



# Roanoke Rapids Graded School District – Registration Form

<b>For Office Use</b>		
Entry Date _____	Entry Code _____	Grade _____
Student # _____	Homeroom Teacher _____	

**Instructions: Please PRINT and include area code for telephone numbers**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_  
 Preferred First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Proof of Age  Birth Certificate  Other Verification Document  
 Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Country of Birth \_\_\_\_\_ Sex  Male  Female  
 Physical Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ PO Box \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address is the same as the Physical Address

**Ethnicity and Race**

Ethnicity (MUST select one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (MUST select at least one):  American Indian/Alaskan Native  Asian  Black  Native Hawaiian/Other Pacific Islander  White

**Parent Information**

Child reside with \_\_\_\_\_ *Check one for Relationship and one for Title:*  
 Relationship:  Both Parents  Father  Mother  Guardian.  Grandparents  Mother & Stepfather  Father & Stepmother  Other \_\_\_\_\_  
 Title:  Mr. & Mrs.  Mr.  Mrs.  Ms.  Miss.  Dr. & Mrs.  Rev. & Mrs.  Other \_\_\_\_\_

Father's Name _____	Mother's Name _____
Email Address _____	Email Address _____
Address (if different from student) _____	Address (If different from student) _____
City _____ State _____ Zip _____	City: _____ State _____ Zip _____
Employer _____	Employer _____
Work Phone _____ Extension _____	Work Phone _____ Extension _____
Home Phone: _____ Cell Phone _____	Home Phone _____ Cell Phone _____
Education Level _____	Education Level _____

**Legal Guardian** If Guardian are legal custody papers on file in the principal's office?  Yes  No

Name of Person or Agency who has legal custody of student \_\_\_\_\_  
 Address \_\_\_\_\_ Employer \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Extension \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contact** (Parents will be notified first – emergency contact used only if parents are not available)

1<sup>st</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_ Permission to sign out student  Yes  No  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Primary Language \_\_\_\_\_  
 -----  
 2<sup>nd</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_ Permission to sign out student  Yes  No  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Primary Language \_\_\_\_\_

**Medical/Health Information**

Physician Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Is your child covered by health insurance?  Yes  No Allergies (Type) \_\_\_\_\_ Life Threatening  Yes  No

Type of allergy treatment: \_\_\_\_\_

Other conditions and/or medications routinely taken: \_\_\_\_\_

*Should it be necessary for my child to receive medications at school, I understand that additional forms signed by the doctor will be necessary. Forms may be obtained from the school nurse.*

**Siblings in District**

Name	_____	_____	_____	_____
School	_____	_____	_____	_____
DOB	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Previous School**

What year did your child enter 9<sup>th</sup> grade (if applicable)? \_\_\_\_\_

Has your child ever been enrolled in RRGSD?  Yes  No If yes, which school? \_\_\_\_\_ Date: \_\_\_\_\_

Name of the last school your child attended: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Type of school last attended:  Public  Private  Charter  Home

Has your child been retained?  Yes  No If so, in which grade(s)? \_\_\_\_\_

**Military Information**

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

\*"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 child.

Yes (Please complete a separate **Military Connected Student Information** form).  No

- **This is to certify that the above information is true and correct.**
  
- **Permission is hereby given the school principal to use his/her judgement, which the parents cannot be reached, in cases where the child named on this form needs emergency care. If the family physician cannot be reached, the nearest available physician may be contacted.**
  
- **The Roanoke Rapids Graded School District is committed to providing education opportunities for those students who meet domicile requirements. Failure to comply with the RRGSD Board of Education policy may result in payment of tuition for each day the child is out of compliance and withdrawal of the child from school. I, the undersigned, understand that it is my responsibility to report any changes in domicile to the school administrator. I certify that all domicile information on file regarding \_\_\_\_\_ is complete and accurate.**

Signed: \_\_\_\_\_ (Parent or Guardian) \_\_\_\_\_ (Date)



# Roanoke Rapids Graded School District

536 Hamilton St. Roanoke Rapids, North Carolina 27870-2702

(252) 519-7100

Fax (252) 519-7195

**Dr. Dain Butler**

**Superintendent**

Dear Parents:

If your child received services in the program for Exceptional Children at his/her last school, please complete the release of information form. These services may include Special Education, Speech/Language Therapy, or Section 504. If you have any questions, concerns, or wish to discuss services for your child, please feel free to contact your school principal.

