

# Haywood County Schools' Registration Form

(6-16-16)

Student Name: \_\_\_\_\_  
First
Middle
Last

Please circle one: **Bethel Middle School**                      **Canton Middle School**                      **Waynesville Middle School**  
**Central Haywood High School**                      **Haywood Early College**                      **Pisgah High School**                      **Tuscola High School**

Adult enrolling student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Is the student staying today?  YES  NO Date student will begin school: \_\_\_\_\_

Has student been previously enrolled in Haywood Co. Schools?  NO  YES (School) \_\_\_\_\_ Date \_\_\_\_\_

Has the student been enrolled in any school this year?  No  YES (School) \_\_\_\_\_ City/State \_\_\_\_\_

Transferring from: \_\_\_\_\_ Grade: \_\_\_\_\_ Counselor verified \_\_\_\_\_  
School
City
State
(Counselor initials)

Last schools attended:

(1)	School	City	State	Year attended
(2)	School	City	State	Year attended
(3)	School	City	State	Year attended

(Attach additional page if more schools)

For High School - Year student entered 9<sup>th</sup> grade: \_\_\_\_\_

Are siblings enrolling in other Haywood Co. Schools?  Yes  No If yes, which school(s) \_\_\_\_\_

**PART ONE: This part will be completed with the counselor. Please read carefully.**  
***REQUIRED before enrollment***

**Guardianship:** A certified copy of the Birth Certificate (or a current court order) is REQUIRED to verify guardianship. Photocopy must be made at enrollment and attached. If not available, the principal will determine appropriate documentation.

**Residency:** A valid NC Driver's License with Haywood County address is REQUIRED to verify residency. Photocopy of NC Driver's License or approved proof of residency must be made at enrollment and attached.

**Student discipline:** Discipline history and felony conviction status must be verified using the attached Admissions Affidavit (A)

**Academic Placement:** Withdrawal Form from previous school (including attendance, current schedule, and grades in progress) must be attached if student enrolls after school year begins.

**Health and Safety:** Immunization record (obtain from physician OR present copy within 30 days of enrollment)

Annual Health History Form

NC Health Assessment (for new North Carolina Public Schools students only)

***The following items MAY be required at enrollment:***

**School Assignment:** The student will be assigned at the school where their residence is located. A **Pupil Reassignment Form** is required if the guardian has a verifiable reassignment request. If the guardian lives out of the county, s/he must additionally have a release from the "home" district before enrollment can proceed. Contact Haywood Co. Schools Central Office for more information.

**Custody:** If custody paperwork exists, it should be provided.  Paperwork  No paperwork  NA

Notes: \_\_\_\_\_

**Academic Placement:** If homeschooled, **documentation of coursework** completed in homeschool must be presented for administrative review. **ATTACH:**  **Portfolio with grades/attendance**  **NCDNPE certificate**  **Test record**  **Transcript**

Does your student have an IEP (Individualized Education Plan)?  NO  YES  Exited  Not sure

Does your student have a 504 Plan?  NO  YES  Exited  Not sure

Does your student receive ESL (English as a Second Language) service?  NO  YES  Exited  Not sure

Academically/Intellectually Gifted (AIG) plan  NO  YES  Exited  Not sure

Migrant Education Program Occupational Survey and Home Language Survey

Support Services Form

Free/ Reduced Lunch Application - online at <http://teacher.haywood.k12.nc.us/hcscnp/cnp-forms/>

Internet User Agreement  Video/Photo Release form  HIGH SCHOOL ONLY - Drug Testing Consent Form

# Haywood County Schools' Registration Form

(6-16-16)

## PART TWO: This part will be completed by guardian and reviewed by counselor.

Student Name Called by: \_\_\_\_\_ Current Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Gender (Please circle.):      First Male      Last Female

Ethnicity (Please circle one): Hispanic/Latino      Not Hispanic

Race (Circle all that apply): White      Black/African Amer.      Amer. Indian/Alaska Native      Asian      Hawaiian/Pacific Islander

Student's Physical Address: \_\_\_\_\_  
Number and Street      City      State      Zip

Student's Mailing Address: \_\_\_\_\_  
 (If different)      PO Box      City      State      Zip

Student resides with (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ (Name)      Other: \_\_\_\_\_ (Name/Relationship)

**Mother's Information:**

**Mother's Primary Language**

Last Name	First Name	Middle Name (or Maiden Name)
Address	City /State/ Zip	Place of birth (city/state)
Home phone	Cell phone	Email
Place of employment	Work phone	

**Father's Information:**

**Father's Primary Language**

Last Name	First Name	Middle Name
Address	City /State/ Zip	Place of birth (city/state)
Home phone	Cell phone	Email
Place of employment	Work phone	

