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Student Registration

Welcome to the Carteret County Schools

Student registrations are completed at the Carteret County Schools Central Office for elementary and middle students. High school students are registered at the appropriate high school.

Only parents or legal guardians can register a student. Legal guardians must present court ordered legal documentation.

You may print and complete the registration documents for each child you wish to register. You may also complete them at the Central Office.

MISSION

THE MISSION of the Carteret County Schools is to graduate all students prepared to be productive citizens.

Carteret County Schools Registration Checklist

What to bring:

- Proof of Residency-Utility Bill (Lease Agreements will not be accepted)
- Birth Certificate – certified or original for the student
- Immunization record for the student
- Name and complete address of school attended previously
- Most recent report card
- Official withdrawal form
- Custody Papers (If applicable)
- For High School only:** to ensure proper grade placement, a transcript is required when selecting courses

Forms to complete:

- Registration form
- Acknowledgement of required immunization
- Home Language Survey
- Student Discipline Status
- Student Internet Acceptable Use Form
- McKinney–Vento Act Questionnaire
- Request for Records
- For Kindergarten only:** Health Assessment form must be completed and returned to the student’s school by the first day of attendance

Only a parent or legal guardian can register a new student. Legal guardians must present court ordered legal documentation. Students do not need to accompany their parents or guardians to be enrolled.

Grade assignments at registration are subject to be changed by school principals based on previous educational history.

Carteret County Schools Registration Form

Office Use Only

Re-enrollment Transfer New
Immunizations complete Yes No
Record Req. Yes No Attached
Proof of Name and Age BC Passport
Proof of Domicile _____

Student Information

Student's Name: _____
Grade Level: _____ Gender Male Female Age: _____ Birthdate: _____
Ethnicity (select one) Hispanic/Latino Non-Hispanic/Latino
Race (select one or more) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White
Street Address: _____
Mailing Address(if different): _____
Primary Telephone Number: _____ Cell Number _____
Student E-mail Address: _____
Students Resides with: Mother & Father Mother only Father only other _____
Please list any allergies or medical conditions we should be aware of: _____

Family Doctor Name: _____ Phone Number: _____

Does this student have any siblings in this school system? Yes No

If yes, list name(s) and school(s) _____

Will your child ride a school bus: AM/PM AM only PM only

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship to Student _____
Address (if different) _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Employer: _____ Work phone number: _____

Parent/Guardian Name: _____ Relationship to Student _____
Address (if different) _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Employer: _____ Work phone number: _____

Emergency Contact Information

Please provide at least 2 emergency contacts in the event you cannot be reached.

Name: _____ Phone #: _____ Relationship _____
Name: _____ Phone #: _____ Relationship _____
Name: _____ Phone #: _____ Relationship _____
Name: _____ Phone #: _____ Relationship _____

Educational History

Name and address of school previously attended : _____

Grade last attended: _____ Last day attended: _____

Has this student ever been enrolled in our school system? Yes No

If yes, which school and year _____

Is this student receiving any special education services? Yes No

If yes, what kind _____

Does this child currently have an IEP? Yes No

504 Plan? Yes No

Photo/Video Parental Consent

The Carteret County School System uses photographs, slides, films, videos and illustrations of students for many purposes. The materials may be used in newsletters or publications produced by the school system. This form allows you as a parent or guardian to choose whether your child may be featured in materials used by the school system or the news media.

Please check one of the following:

I give permission to the Carteret County School System or the news media to use photographs, slides, films, videos and illustrations of my child in positive promotion materials.

I do not give permission to the Carteret County School System or the news media to use photographs, slides, films, videos and illustrations of my child in positive promotion materials.

I hereby certify that the above information is true, and accurate.

Parent/Guardian Signature: _____ Date: _____

Carteret County Schools

North Carolina law requires that every child attending public school has the following immunizations. It is the parent/guardian(s)' responsibility to provide a record of these immunizations to the school.

