bus service on the first day of school. Specific deadlines for requesting service can be found at www.wcpss.net/transportation. Students must be eligible for transportation to receive services. To check eligibility, visit www.wcpss.net/preview. Requests received after 30 days prior to the first day of school will be processed in the order received. Eligible students will be added to existing bus stops during the first 30 days of school if there is capacity. Bus stop locations are posted on the WCPSS Transportation web page at least one week prior to the start of school.

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TRANSPORTATION REQUEST

Will your student need bus transportation?
 Yes No

Name of school enrolled

If yes, when will this student need transportation?

AM/PM (round-trip) AM only (morning rider) PM only (afternoon rider)

PARENT/GUARDIAN INFORMATION

Parent's First Name

Parent's Last Name

E-mail

Phone Number (Best number to reach you)

Street Address

City

State

Zip Code

STUDENT INFORMATION

Student's First Name

Student's Last Name

Street Address (If different from parent)

City

State

Zip Code

FOR OFFICE USE ONLY

Registering school

Student ID Number

Name of Staff Member

RESIDENCY FORM



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STUDENT INFORMATION

I am a (please choose one): Parent Legal Guardian Relative or Caregiver Student enrolling myself Foster Parent

Name of Person Enrolling Student		Wake County school(s) student attended in current school year		Student Powerschool #, if known	
Student's Last Name		Student's First Name		Date of Birth (mm/dd/yyyy)	
Street Address		Apt./Rm./Suite #	City		Zip Code
Do you rent or own this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this address temporary because of financial or other hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this student have a current IEP, receive Special Education Services, have a 504 plan or receive other extra help? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Number () -	Alternate Phone Number () -		Email Address		

RESIDENCY INFORMATION

Answers below will not be reported to Child Protective Services, landlords, housing authorities, law enforcement or immigration.

Where is the student sleeping at night? (You may choose more than one option.)

- The student lives with a parent or legal guardian in a residence owned or leased by the parent or legal guardian → [If the residence is owned or leased by the parent or legal guardian, you may stop here.]
- In a motel or hotel In a shelter Moving from place to place In a church
- A friend, relative or other person(s) is letting the student and/or family stay at their place temporarily In a car, park, campsite, abandoned building or home
- In a residence where a church or other organization pays for all or part of the current rent (ex. The Caring Place, Families Together, Passage Home, Support Circle)

Residency and Educational Rights | A student without a fixed, regular, and adequate living situation that is eligible for McKinney-Vento has the following rights:

- Immediate enrollment and free transportation to the WCPSS school he or she was attending when he or she was forced to move;
- Or, immediate enrollment in the school assigned to the address where he or she is currently staying with bus transportation provided;
- Immediate enrollment even if he or she does not have all of the documents normally required at the time of enrollment;
- Access to free meals, Title I and other educational programs.

The school McKinney-Vento Liaison will contact you if your student may be eligible for services that will support your child's education. If you have any questions about these rights, please ask to speak with the school McKinney-Vento Liaison or you may call the McKinney-Vento District Liaison, Michelle Mozingo, at (919) 694-0574

RESIDENCY FORM

Page 2 of 2



FAMILY INFORMATION

Answers below will not be reported to Child Protective Services, landlords, housing authorities, law enforcement or immigration.

List all siblings including age 0-4 and children under age 21 who are not in school. Additional services and/or resources may be available.

Name of Siblings	Last Wake County School Attended (if school age)	✓ If age 0-5 and not in school	✓ If age 16-21 and not in school	Date of Birth (mm/dd/yyyy)	Gender	Race

Please mark next to the item(s) listed below if you would like to receive information on these additional resources:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Housing or Shelter | <input type="checkbox"/> Food | <input type="checkbox"/> Clothing | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Address Confidentiality Program | <input type="checkbox"/> School Based Medical Plan |
| <input type="checkbox"/> Preschool Program | <input type="checkbox"/> Before/After School Program | <input type="checkbox"/> Special Education Services | <input type="checkbox"/> 504 Accommodation |
| <input type="checkbox"/> Mental Health Services for Adults | <input type="checkbox"/> Mental Health Services for Children | <input type="checkbox"/> Other: _____ | |

By signing below, I agree that I have received and understood the residency and educational rights above.

Signature of Parent(s)/Guardian(s)/Caregiver(s)/Student

Date (mm/dd/yyyy)

HOME LANGUAGE SURVEY



INSTRUCTIONS

The Wake County Public School System strives to provide access to school information in a language that parents can understand. Therefore, your response to the following questions is needed. If a language other than English is listed in any question 1-3, or a country other than U.S. is listed, make an appointment with WCPSS' Center for International Enrollment to begin the enrollment process.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303	إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303	Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303	यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें	학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303	Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303	如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303
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STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Date of Birth (mm/dd/yyyy)	School	School Year
Country of student's birth	Student's initial entry into a U.S. school (mm/dd/yyyy)	

HOME LANGUAGE INFORMATION

Federal and state policies require schools to determine the language(s) spoken at home by each student. If the answer to any of the questions below 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 qualify for ESL services. All identified LEP students will be assessed annually until exiting LEP Identification.

