**ADMISSION REQUIREMENTS 6-12**

Page 1 of 14

North Carolina law is clear regarding admission requirements of all newly enrolling kindergarten

Students. If you have any questions about the admission requirements outlined below, please contact

Administration at your child’s school.

MINIMUM ENROLLMENT REQUIREMENTS

* Birth Certificate
* Immunization Record (attached to health assessment)
* Proof of Residency (For example, a bill or lease agreement showing physical address, not post office box or driver’s license)
* Health Assessment Transmittal form-required for all students enrolling in kindergarten for the first time.
* Students enrolling in kindergarten for the first time must become 5 years of age on or before August 31 of the school year in which they are enrolling.

HEALTH ASSESSMENT TRANSMITTAL FORM

* Must be presented to school on or before the 30th calendar day from the child’s first day of attendance.
* Must be completed and signed by your child’s health care provider (doctor).
* Must be completed no more than 12 months prior to the date of school entry.
* **Must** include medical history, physical examination, vision screening (**including stereopsis screening**) and hearing screening, and if appropriate, screening for anemia and tuberculosis.
* Students with health assessment forms from other states should present the form to the school nurse for consideration and review.
* A completed immunization record must be attached to the health assessment.

NORTH CAROLINA’S MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY

* **5 DTP/DTaP/DT** doses (If the 4th dose was given after the 4th birthday, the 5th dose is not required; 1 booster dose required after age 4; DT requires a medical exemption.)
* **4 Polio** doses (If 3rd dose was given after 4th birthday, the 4th dose is not required;1 booster dose is required after age 4.)
* **1-4 Hib** doses (Series complete if at least 1 dose was given on/after 15 months and before 5 years of age; not required after age 5.)
* **3 Hepatitis B** doses (3rd dose must have been given after 6 months of age)
* **2 Measles** doses (at least 30 days apart; 1st dose must be given on/after 1st birthday.)
* **2 Mumps** doses (1st dose on/after 1st birthday and 2nd before enrolling in school.)
* **1 Rubella** dose (on/after 1st birthday)
* **2 Varicella** doses if born on/after April 1, 2001(**Unless documented history of disease provided by physician/clinic**)

***For grades 7th and 12th***

* Entering 7th grade students are now required to have 1 dose of Tdap vaccine and 1 dose of Meningococcal Conjugate vaccine. You will be required to provide proof of immunizations on the first day of school attendance.
* Entering 12th grade students are now required starting school year 2020-2021 to have 2 doses of Meningococcal Conjugate vaccine. You will be required to provide proof of immunizations on the first day of school attendance.

|  |
| --- |
| Students not in compliance will have 30 calendar days from the first day of school attendance to present the required proof of adequate immunizations and if applicable, Health Assessment Transmittal form. North Carolina law states, **“Upon 30 calendar days, the principal shall not permit the child to attend school until the required forms have been presented”.** |

**STUDENT ENROLLMENT DATA SHEET**

Page 2 of 14

SCHOOL HISTORY

|  |  |  |
| --- | --- | --- |
| Does the student have an IEP?Yes No | Does the student have a 504 plan?Yes No | Does the student have a current gifted plan?Yes No |
| Was the student in a special education class for all or part of the school day?Yes No | Does the student receive services through ESL?Yes No |
| Has your child ever been enrolled in a North Carolina Public School? Yes NoIf “yes”, which school did your child attend? School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Which school did your child last attend? School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

STUDENT INFORMATION

|  |  |  |
| --- | --- | --- |
| Student’s Legal Last Name | Student’s Legal First Name | Student’s Legal Middle Name |
| Date of birth (mm/dd/yyyy) | Gender Male Female | Primary Phone # |
| Current Grade | Is the student Hispanic/Latino? Yes No | Country of Birth |
| Which category best describes the student’s race?   American Indian or Alaska Native Asian Black or African American White Native Hawaiian or other Pacific Islander |
| Home Address | Apartment or Suite Number |
| City State Zip Code | Mailing Address if different from home |
| With whom does the student reside? (Choose ONLY one) Mother only Father only Both parents Legal Custodian other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Is there a custody issue with this child? No Yes If yes, provide legal documentation.** |
|  |
| **Medical Alerts: Note any Health Alerts such as severe allergies, convulsion disorder, asthma, etc.** |

RESIDENCY INFORMATION

RESIDENCY INFORMATION

YES- The student lives with a parent/legal guardian in a permanent residence owned or leased by the parent/legal guardian **[IF YES, STOP HERE]** *and*

 *Provide documentation, bill, lease, deed, (related to the house/residence), etc.*

 Where is the student staying at night? (You may choose more than one option.)