Sincerely,  
Alexandria Evans  
Exceptional Children's Program Director

My child \_\_\_\_\_ DID receive:

(Please print your child's name)

\_\_\_\_\_ Exceptional Children Services

\_\_\_\_\_ Speech/Language Therapy

\_\_\_\_\_ Section 504

My child \_\_\_\_\_ DID NOT receive services.

(Please print your child's name)

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

\_\_\_\_\_  
Date



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## Authorization for the Disclosure and Reciprocal Exchange of Information

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_ Previous School Phone: \_\_\_\_\_

Location/Address of Previous School: \_\_\_\_\_

### CONSENT:

I hereby authorize ROANOKE RAPIDS GRADED SCHOOL DISTRICT to receive and/or release information about the above-mentioned student, for the purpose of contributing to individual educational planning for him/her. Specific information requested is checked below:

\_\_\_\_\_ Educational      \_\_\_\_\_ Psychological      \_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Medical      \_\_\_\_\_ Counseling      \_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Speech/Language      \_\_\_\_\_ Other: \_\_\_\_\_

I understand that the information to be received will not be released to other agencies without prior written consent. I acknowledge that I have been informed of the type of information being requested and that there are statutes and regulations protecting the confidentiality of authorized information. I acknowledge that this consent is voluntary and is valid until such request is fulfilled. I understand that I may revoke this consent at any time except to the extent that action based upon this consent has been taken.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Relationship to Student

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### **INFORMATION SHOULD BE SENT TO:**

Mrs. Alexandria Evans  
Exceptional Children's Program Director  
Roanoke Rapids Graded School District  
536 Hamilton Street  
Roanoke Rapids, NC 27870

*School personnel may contact previous school personnel directly for information needed in order to schedule this student.*

The Roanoke Rapids Graded School District is an equal opportunity employer and does not discriminate against any person on the basis of race, sex, religion, national origin, color, age or disability. For inquiries about Title IX contact Lowell Rogers,  
536 Hamilton Street, Roanoke Rapids, NC 27870 Phone: 252-519-7100

# STUDENT HEALTH FORM

Dear Parents,

The following is a brief health form which must be returned to your child's teacher as soon as possible. This information will be reviewed by the school nurse and used to meet your child's health needs at school and in P.E.

School \_\_\_\_\_ Homeroom Teacher/Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent/Guardian Name (mother) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
(father) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have health insurance?  Yes  No. Is your child on a special diet?  Yes  No

Does your child take regular medication?  Yes  No. Is your child able to participate in Physical Education?  Yes  No

## CHECK CONDITION(S) YOUR CHILD HAS:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> 1 Asthma               | <input type="checkbox"/> 7 Convulsions/Seizures  | <input type="checkbox"/> 13 Hemophilia          | <input type="checkbox"/> 19 Skin Problems   |
| <input type="checkbox"/> 2 ADD/ADHD             | <input type="checkbox"/> 8 Cystic Fibrosis       | <input type="checkbox"/> 14 Heart Problems      | <input type="checkbox"/> 20 Speech Problems |
| <input type="checkbox"/> 3 Bone/Muscle Problems | <input type="checkbox"/> 9 Cerebral Palsy        | <input type="checkbox"/> 15 Hearing Problems    | <input type="checkbox"/> 21 Kidney/Bladder  |
| <input type="checkbox"/> 4 Bowel Problems       | <input type="checkbox"/> 10 Dizziness/Fainting   | <input type="checkbox"/> 16 Physical Disability | <input type="checkbox"/> 20 Vision Problems |
| <input type="checkbox"/> 5 Cancer/Leukemia      | <input type="checkbox"/> 11 Diabetes             | <input type="checkbox"/> 17 Severe Allergies    | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> 6 Nose Bleeds          | <input type="checkbox"/> 12 Emotional/Behavioral | <input type="checkbox"/> 18 Sickle Cell Anemia  | <input type="checkbox"/> 24 None            |