Immunization Requirements for Grades Kindergarten - Twelve (K - 12):

- | | |
|--|--|
| Five (5) DTaP
Diphtheria, tetanus,
acellular pertussis | One dose must be on or after the child's 4 th birthday. If a child's 4 th DTaP is on or after the 4 th birthday, then a 5 th DTaP dose is not required. |
| Four (4) Polio | If the child's 3 rd Polio was on or after the 4 th birthday, then a 4 th Polio dose is not required. |
| Two (2) MMR
Measles, mumps, rubella | All vaccination dates must be on or after the child's 1 st birthday.
Two full doses of MMR are recommended; the minimum requirement is 2 Measles, 2 Mumps, 1 Rubella. (2 nd dose Mumps required for any student entering school on or after July 1, 2008) |
| Three (3) Hep B
Hepatitis B | All students born on or after July 1, 1994. |
| Varicella (1) | All students born on or after April 1, 2001. Two doses are recommended. |

Additional Requirements For Kindergarten Students:

- | | |
|---------------|--|
| One (1) Hib | Minimum of 1 dose is required prior to 5 th birthday. No doses are required after the 5 th birthday. |
| Physical exam | Must be completed by a North Carolina licensed healthcare provider within 1 year prior to the start of kindergarten. Kindergarten health assessment report form is available at your child's school. |

Additional Requirements For Entering 6th Grade Students:

- | | |
|--------------|--|
| One (1) Tdap | One booster dose of Tdap is required if five (5) years or more have passed since the last dose of tetanus-containing vaccine |
|--------------|--|

Note: Permanent enrollment in school is contingent upon completion of the above health requirements. Official immunization records (signed and/or stamped by a licensed healthcare provider or health clinic) and physical examination (kindergarten only) must be provided to the child's assigned school by the **first day of class**. Students will be suspended from school after 30 calendar days if they have not yet shown proof of physical exam or immunizations. If you have questions, please contact the nurse at your child's school.

I am completely aware of the requirements as outlined above and affix my signature below in acknowledgment thereof.

Parent's signature/date

Student's name/school/grade

Carteret County Schools

Home Language Survey

Date _____

School Year 20__20__

Dear Parent/Guardian: Carteret County Schools offers equal opportunity for education to all students in compliance with the National Origin Section of Title VI of the Civil Rights Act of 1964. North Carolina law requires all schools to determine the language(s) spoken at home by each student. Please answer the following questions to help us meet this important requirement.

Student: _____

Last

First

Middle

Student's **Country** of Birth: _____ Birth Date: _____

Gender: _____ School: _____ Grade: _____

Parent/Guardian _____

Last

First

Middle

Number of siblings under 21 years old in the household: _____

1. What language did your son/daughter learn when he/she began to speak? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you most frequently speak with your son/daughter? _____
4. Name the language(s) most often spoken by the adults at home? _____

If all four answer are English, please sign and return the form to the school.

If the answers to any of the above questions is a language other than English, your child may qualify for English as a Second Language services. Any answer other than English may require that a North Carolina test of English language proficiency be administered to your child within the first 30 days of initial enrollment in school. If the student is designated Limited English Proficient (LEP), an annual English language proficiency test will be administered during the spring semester.

If the answer to any of the above questions is a language other than English please answer the questions in this section.

In your opinion, how well does your child (check one for each)

Speak English? Very Well Understandable Very Little None

Read English? Very Well Understandable Very Little None

Write English? Very Well Understandable Very Little None

Date first enrolled in any US school (private or public, but not pre-K) _____

How long has your child been in the United States? _____

How long has your child attended United States Schools? _____

Parent/Guardian Signature

Date

For Office Use Only

Person Reviewing HLS: _____

Administer the English Language Proficiency Test. () Yes () No

Carteret County Schools

Student Discipline Status Affidavit

Student Information

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Most recent school attended: _____

School Address: _____

City: _____ State: _____ Zip: _____ Telephone Number of Previous School: _____

Current Discipline Status (please check applicable box)