 A friend, relative or other person(s) is letting the student and/or family stay at their place temporarily

 In a car, park, campsite, abandoned building/home In a motel/hotel In a shelter Moving from place to place In a church

 In a place where a housing program helps pay the rent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date (mm/dd/yyyy)

\*\*For Office Use\*\*

|  |
| --- |
| Student #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admit Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Homeroom Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**STUDENT ENROLLMENT DATA SHEET**

Page 3 of 14

CONTACT INFORMATION

Include names of Parents and other legal custodians below.

|  |  |
| --- | --- |
| 1. **Parent 1** First Name | **Parent 1** Last Name  Authorized to Pick Up Emergency Contact |
| Email | Relationship Mother Father Legal Custodian Step-Parent |
| Primary Phone # | Secondary # | Third # |
| Address | Apartment or Suite # |
| City | State  | Zip Code | Work Phone# Place of Employment ( ) |
| 2. **Parent 2** First Name | **Parent 2** Last Name  Authorized to Pick Up Emergency Contact |
| Email | Relationship Mother Father Legal Custodian Step-Parent |
| Primary Phone # | Secondary # | Third # |
| Address | Apartment or Suite # |
| City | State | Zip Code | Work Phone# Place of Employment( ) |
| 3. **Additional Contacts** First Name | Last Name  Authorized to Pick Up Emergency Contact |
| Email | Relationship Step-Parent Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary Phone # | Secondary # | Third # |
| Address | Apartment or Suite # |
| City | State | Zip Code | Work Phone # Place of Employment( ) |
| 4. **Additional Contacts** First Name |  Last Name   Authorized to Pick Up Emergency Contact  |
| Email | Relationship  Step-Parent Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary Phone # | Secondary # | Third # |
| Address | Apartment or Suite # |
| City | State | Zip Code | Work Phone # Place of Employment( ) |
| 5. **Additional Contacts** First Name | Last Name  Authorized to Pick Up Emergency Contact |
| Email | Relationship  Step-Parent Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary Phone # | Secondary # | Third # |
| Address | Apartment or Suite # |
| City | State | Zip Code | Work Phone # Place of Employment( ) |

**HARNETT COUNTY SCHOOLS PARENT PORTAL**

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**I am requesting a PowerSchool Parent Portal Account** \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

 **[If “No” STOP HERE]**

ACCEPTABLE USE AGREEMENT

|  |
| --- |
| Access to your child’s grades and attendance using the Parent Portal is being provided to you by Harnett County Schools as another form of communication with teachers, counselors, support staff, and administrators. This information will be helpful in facilitating relationships between parents, students, and teachers helping all of us in our efforts to support your child’s education. Please read these guidelines carefully. Parents will be sent, through the email listed on the student data sheet, their own usernames and passwords within 10 school days. Do not share your username or password with anyone. As a condition of using Parent Portal, I understand that I am agreeing to follow these guidelines: |
| 1. For concerns regarding your child’s grades, please adhere to the order of protocol listed: a. Speak with your child. b. Have your child talk to their teacher for clarification. c. Check the teacher’s grading policy on his/her syllabus. d. Parent/guardian may send a note or call the teacher and expect a response as soon as the teacher is reasonably able to respond. e. Parent/guardian may request a meeting with the teacher or through the Guidance Department. f. After all of the above has been done, a parent may contact school administration by phone.2. Username and passwords are to be kept confidential.3. Harnett County Schools accepts no responsibility in the event the username or password is shared, given, or stolen, or in any other way becomes in  the possession of a person other than you, the parent.4. Harnett County Schools does not provide technical support for your home and/or work computer. |

AGREEMENT

1. I understand that Harnett County Schools is providing access to my student’s academic information through Parent Portal as a privilege and if it is abused, my account and access may be suspended and/or terminated. The following are considered abuses, although this is not an exhaustive list of conduct that could result in termination of the privilege:

* Disregard for the protocol for concerns regarding your child’s grades found in the “As a condition of using Parent Portal” section of this agreement;
* Using obscene language;
* Harassing, insulting, or attacking others; and
* Violation of other relevant District Policies and Procedures, such as giving false information to the school.