**For those illnesses or developmental problems checked above, please provide additional information:**

**Severe Allergies** What is your child allergic to? \_\_\_\_\_

Is emergency medication needed at school for allergies?  Yes  No

Circle the type of allergic reaction that occurs. Hives Swelling Difficulty Breathing Other: \_\_\_\_\_

**Asthma** What triggers and episode? \_\_\_\_\_

Circle when medication is needed at school: Daily Before P.E. Never When Symptoms Occur

**Diabetes** Is Insulin needed at school?  Yes  No Are snacks needed at school?  Yes  No

Will blood sugar checks be needed at school?  Yes  No

**Seizures** How often do seizures occur? \_\_\_\_\_

Is medication needed at school?  Yes  No

**Vision Problems** Does your child wear glasses or contacts?  Yes  No Is special seating needed?  Yes  No

**Hearing Problems** Does your child have a known loss?  Yes  No Is special seating needed?  Yes  No

Does your child have a hearing aid?  Yes  No

**Heart Problems** Circle type: Heart Murmur Heart Valve Condition Other: \_\_\_\_\_

Is exercise limited?  Yes  No Is medication needed at school?  Yes  No

**Head Injury** Has your child had a concussion in the past 12 months?  Yes  No

Please describe: \_\_\_\_\_

**Bone/Orthopedic Problems – Name of problem:** \_\_\_\_\_

**Other Health Problems or Learning Problem:** \_\_\_\_\_

**\*If your child needs medication, a special diet, or P.E. restrictions at school, please contact the school nurse. Additional forms signed by the doctor will be necessary.**

I give permission for routine health screenings to be performed (height, weight, vision (chart or SPOT Camera), hearing, and dental). I understand I will be notified of any possible problems detected.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Dr. Dain Butler**  
Superintendent

## Home Language Survey

1. What is the first language your son or daughter learned to speak?

English

Another language

Both

2. What language does your son or daughter speak most often at home?

English

Another language

Both

3. What language do you most often speak to your son or daughter?

English

Another language

Both

4. What language is most often used by the adults at home?

English

Another language

Both

If another language is checked for any number 1-4 above, please specify the language(s);

\_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_  
(Family Name) (First Name) (Middle Initial)

Name of the person completing the Home Language Survey: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

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



## Google Apps for Education - *Parent Permission Form*

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Teacher/Advisor:** \_\_\_\_\_

Google Apps for Education is available as a tool for our students and staff. It is a web service and may be used from any computer with internet access. This education version of Google provides a self-contained environment for students and staff to collaborate and share information in a controlled environment. The features and options available will be based on grade level, student awareness and formal permission from parents/guardians.

**For students in grades 3-12**, accounts will be set up to allow sharing of email and documents **only** within the school district Google site.

### **Student Responsibility**

Along with opportunity comes responsibility. Student use of Google Apps follows the expectations outlined in the district's Acceptable Use Policy.

### **School Responsibility**

Google Apps student accounts created by the school district will be managed based on parent permission, internet use training and grade level. Internet safety education will be included as part of introducing new web based tools. Teacher supervision and school content filters are used to prevent access to inappropriate content and ensure that student use of digital tools follows the district Acceptable Use Policy referenced above.

### **Parent/Guardian Responsibility**

Parents assume responsibility for the supervision of Internet use outside of school. Parents are encouraged to discuss family rules and expectations for using Internet-based tools, including Google Apps for Education. Parents are encouraged to report any evidence of cyberbullying or other inappropriate use to the school.

### **Permissions – Parent/Guardian Signature Required:**

#### **Google Apps Access Option:**

I **want** my student to use the Google Apps for Education resources.

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*Parent/Guardian Signature Date*

#### **No Google Apps Access Option:**

I **do not want** my student to use the Google Apps for Education resources in any form. Please contact me for more information.