- The student **is not** suspended or expelled from any school and **does not** have a pending suspension or expulsion
- The student **has been recommended** for long term suspension (more than 10 days) or expelled from and is currently awaiting a decision. (Please describe the incident on the back of this sheet and attach a copy of the discipline report)
- The student **is currently** under long-term suspended (more than 10 days) or expelled from and is currently serving the term of suspension or expulsion. (Please describe the incident on the back of this sheet and attach a copy of the discipline report)

Felony Convictions (please check applicable box)

- The student **has not been convicted of a felony** in this or any other state.
- The student **has been convicted of a felony**. (Please complete the felony section on the back of this sheet)

Parent/Guardian Signature

I, _____ (Parent/Guardian) hereby affirm that the above information is true, and accurate and is without falsehood, stated or implied. I also give consent to Carteret County Schools to share this document with student's prior school to verify the information on this form.

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: _____ Date: _____

Principal/Designee Affirmation

As permitted by G.S. 115C-366(i), I hereby certify that _____ personally appeared before me this the _____ day of _____, 20____ and signed the foregoing affidavit.

Signature of Principal or Designee: _____

Suspension/Expulsion Description

If the student has been recommended for or is currently serving a long-term suspension or expulsion, please describe the offense for which the student was suspended or expelled and indicate the beginning and ending date of the suspension or expulsion. **Please attach a copy of the suspension/expulsion report or decision.**

Felony Description

If the student has been convicted of a felony in this or any other state please provide the following information:

Date of Conviction: _____ Convicted of: _____

Convicted in (City or Town): _____ (State): _____

Description of Offense: _____

Probation Officer: _____ Telephone Number: _____

Court Counselor: _____ Telephone Number: _____

Student LAST Name :
(please print)

Student FULL FIRST Name:
(please print)

Student FULL Middle Name:
(please print)

Grad Year:

NCWISE #
(if known)

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CARTERET COUNTY SCHOOLS

STUDENT INTERNET ACCEPTABLE USE FORM

The Carteret County School System seeks to promote positive, responsible, and appropriate use of the Internet and network services that it provides. The world is increasingly using and depending on the Internet for communication, business, and educational purposes. Therefore, the Internet is a necessary tool that is used in classrooms throughout Carteret County. The Internet provides teachers and students with unique educational opportunities. The Internet is as instructionally important and more current than most textbooks. Web-based programs are used throughout Carteret County Schools to instruct and assess students' instructional objectives, providing them with specific strategies to enhance their learning. Internet-based software accompanies many textbooks. Web-based programs are used regularly to support student achievement. Many state-mandated tests are now administered exclusively on-line. Teachers are making their course information, lesson plans, and other valuable resources available to students on their class websites. Students must use the on-line public access catalog when looking for materials in the school media center.

Expectations and strategies have been implemented to assist with responsible use of the Internet and network services that are provided by Carteret County Schools. Internet content is filtered to prevent student access to inappropriate material. In addition, software is available that allows staff members to monitor the information that is being accessed by students. Continuous efforts are made to teach students how to use the Internet safely and responsibly.

An Internet Use Policy has been written to address Internet and network issues such as acceptable use, security, vandalism, and consequences for violating the acceptable use policy. Carteret County Schools Internet Use Policy (Policy EGAAC) is located in the Carteret County Student-Parent Handbook. It can also be accessed at: <http://www.carteretcountyschools.org/hr/policy%20page.htm> (Section E).

Parent/Guardian:

Part A—Internet/Network Access

Please check one of the two boxes below. If both boxes are left blank, it will be assumed that you DO give the above student Internet/Network permission.

I give the student listed above permission to use the Internet/Network for educational purposes while at school. I acknowledge and understand the guidelines established by Carteret County Schools in Policy EGAAC.

I do NOT give the student listed above permission to use the Internet/Network for educational purposes while at school.

Part B—Publishing of Images/Work

Please check one of the two boxes below. If both boxes are left blank, it will be assumed that you DO give the school permission to publish the student's image/work.