In case of an emergency, every effort will be made to notify the parents, first. When a parent/ guardian cannot be reached, please list an emergency contact person who would be able to make decisions and/or pick up your child:

Name:	Relationship to Student:	Lives in same household as the student: Yes      No
Home phone:	Cell phone:	Work phone:

Name:	Relationship to Student:	
Home phone:	Cell phone:	Work phone:

Student's physician (if known): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Transportation MORNING (please circle one):	Bus # _____	Car	Walk
Transportation AFTERNOON (please circle one):	Bus # _____	Car	Walk
Early dismissal (please circle one):	Bus # _____	Car	Walk

NOTE: To be used for any student seeking to transfer into the district who lives with Parent(s) / Guardian / Legal Custodian

**AFFIDAVIT A**

STATE OF NORTH CAROLINA )  
COUNTY OF \_\_\_\_\_ )

Please Print or Type

<b>IN THE MATTER OF</b>				<b>DISCIPLINARY STATUS AFFIDAVIT BY PARENT, GUARDIAN OR LEGAL CUSTODIAN</b>  (G.S. 115C-366(a4))
Full Name of Student				
Address				
City		State	Zip	
Current Grade	Last School Attended			
Sex	Date of Birth	Age	Printed Name of Parent, Guardian or Legal Custodian	

This is to certify that the above-referenced student who is transferring to:

\_\_\_\_\_ (Name of School)

from \_\_\_\_\_ (Name of School)

is not currently under suspension or expulsion from attendance at a private or public school in this or any other state and has never been convicted of a felony in this or any other state.

**Sworn Under Oath or Affirmation.**

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian/Student  
(if 18 yrs. of age or older)

**SWORN TO AND SUBSCRIBED BEFORE ME**

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_  
(Name of Parent, Guardian, Legal Custodian or Student)

\_\_\_\_\_  
(Signature of Notary Public)

My Commission Expires: \_\_\_\_\_

(Notary Seal)

# Annual Student Health History Update/ \_\_\_\_\_ SCHOOL (2016-17)

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Address: \_\_\_\_\_ Student's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Bus Rider: # \_\_\_\_\_ Car Rider: \_\_\_\_\_ Driver: \_\_\_\_\_ After- School Program: \_\_\_\_\_ Latchkey: \_\_\_\_\_

**\*\*Parent must supply school with any medicines the child needs. PARENT MUST BRING MEDICINE TO SCHOOL IN ITS ORIGINAL CONTAINER. Written permission and instructions for giving medications must be on file at the school. Forms are available in the school office. *Your signature confirms the information below is accurate and can be used by the school system and the school nurse to update your child's health record. It also gives the school nurse or designated staff permission to perform MINIMAL screening (temperature, etc) and first aid (using ice, antibiotic ointment, hydrocortisone, Chloraseptic throat spray, bandages, etc. as needed) on your child in the event of illness or injury at school. Emergency Action Plans will only be written for students who have all appropriate forms, documentation, and medications at school.***

\_\_\_\_\_  
Parent and /or Guardian Signature

\_\_\_\_\_  
Date

My Child does not have any medical conditions at this time (*DO NOT MARK ANY OTHER BOX*)

My Child has the following conditions checked (✓) below

**LIFE THREATENING ALLERGIES THAT REQUIRE EMERGENCY MEDICATION AT SCHOOL**

BEES: \_\_\_\_\_

Medication for LIFE THREATENING ALLERGIES

FOOD: \_\_\_\_\_

Epinephrine Auto-injector: \_\_\_\_\_ Type: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

OTHER: \_\_\_\_\_

Benadryl: \_\_\_\_\_

**ASTHMA THAT REQUIRES INHALER AT SCHOOL** TYPE OF INHALER: \_\_\_\_\_

**DIABETES** Does your child use an Insulin Pump?

TYPE 1: \_\_\_\_\_

TYPE 2: \_\_\_\_\_

Is your child on any other medication for DIABETES?

(Please attach list of medications/ diabetic orders from Physician)

**EPILEPSY/SEIZURES NOT RELATED TO FEVER**

Is your child on medication for SEIZURES?

At home? \_\_\_\_\_ At school? \_\_\_\_\_

**HEART DISEASE**

What condition does your child have?

