

## Haywood County Schools - Student Enrollment Checklist for Guardians and Schools

North Carolina General Statute 115C-366, Board Policy A:4 and Board Policy A:14 govern student enrollment in Haywood County Schools. Students must reside with a legal guardian in Haywood County. The following items are required before enrollment may occur.

- ☐ Birth certificates are required upon enrollment into school. N.C. General Statute 115C-364 states, "The principal of any public school shall require the parent or guardian of any child presented for admission for the first time to that school to furnish a certified copy of the child's birth certificate ..." N.C. General Statute 130A-109 states, "School authorities may accept only competent and verifiable evidence as secondary proof of age, specifically including but not limited to: (i) a certified copy of any medical record of the child's birth issued by the treating physician or the hospital in which the child was born, or (ii) a certified copy of a birth certificate issued by a church, mosque, temple, or other religious institution that maintains birth records of its members."
- ☐ Guardianship must be verified using a valid birth certificate or current court order.
- ☐ Residency must be verified using a NC Drivers License with Haywood County address. Residency is not property ownership. N.C. General Statute 115C-366 authorizes enrollment for the "domicile" where the guardian and child live.
- ☐ After guardianship and residency have been established, the specific school assignment in the district will be made. This assignment will be made at the school where the residence is located.
- ☐ If the guardian has a verifiable reassignment request authorized Board Policy A:4, that request may be made using the Pupil Reassignment Form. The following reasons are not authorized under school board policy: (1) school rules (2) personality conflicts (3) discipline matters (4) sports or other extra-curricular participation (5) class or course assignment (6) class or course design (7) class schedules (8) personal preferences, etc.
- ☐ If the guardian lives in a neighboring county and has a work-related childcare hardship, this is governed by Board Policy A:14 and A:4. Guardians must receive a release from the "home" district before enrollment can be considered. After students are released from the "home" district, Board Policies A:14 and A:4 will be used to determine if enrollment in Haywood County Schools is granted. The local Pupil Reassignment Form will be used to process requests.
- ☐ Student discipline and felony convictions must be verified (Admission Affidavit or other procedures as deemed appropriate). Enrollment will be denied for felony convictions, active suspensions or expulsions from other schools.
- ☐ School enrollment officials should determine if the guardian is also seeking enrollment for other dependents in other schools in the district. Schools should notify each other when there appear to be multiple enrollments. This information will help improve consistency when documenting residency and guardianship.

Questions not covered in this checklist may be addressed in G.S. 115C-366, Board Policy A:4, or Board Policy A:14. Unusual questions should also be referred to Dr. Nolte or Dr. Garrett.



Tuscola High School  
564 Tuscola School Road  
Waynesville, NC 28786  
(828) 456-2408, (828) 456-2466-fax  
[www.ths.haywood.k12.nc.us](http://www.ths.haywood.k12.nc.us)

Julia Plott, Counselor

Kari Francoeur, Counselor

Eric Pitts, Counselor

May 28, 2014

Please be advised that Tuscola High School's 2014-2015 Course of Studies information is on our website. The Course of Studies information includes class availability, descriptions, prerequisites, and other information needed for the student's high school career planning process.

If you have any questions, please feel free to call the assigned counselors:

Kari Francoeur, students with the last name beginning with A-G  
Eric Pitts, students with the last name beginning with H-O  
Julia Plott, students with the last name beginning with P-Z

Office Use Only	
Student # _____	Entry Code _____
Entry Date _____	Homeroom _____
Grade _____	Dip. Cat. _____
9 <sup>th</sup> Grade Entry Date _____	

## Tuscola High School Registration

### Basic Information \*\*\*\*\*

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

Student's DL # \_\_\_\_\_ Student's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade Enrolling \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Called by \_\_\_\_\_

Sex: Male Female Date of Birth \_\_\_\_\_ Birth Place: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

(Circle) Ethnicity Choices: Hispanic Non-Hispanic (Circle) Race: White Black American Indian Asian Hawaiian/Pacific Islander

Students Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Students Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Family Information \*\*\*\*\*

Student Resides with: Mother & Father Father & Stepmother Mother & Stepfather Mother Only Father only Legal Guardian Other (explain) \_\_\_\_\_

Mother/Stepmother Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Stepfather Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Guardian/Other Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

### Transportation Information \*\*\*\*\*

Student will be transported by: AM: Bus Car Walk PM: Bus Car Walk

Bus Number student assigned to: \_\_\_\_\_ In the event school is dismissed early, your child needs to know what to do!