I give permission for the school to post the student's image (with limited identification), work, class rolls and team rosters on the Internet.

I do NOT give permission for the school to post the student's photo (with limited identification), work, class rolls and team rosters on the Internet.

Signature of Parent/Guardian: _____ Date: _____

Student:

Please complete this section of the Student Internet Acceptable Use Form if your parent/guardian gives you permission to use the Internet/Network for educational purposes while at school.

I acknowledge and understand the guidelines established by Carteret County Schools in Policy EGAAC. I understand that violation of the Carteret County Schools Internet Use Policy will result in disciplinary action.

Signature of Student: _____ Date: _____



McKinney-Vento Act

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency necessary for enrollment of this student.

107 Safrit Drive • Beaufort, NC 28516 • (252) 728-4583

School: _____ School Contact Person: _____ Enrollment Date: _____
(The school will complete this portion)

Name of Student: _____ Male Female Student's NCWise #: _____
(The school will complete this blank)

Birth Date: _____ / _____ / _____ Age: _____ Grade: _____ Phone: _____
Month Day Year

Student's Physical Address: _____ City: _____ State: _____ Zip: _____

Student's Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent(s)/Legal Guardian(s) Name: _____ Relation: _____
(Please Print Name)

Signature of Parent/Legal Guardian _____ Date: _____

Presently, where is the student living? Check one of the boxes listed below.

- Permanent Housing or an Established Place of Residency *(If you checked this box there is no need to complete the rest of the form).*
- In a Shelter or Transitional Housing Provide Name of Shelter/Housing: _____ Since _____
- Lives with another family where there is not adequate space for sleeping. Since _____
- Lives in a Motel, Car, Campsite, etc. Provide Location Where Student Lives: _____ Since _____
- Forced to live with friends or family members (other than parent or guardian) Since _____

The student lives with: (Check one) _____ one parent _____ a relative, friend(s) or other adult(s)
_____ two parents _____ an adult that is not the parent or the legal guardian
_____ one parent and another adult _____ alone with no adults

This living arrangement is due to:
 Catastrophic loss of housing such as fire, storm damage, or other uninhabitable conditions (Explain) _____
 Other (Please explain) _____

This living arrangement is: Temporary until _____ Permanent

Disability/Medical Concerns: _____

Indicate if the student is receiving any of the following support services:
 Exceptional Children English as a Second Language Academically Intellectually Gifted _____

Do you wish the student continue to attend current school or school in new district? _____

School/Administrator will complete this portion of the form.

This form is to be routed to the School's Guidance Department. After the Guidance Dept. has received this document and the school has evidence to believe this student would be served under the McKinney-Vento Act, **a copy of this form must be sent to Mat Bottoms, Assistant Superintendent of Curriculum and Instruction for final approval.** Upon approval of this form, a copy will be sent back to the school, the Child Nutrition Dept., etc. for services to be rendered under the McKinney-Vento Act. This form is to be filed in the school's Guidance Department after approval. Keep this form separate from the Student's Permanent Record for audit purposes during the year.

School Must Provide Additional Information: _____

_____ Approved _____ Not Approved Reason: _____

Additional Services to be Provided: _____

Signature of McKinney-Vento Administrator: _____ Date _____ CC: _____ School _____
_____ Child Nutr. Dept.
_____ Transportation

Carteret County Schools Request for Student Records

Date of Enrollment: _____

Student's Name: _____ DOB: _____ Grade: _____

Previous School Attended: _____

Address of Previous School: _____

Telephone No. of Previous School: _____ Fax No.: _____

To Whom it may Concern:

The student listed above has enrolled in Carteret County Schools and I am requesting that the student's full cumulative record be sent to the address below, including academic, health, and, if applicable, special education records.

Signature: _____ Date: _____

Please forward records to: Students Records

Attention: _____

Parental permission is no longer required when authorized school personnel requests records. (Family Education Rights and Privacy Act, Final Rule of Educational Records, Federal Register, June 17, 1976, Vol. 41, No.118, Page 24673).