**PHYSICAL DISABILITY**

Please describe any physical disabilities & limitations

**OTHER HEALTH PROBLEMS including history of Medically diagnosed Concussion**

Attach any medical documentation to this sheet. *Medical documentation must be updated every year.*

**LIST OF MEDICATIONS taken at home that may affect student at school:** Use back of sheet if needed.

School Nurse Use Only: \_\_\_\_\_

Communication: \_\_\_\_\_

EAP written/Distributed to staff: \_\_\_\_\_



# 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



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:**

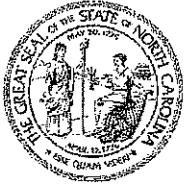
**Health-related recommendations to enhance the student's school performance:**

**Vision screening information:**

Passed vision screening:  Yes  No

Concerns related to student's vision:





# PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | June St. Clair Atkinson, Ed.D., State Superintendent

WWW.NCPUBLICSCHOOLS.ORG



## MIGRANT EDUCATION PROGRAM OCCUPATIONAL SURVEY

**Student's Name:**

\_\_\_\_\_  
Last Name First Name

**School:** \_\_\_\_\_

**Grade** \_\_\_\_\_

The Migrant Education Program through the North Carolina Department of Public Instruction provides support and instructional services to children and families that have migrated to North Carolina within the last 3 years. To qualify in the program the families must have migrated searching temporary or seasonal work in agriculture or fishing activities. The program enrolls children in the ages of 3 to 21 years of age (whether they attend school or not). We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.

1. Did you or someone in your family come in search of temporary or seasonal work in agriculture (examples: working in tobacco, sweet potatoes, cotton, apples, nurseries, trees, etc), or fishing activities (processing fish, crab houses, etc), or any food processing (pork, chicken, turkeys, etc). Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please indicate which member of the family performs or did this kind of work;  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Children \_\_\_\_\_ Others \_\_\_\_\_

3. How long ago did you arrive to this county? Month \_\_\_\_\_ Year \_\_\_\_\_

4. If your current job is not related to temporary work in agriculture or fishing, did you or someone in your family work in such activities in the last 3 years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Where? City \_\_\_\_\_ State \_\_\_\_\_

5. What is your current address?

\_\_\_\_\_  
Address

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

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

FEDERAL PROGRAM MONITORING AND SUPPORT DIVISION/FEDERAL PROGRAM MONITORING

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3964 | Fax (919) 807-3968

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

## HOME (PRIMARY) LANGUAGE SURVEY

To the **ADMINISTRATOR:** this survey is to be administered once to every student enrolled in your local unit. If the answer to any one of the questions asked is a language other than English, the student will need to be reported on the Home Language Survey Summary and will need to be assessed further for appropriate placement and English language assistance. It is recommended that a copy of the Home Language Survey be placed with the student's permanent record. Home (Primary) Language Surveys are available in some other languages from the local ESL office. If a student and teacher cannot complete this form, additional assistance may be needed from a translator.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

GRADE \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_

HOMEROOM TEACHER \_\_\_\_\_

1. What is the first language this student learned to speak? \_\_\_\_\_
2. What language does this student speak most often? \_\_\_\_\_
3. What language is most often spoken in this student's home? \_\_\_\_\_
4. Does this student speak any language other than English? Do **not** include languages learned only at school.  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please list the language(s) \_\_\_\_\_  
\_\_\_\_\_

5. How many years of schooling has this student had in the United States? \_\_\_\_\_

6. Was the child born outside of the United States? \_\_\_\_\_ If yes, where? \_\_\_\_\_

*If a language other than English is indicated on this form, the student may be assessed with NC's mandated English Proficiency Test.*

**If a language other than English is indicated on any answer, please forward a copy of this form as soon as possible to the ESL Department at Central Office.**







# Haywood County Schools

1230 North Main Street  
Waynesville, NC 28786

828 456 2400  
Anne G. Garrett, Ed., D.  
Superintendent



*Please read this document carefully before signing.*

Computer networks and Internet access are available to students in Haywood County Schools. Our goal is to promote educational excellence by facilitating resource sharing, innovation, and communication. The Internet is a global network connecting millions of computers all over the world. On a global network it is impossible to control all materials, and users may encounter objectionable material. HCS has taken precautions to restrict access to inappropriate materials and believes that access to valuable information and interaction available through the network outweighs this possibility. Internet access is coordinated through an association of government agencies and regional and state networks. Smooth operation of the network relies upon the proper conduct of the users adhering to guidelines and responsibilities.

While we recognize that technology is an important instrument in effective instruction, we also recognize that parents and guardians should have the opportunity to decide if their children have access to these resources. Please read the following and sign below

I have read and understand the rules and consequences for using the Haywood County Schools network.

I understand that my child's technology use will be primarily for educational purposes.

I understand that my child will also abide by all HCS policies for Internet and computer use.

I understand that violation of these rules may result in restriction or cancellation of my child's account or other disciplinary action.