2. I understand that Harnett County Schools is not liable for any damages to my personal equipment incurred when connected, or as a result of my connection, or efforts to connect to Parent Portal.

3. I understand that the security of data transmitted through the internet using Parent Portal cannot be guaranteed, although Parent Portal utilizes security protocols.

4. In consideration of using Harnett County Schools’ network and having access to my child’s grades and attendance through Parent Portal, I hereby release Harnett County Schools and its officers, employees, and agents from any claims and damages from my use or inability to use the system.

5. I am aware that, at times, the information in Parent Portal may be incorrect and I should follow the protocol listed in “As a condition of using Parent Portal” to address such concerns. We appreciate your patience and cooperation in this matter. Nothing in this provision, however, is intended to waive a parent’s or student’s rights under the Family Educational Rights and Privacy Act to seek the correction of errors in official school records.

By signing below, I acknowledge that I have read and agree to comply with this Parent Portal Acceptable Use Agreement.

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

Parent/Guardian Name (Print Clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disclaimer: This system is provided only as an educational support for you and your child. The information provided by the Parent Portal is not an official record. For official student records, contact your child’s school. Neither Harnett County Schools nor Pearson Education, the publisher of Parent Portal, accept any responsibility for information provided by this system and/or for any damages resulting from information provided by this system.

**HOME LANGUAGE SURVEY**

To be completed by student’s parent/guardian/family

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**For Office Use Only-IMPORTANT:**

|  |
| --- |
| 1. *Administer to* ***all newly enrolled students in Harnett County Schools*** *regardless of the language they speak at time of enrollment. (If student has been enrolled in a school in Harnett County in previous years,* ***do not administer.)***
2. *Designate personnel responsible for administering the survey at the time of registration. Personnel must ensure that the survey is* ***complete, legible and signed*** *by the parent or guardian.*
3. *Determine the country of birth and name of student (birth certificate and other approved documents) and share this information with data manager to guarantee accuracy in PowerSchool.*
4. ***Place a copy of the survey in the ESL Teacher’s, Testing Coordinator/Assistant Principal’s box and send a copy to Carmen Rosado at CEMS if:***
	1. ***a language other than English is indicated on the survey (to determine National Origin Minority/NOM status)***
	2. ***the student was born in a country other than the United States or Puerto Rico******(to determine Immigrant status)***
5. *File original survey in the students’ cumulative records.*

**PS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

STUDENT INFORMATION (To be completed by student’s parent/guardian, family)

|  |  |  |
| --- | --- | --- |
| School: | Grade: | Date: |
| Student’s Last Name: | Student’s First Name: | Student’s Middle Name |
| Country of Birth: | Date of Birth (mm/dd/yyyy): |   Male Female |

QUESTIONS FOR PARENT/GUARDIAN/FAMILY

|  |
| --- |
| 1. Is your child’s first-learned or native language anything other than English? Yes No |
| 2. Which language did your child learn when he/she began to talk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. What language does your child speak most frequently at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. What language does your child speak most frequently at school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. What language do you speak most frequently to your child? (Mother)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *\* If a language other than English is determined to be the home language, the student will be administered a test to determine English language proficiency- unless an academic record review provides evidence that the student is not an English Learner (EL).* |
| **If you responded with a language other than English to question 1-4, please answer the following questions:** |
| 6. Please describe the language understood by your child. **(Check only one)** Understands only the other language and no English. Understands mostly native language and some English. Understands the native language and English equally. Understands mostly English and some native language. |
| 7. How many years has the student attended school in the United States?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. What month and year did the student enroll for the FIRST time in US Schools? Month\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ |
| 9. Has the student ever attended a school in Harnett County? School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade attended\_\_\_\_\_ |
| 10. What school did the student attend last?School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s) \_\_\_\_\_\_\_\_\_\_ |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Printed Name of person completing the survey Signature**

**MILITARY CONNECTED STUDENTS**

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INSTRUCTIONS

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

 **If yes,** complete and return one form for each school-aged child in your household.

 **If no**, return one form for each school-ages child in your household.

N.C. General Statue 115C-12(18) requires schools to develop a means to serve the unique needs of students identified as military-connected students. The information you provide will help us to better support military connected students during pivotal times. Your child’s military connected information will be entered into PowerSchool and will be accessible to student support staff. An icon will be present on your child’s PowerSchool record indicating that he or she is military connected. The information gathered by this form will not be placed in your child’s cumulative folder.