Please answer the following questions:

What language does your son/daughter most frequently use to communicate?	What language do you most frequently speak to your son/daughter?
What language did your son/daughter learn when he/she first began to talk?	
Do you need translation services to understand WCPSS school records? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Do you need an interpreter for school system meetings involving your child's education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Parent/Guardian Signature	Date (mm/dd/yyyy)
Parent/Guardian Home/Cell Phone () -	Parent/Guardian Work Phone () -

SCHOOL AND CIE OFFICE USE ONLY

School staff member assisting parent (please print)	Position
Signature of staff member assisting parent	Date (mm/dd/yyyy)
CIE appointment date / call (919) 431-7404	Appointment time
Signature of CIE staff member receiving fax	Date (mm/dd/yyyy)
Date HLS faxed to CIE / Fax: (919) 431-7410	

STUDENT NAME AND PHOTOGRAPH/VIDEO PRIVACY RELEASE



INSTRUCTIONS

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 child to be in the class photographs or yearbook, contact the school directly.

This form also allows a parent or guardian the choice whether or not their student 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 student'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 student's image. You should select this option if you do not want your student'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 student's image to be published or displayed in print, video, and/or digital media. Selecting this option means that your student'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 student return it to his or her school. This consent form remains valid throughout your student'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.

<p>Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303</p>	<p>إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303</p>	<p>Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303</p>	<p>यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें</p>	<p>학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303</p>	<p>Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303</p>	<p>如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303</p>
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CONSENT FOR NAME, PHOTO AND VIDEO

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
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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.

Name of Parent/Guardian (or student, if over age 18)

Signature	Date (mm/dd/yyyy)
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DISCIPLINE STATUS FORM

Page 1 of 2



INSTRUCTIONS

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

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

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STUDENT INFORMATION

Student's Legal Last Name		Student's Legal First Name		Student's Legal Middle Name	
Date of Birth (mm/dd/yyyy)		Age		Grade	
Student's Address				Apartment or Suite Number	
City		State		Zip Code	
Parent's/Guardian's Name					
Parent's Address (if different from above)				Apartment or Suite Number	
City		State		Zip Code	
Home Phone Number () -				Work Phone Number () -	

PREVIOUS SCHOOL ATTENDED

School Name		Withdrawal Date (mm/dd/yyyy)	
School Address		Phone Number () -	
City		State	
Zip Code			
Was the student identified for Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the exceptionality:	

CONTINUED ON NEXT PAGE >

SCHOOL USE ONLY | SCHOOLS MUST COMPLETE ALL SPACES.

<input type="checkbox"/> APPROVED ENROLLMENT. If approved, place in cumulative folder.			<input type="checkbox"/> DENIED ENROLLMENT. If denied, <u>immediately</u> fax to student due process office at (919) 431-7319.		
Name of School		School official signature		Date	

SDP USE ONLY

SDP decision		Date	
Contacted		Date	

DISCIPLINE STATUS FORM

PAGE 2 OF 2



CURRENT DISCIPLINE STATUS

A copy of suspension/expulsion data must be attached to this form.

Check appropriate box:

- The student is **NOT** currently suspended or expelled from any school or does not have a pending suspension or expulsion
- The student is/has been recommended for a long-term suspension of more than ten days or expulsion (permanent removal from school) from _____ and that recommendation is currently pending.

SCHOOL NAME

Describe the offense for which the recommendation is being made and the proposed beginning and ending dates of the suspension/expulsion.

- The student is/has been long-term suspended for more than ten days or expelled and is currently serving the term of suspension or expulsion from _____

SCHOOL NAME

Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion.

FELONY CONVICTIONS

Has this student been convicted of a felony?

- Yes No

If yes, what was the conviction?

City/Town Where Conviction Occurred

State Where Conviction Occurred

Date of Conviction (mm/dd/yyyy)

Description of Offense

Probation Officer

Phone Number

() -

Court Counselor

Phone Number

() -

PARENT OR COURT APPOINTED CUSTODIAN AFFIDAVIT

Initial below:

_____ I verify that the above information is true and accurate.

_____ I give consent to the Wake County Public School System to share this document with student's previous school and to obtain information or records from that to verify the information on this form.

I understand that providing false information is a criminal act. If it is found that a person willfully and knowingly provided false information in this affidavit, they shall be guilty of a Class I misdemeanor and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment, not to include state funds (G.S. 115C-366(a3)).