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*Parent/Guardian Signature Date Phone*

# Roanoke Rapids Graded School District (RRGSD) Photo, Video, and Internet Release Form

Parents, fill out the appropriate information in the blanks provided and return to your child's teacher.

Teachers, be sure that information is complete and forward to the Media Coordinator of your school.

Teacher's Name

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Occasionally, television stations and newspapers request to videotape, photograph and interview students in the RRGSD. RRGSD has a web site that showcases each school in the district. This website presents activities in which students are involved. It can be accessed at [www.rrgsd.org](http://www.rrgsd.org). Individual and/or group photos are used. Students may be identified by first names only. Please fill out the form below in order to give your consent for us to include your child as we present our school through the various media.

## Consent:

As parent/guardian of \_\_\_\_\_ (name of student)

\_\_\_\_\_ I hereby grant permission for my child to appear in videotapes, newspaper articles, photos, and school articles posted on the internet.

\_\_\_\_\_ I hereby **DO NOT** grant permission for my child to appear in videotapes, newspaper articles, photos, and school articles posted on the internet.

I understand that the purpose of the various media is to communicate with parents and the public and to promote the mission of the Roanoke Rapids Graded Schools.

Signature of parent/guardian \_\_\_\_\_

Date

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# Roanoke Rapids Graded School District (RRGSD) Telecommunications Acceptable Use Agreement Student/Parent Use Agreement

This agreement is designed to cover students' use of the RRGSD's computer equipment, networks, and Internet access. The goal of the school system in providing this service is to facilitate resource sharing, innovation, and communication that are consistent with the educational objectives of the State of North Carolina and the RRGSD.

RRGSD has the right to place reasonable restrictions on the material you access, to determine the training you need to have before you are allowed to use the system, and to enforce all rules set forth in the school policies and the laws of the state of North Carolina. Furthermore, you may not use this network for commercial purposes to offer, provide, or purchase products or services; for cyberbullying; to access chat rooms and instant messaging; or for illegal or immoral purposes.

RRGSD uses Technology Protection Measures (filtering software) on our network. This filtering software helps to protect against access to visual depictions deemed "obscene," "child pornography," or "harmful to minors." RRGSD personnel will make every effort to monitor student use of the Internet to ensure that materials accessed are for the appropriate age. However, on a global network it is impossible to control all materials. If a user violates any of these provisions, his or her privilege to use the Internet will be terminated and future access may be denied. In a case where laws or the Student Code of Conduct are broken, further consequences will follow.

RRGSD prohibits connecting any equipment to our network without authorization from the Technology Department.

RRGSD Telecommunications Use Policy #4140 is available for viewing from our website.  
<http://www.rrgsd.org>

Parent Name: \_\_\_\_\_  
Please Print

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

Student Name: \_\_\_\_\_  
Please Print

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

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

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**For Office Use Only:**                      **Address** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_                      Grade / Year \_\_\_\_\_

Graduation Year \_\_\_\_\_                      Student Number \_\_\_\_\_



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**Superintendent**

## Required Parent Statement

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

Name of person completing form \_\_\_\_\_

Relationship to Student Parent Guardian Legal Custodian Other \_\_\_\_\_

### Suspension and Expulsion

1. Is the student under suspension or expulsion from attendance at a private or public school in this or any other state?  YES  NO
2. If answer is Yes, please provide the following:
  - a. The conduct for which the student was suspended or expelled:  
\_\_\_\_\_
  - b. The school system from which the student was suspended or expelled:  
\_\_\_\_\_
  - c. If suspended, the date the suspension was to end:  
\_\_\_\_\_
3. I hereby authorize the Roanoke Rapids Graded School District to have access to the student records of the above-named student for the purpose of verifying the above statements. \_\_\_\_\_(Initial)

### Felony

1. Has the student ever been convicted of a felony in this or any other state?  YES  NO
2. If answer is Yes, please provide the following:
  - a. The nature of the felony:  
\_\_\_\_\_
  - b. The place, date and court file number of the felony:  
\_\_\_\_\_

Signature of Parent/Guardian/Custodian/Other

\_\_\_\_\_

Date \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

My Commission expires: \_\_\_\_\_