N.C. General Statue 115C-12(18) can be found at: [www.ncga.state.nc.us/EnactedLegislation/Statues/PDF/BySection/Chapter\_115C/GS\_115C-12.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statues/PDF/BySection/Chapter_115C/GS_115C-12.pdf)

STUDENT INFORMATION

|  |  |  |
| --- | --- | --- |
| Student’s Last Name | Student’s First Name | Student’s Middle Name |

FAMILY INFORMATION

Please list immediate family members who are connected to the U.S. Military. Immediate family is defined as a parent, step-parent, sibling, legal custodian or any other person that would normally live in the same household as the student.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship to Student (required)** | **Branch (required)**Air Force, Army, NavyCoast Guard, Marine Corps | **Statue (required)**Active DutyNational GuardReservesRetired MilitaryDisabled VeteranFederal Civil Service | **Base/Unit (required)**This facility where the service member fulfills their duty or role.Examples include Fort Bragg, National Guard JFHQ/Armories, Knightdale Reserve Center, Ohio, Afghanistan, etc | **Grade (required)**Enlisted (E1-E9)Officer (01-010)Warrant Officer (W1-W5) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

**STUDENT HEALTH HISTORY DATA SHEET**

**HEALTH HISTORY-ALL STUDENTS** Page 7 of 14

|  |  |
| --- | --- |
| Student Name:DOB: | *Parent*Legal Guardian |
| School : School Year: [ ] Bus \_\_\_\_\_Grade\_\_\_\_ Homeroom Teacher: | Cell PhoneWork PhoneHome PhoneAlt. Contact |
| Health Insurance for Student: [ ] Medicaid [ ] Health Choice [ ] Private Insurance Tricare [ ]  No Health Ins. |
| ***Please check any/all boxes below regarding your child’s health condition(s). This information will be shared with appropriate school staff to better care for your child while at school.*** |
| **[ ]  My child does not have a current medical condition.** **[ ]  My child has suffered a head injury / concussion during the past year.** |
| Please check medical conditions(s) your child has NOW: | List all medications your child takes NOW: | Medication(s) to be given at school this year |
| [ ]  ADHD |  |  |
| [ ]  Allergic to: Wasp Beesting Mosquito |  | [ ]  Epinephrine [ ] antihistamine |
| [ ]  Allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food |  | [ ]  Epinephrine [ ] antihistamine |
| [ ]  Allergic to Latex |  | [ ]  Epinephrine [ ] antihistamine |
| [ ]  Allergic to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicine |  |  |
| [ ]  Allergic to Seasonal / Environmental: pollen dust cat dog smoke | [ ] Zyrtec [ ] Claritin [ ] Allegra[ ]  Nasal Spray |  |
| [ ]  Asthma | Inhaler: [ ] Preventive [ ]  Rescue[ ]  Nebulizer Used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Rescue inhaler needed for PE [ ] Nebulizer needed at school |
| [ ]  Diabetes | [ ] diet [ ] oral med. [ ] Insulin [ ] pump | [ ] diet [ ] glucometer [ ]  insulin[ ] pump |
| [ ] Sickle Cell [ ]  Trait Only |  |  |
| [ ] Seizures / EpilepsyDate of last seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Diastat [ ] Midazolam [ ] Oral Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Diastat [ ] Midazolam  |
| [ ] Stomach Problems[ ]  Reflux [ ] IBS [ ] Crohn’s Other:\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| [ ] Heart Condition, describe: |  |
| [ ]  Hearing Problems | [ ]  Deaf: R L [ ] Hearing Aid: R L [ ]  FM System |
| [ ] Vision Problems | [ ] Glasses [ ] Best Correction [ ] Contacts[ ] Visually Impaired [ ] Blind: R L [ ] Color Blind |
| Other Medical Conditions:  |
| **Unique Mealtime Needs at School***Can/Will your child eat school lunch food(s) as provided by cafeteria staff*? \_\_\_\_\_Yes \_\_\_\_\_No, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you had conversation with your child’s doctor about concerns you may have regarding your child’s nutrition/eating habits? \_\_\_\_ No \_\_\_\_ Yes | **Special Devices**[ ] Wheelchair[ ] Walking Aid –describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Special lift device (bathroom  assistance)[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Skilled Procedures***See school nurse for Skilled Procedure(s) Form (to be signed by Healthcare provider)*[ ] Tube Feeding[ ] Catheterization \_\_\_Self \_\_\_ Staff[ ] Tracheostomy Care \_\_\_ Suction Mach.[ ] Ileostomy [ ] Colostomy[ ] Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| My child has a medical condition which substantially limits one or more bodily functions that may impact a major life function. I would like to pursue 504 eligibility accommodations for my child. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act prohibit discrimination against any individual on the basis of a disability. |
|  Parent/Legal Guardian Signature: Date: / / |

**DISCIPLINE STATUS FORM**

Page 8 of 14

Students transferring into or requesting re-enrollment in the Harnett County Schools System must complete this form.