### Medical Information \*\*\*\*\*

Family Doctor \_\_\_\_\_

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

**DOES THIS STUDENT NEED TO TAKE A PRESCRIPTION MEDICATION DURING SCHOOL HOURS?** \_\_\_\_\_

(If yes, you need to complete a mandatory medication release form through the office)

*Continued on the reverse side*

Emergency Contact Information \*\*\*\*\*

In case of an emergency the parents will be the first notified, but when a parent/guardian cannot be reached, we need two others who will be able to make decisions and pick up your child.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Other Information \*\*\*\*\*

Our family is currently living: In a home of our own With a relative Other (Please explain)  
Explain other \_\_\_\_\_

Has this student been enrolled in another school during this school year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the name of the school? \_\_\_\_\_

How many total days has the student been absent from school this year? \_\_\_\_\_

Has this student EVER been enrolled in a school in Haywood County? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please list the school and when enrolled \_\_\_\_\_

Please list schools attended in the following grades:

3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

Does your child require any special programs? (AIG, Special Education, Remediation, Counseling, Etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

Are the parents/guardians employed in temporary agriculture work? Yes \_\_\_\_\_ No \_\_\_\_\_

I verify that I am the Legal Parent/Guardian of the student and that all of the information on this enrollment form is correct!

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## MIDDLE/HIGH SCHOOL (2014-2015)

Date of Birth:

Grade: \_\_\_\_\_  
Homeroom Teacher: \_\_\_\_\_**Phone Numbers:**

**Student's Doctor:**

**Phone #:**

**Emergency Contact:**

**Phone #:**

**Car Rider:** \_\_\_\_\_ **Driver:** \_\_\_\_\_ **After-School Program:** \_\_\_\_\_

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**Communication:**


EAP written: \_\_\_\_\_

# LIFE THREATENING ALLERGIES THAT REQUIRE EMERGENCY MEDICATION AT SCHOOL

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100

EDUCATION:

**R:** 

**Benadryl:**

**TYPE OF INHALER:**

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

**Is your child on any other medication for DIABETES?**

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

**How often does your child have a seizure?**

## Is your child on medication for SEIZURES?

At home?	At school?
<p>1. I am a person who is very confident.</p> <p>2. I am a person who is very shy.</p> <p>3. I am a person who is very outgoing.</p> <p>4. I am a person who is very reserved.</p> <p>5. I am a person who is very assertive.</p> <p>6. I am a person who is very passive.</p> <p>7. I am a person who is very confident.</p> <p>8. I am a person who is very shy.</p> <p>9. I am a person who is very outgoing.</p> <p>10. I am a person who is very reserved.</p> <p>11. I am a person who is very assertive.</p> <p>12. I am a person who is very passive.</p>	<p>1. I am a person who is very confident.</p> <p>2. I am a person who is very shy.</p> <p>3. I am a person who is very outgoing.</p> <p>4. I am a person who is very reserved.</p> <p>5. I am a person who is very assertive.</p> <p>6. I am a person who is very passive.</p> <p>7. I am a person who is very confident.</p> <p>8. I am a person who is very shy.</p> <p>9. I am a person who is very outgoing.</p> <p>10. I am a person who is very reserved.</p> <p>11. I am a person who is very assertive.</p> <p>12. I am a person who is very passive.</p>