Signature of the Parent/Court-Appointed Custodian _____ 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 _____

personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and seal this _____ day of _____

Signature of Notary _____ My Commission Expires _____

VERIFICATION OF CHILD CUSTODY



INSTRUCTIONS

For information regarding district policies on custody, please review Board Policy 6030 and R&P 6030.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303	إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303	Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303	यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें	학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303	Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303	如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303
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STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name

Complete the information below.

I, _____ am the [Father Mother Legal Custodian] of the above named child.
PRINT YOUR NAME CHECK ONE

Are there any custody issues involving this student of which the school needs to be aware?
 Yes No

Have custody papers been presented to the school for this student?
 Yes No

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	Date (mm/dd/yyyy)



**WAKE COUNTY
PUBLIC SCHOOL SYSTEM**

Wake County Public School System
Crossroads I
5625 Dillard Drive
Cary, NC 27513

1st Request _____

2nd Request _____

3rd Request _____

RE: STUDENT RECORDS REQUEST

Date: _____

The following student has enrolled in the Wake County School System:

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Date of Birth (dd/mm/yyyy)		
School Transferring From:		
Address		
City	State	Zip
Phone Number () -	Fax Number () -	

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)

**** Consent that all records can be released to any staff member at Holly Grove Middle School.

Parent/Legal Guardian Signature/Date: _____

Records should be sent to:

School Name		
Holly Grove Middle School		
Address		
1401 Avent Ferry Rd		
City	State	Zip Code
Holly Springs	NC	27540
Phone Number	Fax Number	
(919) 567 - 4177	(919) 670 - 4209	

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.

HOME BASE/POWERSCHOOL PARENT PORTAL APPLICATION FOR ACCESS

FOR USE WITH NOTARY SIGNATURE | Page 1 of 2



INSTRUCTIONS

Please complete all fields. Incomplete or illegible applications will not be processed. Completed forms should be signed in the presence of a Notary Public and returned to your student's school. Once the form has been accepted and processed, the parent/guardian will receive an email within 10 school days containing activation instructions for the new Parent Portal account. Simply follow the instructions in the email to start using the account. Parents with multiple students in WCPSS must submit one form per student to the appropriate school(s).

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

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학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303

PARENT/GUARDIAN INFORMATION

Parent's First Name		Parent's Middle Initial		Parent's Last Name	
Relationship to Student					
Home Phone Number () -			Work Phone Number () -		
Street Address				Apartment or Suite Number	
City		State		Zip Code	
E-mail Address					

STUDENT INFORMATION

Student's First Name		Student's Middle Name		Student's Last Name	
Date of Birth (mm/dd/yyyy)			Grade		
Student ID Number			Home Phone Number () -		
Street Address				Apartment or Suite Number	
City		State		Zip Code	

Are there any legal restraints prohibiting a parent/guardian from having access to this student's data?
 Yes No If yes, please attach a copy of the court order.

CONTINUED ON NEXT PAGE >

HOME BASE/POWERSCHOOL PARENT PORTAL APPLICATION FOR ACCESS

FOR USE WITH NOTARY SIGNATURE | Page 2 of 2



WAKE COUNTY
PUBLIC SCHOOL SYSTEM

PARENT AFFIDAVIT

I verify that I am the parent/guardian of the student named above. I understand that the Wake County Public School System reserves the right to grant or deny access to the Parent Portal in accordance with the U.S. Family Education Rights and Privacy Act (FERPA). I also certify that I will advise my student's school of any issues resulting in a need for change of access to student records. I agree to keep my password and the data contained within the Parent Portal confidential. I also agree that I shall make no attempt to alter or destroy data and will report to the school administration any attempts to do so or any security concerns that may arise. Failure to abide by the terms of this agreement will result in the termination of my account.

Parent/Guardian Signature

Date (mm/dd/yyyy)

FOR NOTARY USE ONLY

State of North Carolina, County of: _____

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

that _____

personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and seal this _____ day of _____, 20_____.

NOTARY PUBLIC

OFFICIAL SEAL

OFFICE USE ONLY

Approved Denied

Provide reason if application is denied:

Student access number sent by:

Date sent (mm/dd/yyyy)

CONSENT FOR TECHNOLOGY AND DIGITAL RESOURCE USE

INSTRUCTIONS

Parental permission is required in order for your student to access technology and digital resources at school. The Wake County Public School System (WCPSS) uses a variety of technology and digital resources to enable and enhance instruction. With permission, students may use physical devices, including but not limited to, computers, tablets, iPads, and iPods (all of which allow some degree of Internet access.) Students may also access web-based applications to create, review, store, share and potentially post their work on the Internet. Examples of these tools include, but are not limited to Google Apps for Education (not Gmail), SAS Curriculum Pathways, and WCPSS student E-Mail (K-5 at the principal's request) . In addition, student information and student work may be maintained by and stored on web-based instructional sites and applications. Not all tools are used at all grade levels.