STUDENT INFORMATION

|  |  |  |
| --- | --- | --- |
| Student’s Legal Last Name | Student’s Legal First Name | Student’s Legal Middle |
| Date of Birth (mm,dd,yyyy) | Age | Grade |

CURRENT DISCIPLINE STATUS

CURRENT DISCIPLINE STATUS

A copy of suspension/expulsion data must be attached to this form. **Check appropriate box:**

 The student is **NOT** currently suspended or expelled from any school or does not have a pending suspension or expulsion.

 The student is/has been recommended for a long-term suspension of more than ten days or expulsion (permanent removal from school)

 from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that recommendation is currently pending.

 School Name

 Describe the offense for which the recommendation is being made and the proposed beginning dates of the suspension/expulsion.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The student is/has been long-term suspended for more than ten days or expelled and is currently serving the term of suspension or expulsion

 from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 School Name

 Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FELONY CONVICTIONS

|  |  |
| --- | --- |
| Has this student been convicted of a felony? Yes No | If yes, what was the conviction? |
| City/Town Where conviction occurred | State Where conviction occurred | Date of Conviction (mm,dd,yyyy) |
| Description of offense |
| Probation Officer | Phone # |
| Court Counselor | Phone # |

PARENT OR COURT APPOINTED CUSTODIAN

Initial below:

\_\_\_\_ I verify that the above information is true and accurate.

\_\_\_\_ I give consent to the Harnett County Public School System to share this document with student’s previous school and to obtain

 Information or records from them to verify the information on this form.

Previous school attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_

 (Name of School)

Phone Number (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Parent/Court Appointed Custodian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION INFORMATION SHEET**

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TRANSPORTATION INFORMATION School:

|  |  |
| --- | --- |
| Student Name: | Parent/Guardian Name: |
| Home Address: | City: State: Zip Code: |
| Name of Subdivision or Mobile Home Park |
| School Attending for current school year: | Grade: |

**BUS STOP** INFORMATION

|  |
| --- |
| **MORNING** (check ONE) student will be a BUS RIDER or CAR RIDER |
| Student will be picked up at home address listed above or Student will be picked up at an alternate address listed below that is in the attendance area |
| If this is a child care facility, please include the name, address and telephone number of the facility. **Name:** |
| **Address: Phone Number:****City: State: Zip Code:** |
|  |
| **AFTERNOON** (check ONE) student will be a BUS RIDER or CAR RIDER |
| Student will be dropped off at home address listed above or Student will be dropped off at an alternate address listed below that is in the attendance area |
| If this is a child care facility, please include the name, address and telephone number of the facility. **Name:** |
| **Address: Phone Number:****City: State: Zip Code:** |

School bus transportation is provided to students who meet the criteria as stipulated in Public School Laws of North Carolina, Dept. of Public Instruction Administrative Code, and Harnett County Schools Board of Education policy (6300). By my signature below, I am applying for transportation services as outlined above. I attest that the home address listed above is the true residence of the student listed above. I understand that acceptance of this application by the Harnett County Schools Transportation Department does not guarantee any service outside the guidelines state in the Harnett County School Transportation policy (6300). I understand that if I am approved for reassignment, I accept full responsibility for the transportation of my child(ren). I also understand the rules for safe bus riding and accept the responsibility to ensure my child(ren) understand and abide by

those rules.