**What condition does your child have?**

## Please describe any physical disabilities &amp; limitations

*(Please be specific, if need more room, please use other side of paper)*

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

**\*\*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 above information is accurate and can be used by the school system and the school nurse to update your child's health record. Your signature gives the school nurse permission to transfer school immunization records to the state Immunization Registry. It also gives the school nurse permission to perform MINIMAL screening (blood pressure, temperature, etc) and first aide (using ice, antibiotic ointment, hydrocortisone, Chlorasptic throat spray, Orjel, bandages, etc as needed) on your child in the event of illness or injury at school. Plans will only be written for students who have all appropriate forms, documentation, and medications at school.* Emergency Action

# REVISIÓN DE HISTORIAL MÉDICO ANUAL/

ESCUELA (2014-15)

Nombre Completo del estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_ Maestra/o de Homeroom: \_\_\_\_\_

Nombre de Padres: \_\_\_\_\_ Teléfonos \_\_\_\_\_

Dirección: \_\_\_\_\_ Doctor del estudiante: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Dirección de Email: \_\_\_\_\_ Contacto de Emergencia: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Monta el Autobús de Escuela: — # \_\_\_\_\_ Monta en Carro: \_\_\_\_\_ Latch Key: \_\_\_\_\_ Programa después de la escuela: \_\_\_\_\_

☐ Mi hijo/a no tiene condiciones de salud en este momento

☐ Mi hijo/hija tiene la siguientes condiciones indique (✓) abajo

Pare el Uso de la Enfermera Escolar Solamente: \_\_\_\_\_  
Comunicación: \_\_\_\_\_  
EAP written: \_\_\_\_\_

ALERGIAS CON RIESGO A LA VIDA

ABEJAS: \_\_\_\_\_

COMIDAS: \_\_\_\_\_

MEDICAMENTOS: \_\_\_\_\_ Medicamentos para alergias con RIESGO A LA VIDA

Epi- Pen: \_\_\_\_\_ Benadryl: \_\_\_\_\_ OTRAS(S): \_\_\_\_\_

ASMA QUE REQUIERE INHALADOR EN LA ESCUELA

TIPO DE INHALADOR: \_\_\_\_\_

DIABETES \_\_\_\_\_ ¿Su niño/a usa una bomba de insulina?

TIPO 1: \_\_\_\_\_ ¿Su niño/a toma otro(s) medicamento(s) para la DIABETES?

TIPO 2: \_\_\_\_\_ (Adjunte lista de medicamentos / ordenes diabéticas del doctor)

EPILEPSIA/CONVULSIONES \_\_\_\_\_ ¿Con que frecuencia tiene su niño/a convulsiones?

NO RELACIONADO A FIEBRE \_\_\_\_\_ ¿Su niño/a toma medicamentos para CONVULSIONES?

ENFERMEDAD DEL CORAZON \_\_\_\_\_ ¿Qué condición tiene su niño/a? ¿En casa? ¿En la escuela?

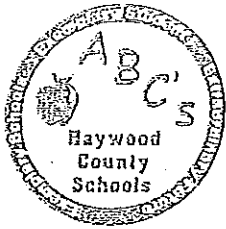
DISCAPACIDAD FÍSICA \_\_\_\_\_ Por favor de describir alguna discapacidad o limitación física.

ALGÚN OTRO PROBLEMA DE SALUD

(Por favor, sea específico, utilice el otro lado del papel si es necesario)

Adjunte cualquier documentación médica a esta hoja. Documentación Médica debe ser actualizada cada año.

**MEDICINA EN SU ENVASE ORIGINAL.** El permiso por escrito y las instrucciones para la administración de medicamentos debe ser archivado en la escuela. Los formularios están disponibles en la oficina escolar. Su firma confirma que la información anterior esta exacta y puede ser utilizada por el sistema escolar y la enfermera escolar para actualizar el registro de salud de su hijo/a. Su Firma le da permiso a la enfermera escolar para transferir los registros de vacunas al registro de vacunas estatal. También le da permiso a la enfermera escolar para llevar a cabo pruebas de evaluaciones MINIMAS (presión arterial, temperatura, etc) y de primeros auxilios (huelo, pomada antibiótica, crema de hidrocortisona, spray de la garganta Chloraseptic, Orajel, vendas, etc. según sea necesario) a su hijo/a en caso de enfermedad o herida en la escuela. Planes de acción de emergencia sólo se escriben para los estudiantes que tienen todos los formularios correspondientes, los documentos y los medicamentos en la escuela.



