



# BEAUFORT ELEMENTARY SCHOOL

## Home of the Seadogs

110 Carraway Dr. ~ Beaufort, NC 28516 ~ (252) 728-3316

Becky Misner ~ Principal

Catherine Warren ~ Assistant Principal

### ENROLLMENT REQUIREMENT

Welcome to Beaufort Elementary School. We are glad to have you and your child as a part of our "school family."

We must inform you that copies of your child's birth certificate, shot record, and Social security card are required within 30 calendar days from the date of this enrollment in order for your child to remain in school.

If your child is being enrolled in Kindergarten or Pre-K, or if you have moved here from another country, we also require that you present a physical examination form completed by your child's doctor or the health department.

The release of records form that is included in this enrollment packet will enable us to secure documents and academic records from the school your child previously attended. Please provide us with a COMPLETE school name and address.

I have read the enrollment requirements stated above, and I understand that I must comply with them in order for my child to remain at Beaufort Elementary School.

\_\_\_\_\_  
(Signature of Parent of Guardian)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

FAX (252) 728-2753

<http://www.carteretcountyschools.org/bes>

**The mission of Beaufort Elementary School is to ensure that all students are provided the opportunity to become life-long learners and achieve academic success in a safe, respectful, and orderly environment.**

# Beaufort Elementary School

110 Carraway Dr.

Beaufort, NC 28516

(252) 728-4453

To The Office, Secretary, or SIMS Data Manager:

\_\_\_\_\_, grade \_\_\_\_, has enrolled in our school.

Please send copies of the following records as soon as possible along with any other information which will assist us in properly placing this student.

- Transcript of Grades
- Birth Certificate
- Immunization Record
- Free / Reduced Lunch Status
- Exceptional Children / Confidential (Speech, Reading Lab, AIG, etc.)

Thank you for your prompt reply to this request.

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As custodial parent / legal guardian of the above named child, I give permission for all records, including confidential, pertaining to my child to be sent to Beaufort Elementary School as soon as possible.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship to Child)

Previous School Attended \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

FAX # (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**Sending School: Please FAX essential information to (252) 728-2753  
ATTENTION, Janet Guthrie, SIMS Data Manager**

# SPECIAL EDUCATION INFORMATION:

1. Is your child identified in a special education class or program? YES NO  
*(if NO, skip the rest of this page)*

2. What is your child's exceptionality? (LD, BEH, AIG, other) Explain:

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3. Does your child have a written IEP, 504 plan or other documentation regarding needed academic services? YES NO Explain:

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4. Other comments or information about my child that his/her teachers should be aware of:

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## **STOP HERE! INFORMATION BELOW FOR OFFICE USE ONLY**

1) Enrollment Packet received by \_\_\_\_\_

2) Examined by SIMS Data Manager \_\_\_\_\_

3) Homeroom teacher \_\_\_\_\_ given cumulative folder and this form.

4) Special Education Teacher \_\_\_\_\_ notified by homeroom teacher.

# SOCIAL & EMOTIONAL DEVELOPMENT SURVEY

Please describe any concern you have about your child's **social** development.

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Please answer the following questions about your child's **emotional** development.

How do you discipline your child at home? \_\_\_\_\_

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**Most of the Time | Sometimes | Seldom**

Does your child separate easily from  
parents or caregivers?                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_

Does your child have difficulty dealing  
with stressful situations?                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_

Can your child solve problems without  
adult interventions?                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_

Does your child have difficulty dealing  
with his/her anger?                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_

List any special needs or concerns about your child that the teacher needs to be aware of:

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# BEAUFORT ELEMENTARY SCHOOL

## Parental Consent Form ~ Medical History

(To be completed by Parent/Guardian)

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

E-911 ADDRESS \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Street City State Zip

STUDENT SS# \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PHONE \_\_\_\_ - \_\_\_\_

MOTHER'S NAME \_\_\_\_\_

WORK PHONE \_\_\_\_ - \_\_\_\_

FATHER'S NAME \_\_\_\_\_

WORK PHONE \_\_\_\_ - \_\_\_\_

CELL PHONE \_\_\_\_ - \_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_ - \_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

OFFICE PHONE \_\_\_\_ - \_\_\_\_

FAMILY DENTIST \_\_\_\_\_

OFFICE PHONE \_\_\_\_ - \_\_\_\_

### Is there a know history of:

- |  |     |    |
|--|-----|----|
| A. Deformities (heart defect, one kidney, cleft palate, etc.)? | YES | NO |
| B. Illness of more than one week duration?                     | YES | NO |
| C. Medical condition now being treated?                        | YES | NO |
| D. Fractures or other disabling injuries?                      | YES | NO |
| E. Any permanent deformity or disability?                      | YES | NO |
| F. Allergies (to drugs, food, plants, pets, etc.)?             | YES | NO |
| G. Asthma or other respiratory problems?                       | YES | NO |
| H. Mental disorder or disability?                              | YES | NO |
| I. Neurological disorder or seizures?                          | YES | NO |
| J. Medication taken during school hours?                       | YES | NO |
| K. Medication taken at home on a daily basis?                  | YES | NO |

Explain any YES answers: \_\_\_\_\_

I hereby grant permission for my child to receive treatment deemed necessary for a condition or injury arising during participation in school activities, including emergency medical or surgical procedures recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

I certify that the above medical history is accurate to the best of my knowledge.

Signature of Parent or Guardian \_\_\_\_\_

(revised 2-26-2002)