WCPSS has several processes in place to protect students while using technology and digital resources. Students are educated every year about appropriate online behavior, including interacting with other individuals on social networking websites and cyber bullying awareness and response. The district also uses Internet filters to remove most harmful content. Students' Internet activity and e-mail communications may be monitored by school personnel as provided in Board Policy 3225.

Students are expected to use technology and digital resources under their teacher's direction for educational purposes only in accordance with Board Policy 3225 and related 3225 R&P referred to collectively as the Responsible Use Policy or RUP.

- You may grant permission for your student to access technology and digital resources. You should select this option if you want your student to use computers, tablets, etc. and be allowed to access web-based curriculum tools. Your permission grants WCPSS the right to create a WakeID necessary to access web-based instructional tools. The WakeID is visible in various applications to teachers and students across the school system.
- Parents may deny permission for their student to access technology and digital resources. You should select this option if you do not want your student to use a computer or other physical device or to access web-based curriculum tools.
- Several mandatory state and federal student assessments are solely available over the Internet. These tests and assessments will be administered to ALL students. Temporary technology access for these tests will be granted for students who do not have a signed opt-in on file.

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

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

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학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303

PERMISSION FOR TECHNOLOGY AND DIGITAL RESOURCE USE

Student's Legal Last Name	Student's Legal First Name	Student ID (required)
Technology and Digital Resource Permission		
<input type="checkbox"/> I GRANT permission for my student to use all technology and digital resources, both devices and web based applications. We have read and agree to the terms of the WCPSS Student Responsible Use Policy.		
<input type="checkbox"/> I DENY permission for my student to use any technology and digital resources, both devices and web based applications. We have read the WCPSS Student Responsible Use Policy.		
Name of Parent/Guardian		
Parent Signature	Date (mm/dd/yyyy)	
Student Signature	Date (mm/dd/yyyy)	

MILITARY CONNECTED STUDENTS



INSTRUCTIONS

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard or Reserves, Retired Military, Disabled Veteran or a Federal Civil Service Employee?

- If yes, complete and return one form for each school-aged child in your household.
- If no, discard form.

N.C. General Statute 115C-12(18) requires schools to develop a means to serve the unique needs of students identified as military-connected students. The information you provide will help us to better support military connected students during pivotal times. Your child's military connected information will be entered into PowerSchool and will be accessible to student support staff. An icon will be present on your child's PowerSchool record indicating that he or she is military connected. The information gathered by this form will not be placed in your child's cumulative folder.

N.C. General Statute 115C-12(18) can be found at: www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_115C/GS_115C-12.pdf

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

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STUDENT INFORMATION

Student's Last Name	Student's First Name	Student's Middle Name
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FAMILY INFORMATION

Please list immediate family members who are connected to the U.S. military. Immediate family member is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the student.

Relationship to Student (required)	Branch (required) Air Force Army Coast Guard Marine Corps Navy	Status (required) Active Duty National Guard Reserves Retired Military Disabled Veteran Federal Civil Service	Base/Unit (optional) The facility where the service member fulfills their duty or role. Examples include Fort Bragg, N.C. National Guard JFHQ/Armories, Knightsdale Reserve Center, Ohio, Afghanistan, etc.	Grade (optional) Enlisted (E1 - E9) Officer (O1-O10) Warrant Officer (W1-W5)
1.				
2.				
3.				



PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

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)

M F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: 1 Yes 2 No

Race:

1 Other Non-White 2 White 3 Black 4 American Indian 5 Chinese
 6 Japanese 7 Hawaiian 8 Filipino 9 Other Asian 10 Unknown

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 Health
HEALTH AND HUMAN SERVICES



PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

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):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health
HEALTH AND HUMAN SERVICES



Home Base/PowerSchool Request for Preferred Name

Instructions:

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如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

Please complete all fields. Incomplete or illegible requests will not be processed.

- All requests require parent and principal signature.
- Preferred name will be entered into PowerSchool; **however, the legal first name will be the authoritative first name and be used for all official documents.**
- Preferred name field in PowerSchool will allow the district to send the preferred name to software applications that are used by the student.
- Once form has been completed, it will be filed in student's cumulative folder.

Student Information		
First Name:	Middle Initial:	Last Name:
Student ID Number:		
Preferred Name:		

By signing this form, I hereby given permission to Wake County Public Schools to make the changes for preferred name:

Parent's Name (Printed): _____

Parent's Signature: _____

Office Use Only:

Building Principal Signature: _____

Date Received: _____

Date Changed: _____

Changes made by: _____