STATE OF NORTH CAROLINA

COUNTY OF HAYWOOD RE: \_\_\_\_\_  
(Student's Name)

HAYWOOD COUNTY SCHOOLS

ADMISSION AFFIDAVIT OF PARENT/LEGAL GUARDIAN

I state under oath that the following facts are true and correct:

1. My name is \_\_\_\_\_
2. My street address is \_\_\_\_\_
3. My telephone number is \_\_\_\_\_ (home) \_\_\_\_\_ (work)
4. I am the [parent/legal guardian] (circle one) of the student listed above, and request that this student be admitted to HAYWOOD COUNTY SCHOOLS.
5. Previous school (school name) enrolled \_\_\_\_\_  
School address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
6. This student [is/is not] (circle one) currently under a term of suspension or expulsion from attendance at a public or private school.
7. This student [has not been/has been] (circle one) convicted of a felony.
8. I understand that if the information in this admission affidavit is false, the student shall be removed from the assigned school and/or Haywood County School System.

\_\_\_\_\_  
Parent or Legal Guardian of Student

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



## Haywood County Schools Support Services Form

The information below is required by the federal McKinney –Vento Homeless Act of 2001 (Subtitle B of title VII) and will be used to determine students' needs. The information on this document will be **CONFIDENTIAL**.

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

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

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the child have a relative serving in the military (active, National Guard, Reserves)? \_\_\_\_\_  
If so what is the relationship? \_\_\_\_\_

The answers to this residency information help determine the services the student may be eligible to receive:

1. Is your current address a temporary living arrangement?      Yes or      No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  
     Yes or      No
3. Is this student in a temporary foster care placement or awaiting foster care?      Yes or  
     No
4. As a student, are you living with someone other than your parent or legal guardian?  
     Yes or      No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Resides with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have legal guardianship/custody? \_\_\_\_\_ Yes or No

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

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

Other children living in the home:

Where is the student presently living?

In a motel/hotel	In a shelter
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With more than one family in a house or apartment

\_\_\_\_\_ Moving from place to place \_\_\_\_\_ "Awaiting Foster Care"

\_\_\_\_\_ In a location not designed for sleeping accommodations such as car, park, campground

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

FOR SCHOOL USE ONLY: PLEASE GIVE THIS FORM TO THE SSW.



## 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 \_\_\_\_\_

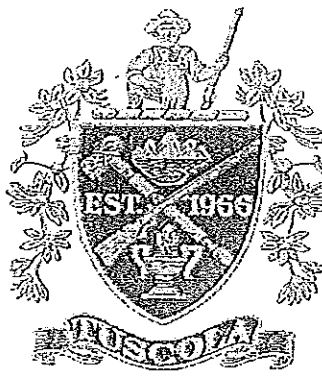
1. What is the first language this student learned to speak? \_\_\_\_\_
2. What language does this student speak most often? \_\_\_\_\_
3. What language is most often spoken in this student's home? \_\_\_\_\_
4. Does this student speak any language other than English? Do not include languages learned 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.



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*Kari Francoeur, Counselor*

*Eric Pitts, Counselor*

*Julia Plott, Counselor*

**Fax**

To:	From:
Fax:	Pages:
Re: Records Request	Date:

\_\_\_\_\_ is enrolling at Tuscola High School as of \_\_\_\_\_. Could you please forward us the following items:

- ☒ Grade and Credits earned.
- ☒ Birth Certificate and Social Security Cards
- ☒ *Date of Entry to 9<sup>th</sup> Grade*
- ☒ Grades at the time of leaving your school.
- ☒ *All standardized test scores grades 3-present, PSAT, SAT, ACT.*
- ☒ Discipline/Suspension records.
- ☒ Attendance profile
- ☒ Immunization records
- ☒ Special educations records, psychological testing, or any other placement info.

If it would be convenient for you, you may fax all of the above items. I thank you in advance for your help with this student transfer.

Diana Chambers, Registrar