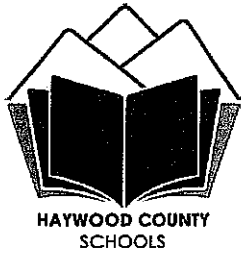
I understand that my child's access to these tools is not private and that HCS technology staff may monitor my child's account.

Student's Name (please print): \_\_\_\_\_

Parent's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Haywood County Schools

1230 North Main Street  
Waynesville, NC 28786  
828 456 2400



Anne G. Garrett, Ed., D.  
Superintendent

## Haywood County Schools

### Student Videotape/Photograph Release Form

As the parent/legal guardian of \_\_\_\_\_, I hereby give Haywood County Schools the right to obtain, use, and/or reproduce photographs, digitized images, videos, voice, or physical likeness of my child in any legal manner to be used for educational and informational purposes.

I understand that Haywood County Schools has the right to edit any video, audio, and images as necessary and that ownership of these materials becomes the property of Haywood County Schools. I waive any and all present or future compensation rights to the use of the above stated material(s).

I acknowledge that I have read this document and agree to its terms.

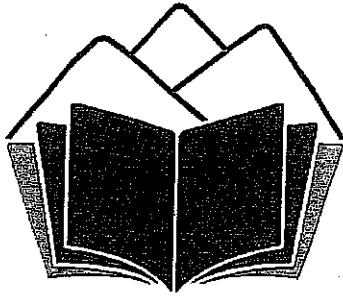
Student Name \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



HAYWOOD COUNTY  
SCHOOLS

# Haywood County Schools

1230 North Main Street  
Waynesville, NC 28786  
828 456 2400

Anne G. Garrett, Ed., D.  
Superintendent

## STUDENT DRUG TESTING OPT-IN AND CONSENT FORM

While \_\_\_\_\_ (Student) might not participate in any of the following voluntary activities or privileges offered by the Haywood County Schools: interscholastic athletics, other voluntary extracurricular activities, and campus parking privileges, I desire for \_\_\_\_\_ to participate in the Haywood County Schools random drug testing program. I hereby agree that:

- I have received a copy of the Haywood County Board of Education's random drug testing policy or have been directed to it on the school system's website. I have read and understand the policy.
- \_\_\_\_\_ (Student) shall be enrolled in the Haywood County Schools random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing policy at any time during his/her enrollment in Haywood County Schools.
- Drug tests of students under the random drug testing policy are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test will be considered a positive test under the policy and shall result in the student being ineligible to participate in any of the above activities.
- Drug test results may be released to the student, the parent/guardian, the contracted Test Administrator for Haywood County Schools, the Medical Review Officer, the Superintendent's designee and the student's school Principal.
- 

Dated: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Student

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



**HCS Board Policy 4326 -- D. STUDENTS SUBJECT TO RANDOM DRUG TESTING**

<http://www.haywood.k12.nc.us/policy>

1. All students in grades 9-12 who desire to participate in any of the following voluntary competitive school activities or privileges must agree to participate in the random student drug testing program:
  - a. interscholastic athletics;
  - b. other voluntary competitive extracurricular activities; and
  - c. campus parking privileges.
2. Participation in the random drug-testing program is mandatory only for students who elect to participate in the above voluntary activities in which participation is a privilege not a right. Participation in the random drug testing program shall not be required as a condition of attending school or enrolling in any class. However, every student attending a Haywood County school is subject to policy 4325, Drugs and Alcohol, which prohibits the possession, use, transmission, and being under the influence of drugs and alcohol while at school or at an off-campus school activity.
3. Any parent of a student in grades 9-12 may consent to the student voluntarily participating in the random drug testing program, whether or not the student is a participant in any of the privileged activities listed above. The same procedures will apply, as outlined in this policy, for all students participating in random student drug testing.
4. The administration shall prepare a Drug Testing Consent Form ("Consent Form") to be signed by the student and the student's parent or guardian. The parent or guardian shall be given a copy of the signed Consent Form and this random student drug testing policy. The original Consent Form shall be kept in the student's official file.

Students who desire to participate in the voluntary activities or privileges covered by this program shall sign the Consent Form prior to the beginning of the sport season athletic practice, at the beginning of the school year, or soon thereafter. The Consent Form will authorize random drug testing for the student's entire school career in Haywood County Schools.

5. A signed Consent Form may be revoked by a signed Withdrawal of Drug Testing Consent Form ("Withdrawal Form"). The Withdrawal Form must be signed by the student and the parent or guardian prior to the day of testing. A student who withdraws will no longer be subject to random drug testing and will not be eligible for participation in the voluntary activities or privileges covered by this policy until after the end of the current school year. After the current year ends, students who desire to participate in any of the voluntary competitive school activities or privileges must agree to participate in the random student drug testing program by submitting a new Consent Form.