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

***\*\*\*THIS FORM MUST BE SUBMITTED TO THE TRANSPORTATION DEPARTMENT*\*\*\***

**TIMS Office Use Only**

School Code:\_\_\_\_\_\_\_\_\_\_\_\_ Bus #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stop ID#\_\_\_\_\_\_\_\_\_

**OPTING OUT OF GOOGLE APPS FOR EDUCATION**

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**\*\*Only return this form if you do NOT consent to your child having a district managed Google Apps Account\*\***

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| --- |
| Harnett County Public Schools has the ability to create accounts for all students to allow for collaborative sharing using Google Apps for Education. These accounts are for school-related projects. The information provided below will introduce you to Google Apps for Education. The rules governing proper electronic communications by students are included in the Technology Responsible Use Policy that is part of the Student Code of Conduct. This policy is available on our website at [https://harnett.k12.nc.us](https://nc02214543.schoolwires.net/). Once accounts are assigned, students gain access to the wealth of collaborative tools available through Google Apps for Education. This account is housed on Google servers, thereby giving your child access to Google Docs (word processor, spreadsheet, and presentation software), instant messaging, email, calendar, website authoring tools, plus additional services. Access to services will vary by grade level. This will allow your child to collaborate with teachers and other students |

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| **Official Email Address**Students will be assigned a @harnettstudent.org student email account. This account is the student’s official Harnett County Schools email address until the student is no longer enrolled in the district. The naming convention will be the year of graduation, first name, the first letter of the last name, month and day of birthday ending with @**harnettstudents.org** For Example: John Able Goodchild graduating in 2028 would be 28johng1225@harnettstudents.org  |

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| **Conduct**Students are responsible for good behavior online just as they are in a traditional school building. It is not acceptable to use obscene, profane, threatening, or disrespectful language. Communication with others should always be school-related. Students should never say anything via email that they would not mind seeing on the school bulletin board or in the local newspaper. Students should notify the teacher of anything inappropriate or that makes them uncomfortable. Bullying is not tolerated and the privacy of others should be respected at all times. |

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| **Access Restriction**Access to and use of Google Apps for Education is a privilege accorded at the discretion of the Harnett County Schools administrators. The District maintains the right to immediately withdraw the access to and use of the account when there is reason to believe that violations of law or School Board policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and application of necessary consequences as indicated in the Student Code of Conduct.Acc |

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| **Chromebooks**Harnett County Schools uses Google Chromebooks in many classes. These devices require students to sign in with their **harnettstudents.org** Google Apps account. Students who do not have a harnettstudents.org account will not be able to utilize these devices. Please consider this carefully in your decision to opt-out of account creation. |

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| **Security & Privacy**Harnett County Public Schools cannot and does not guarantee the security of electronic files located on Google systems. Although Google does have a powerful content filter in place, the School Board cannot assure that users will not be exposed to non-educational material. Teachers will make reasonable efforts to monitor students during online activities to reduce exposure to non-educational material. The School Board and Administration reserve the right to access and review content in the Google Apps for Education system at any time. The School Board complies with all state and federal privacy laws. As with any educational endeavor, we feel that a strong partnership with families is essential to a successful experience. Therefore, if you do not wish for your child to have access to a **harnettstudents.org** Google Apps account, please fill out this form and return it to your child's school. You are strongly encouraged to talk with your child’s teacher or the school Technology Facilitator if you have questions regarding **harnettstudents.org** Google Apps accounts |

 I DO NOT want my child to be assigned a Google Apps for Education Account. (No form returned will be considered as consent.)

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

 (First) (Middle) (Last)

Powerschool ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**CONSENT FOR TECHNOLOGY & DIGITAL RESOURCE USE**

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PARENTAL PERMISSION IS REQUIRED

|  |  |  |  |
| --- | --- | --- | --- |
| Student Last Name | Student First Name | Student Middle Name | Student PowerSchool Number |

|  |
| --- |
| Parental permission is required in order for your students to access technology and digital resources at school. The Harnett County school system uses a variety of technology and digital resources to enable and enhance instruction. With permission, students may use physical devices included but not limited to computers, Chromebooks, tablets, and iPods (all of which will allow some degree of internet access). Students may also access web-based applications to create, review, store, share, and potentially post their work on the internet. Examples of these tools include, but are not limited to, Google Apps for Education, SAS Curriculum Pathways, and NCVPS (North Carolina Virtual Public Schools), and iStation. In addition, student information and student work that may be maintained and stored on web-based instructional sites and applications. Not all tools are used at all grade-levels. |
| Harnett County schools have several processes in place to protect students while using technology and digital resources. Students are educated every year about appropriate online behavior, including interacting with other individuals on social networking websites and cyberbullying awareness and responses. The district also uses internet filters to remove the most harmful content. Students’ internet activity and communications may be monitored by school personnel as provided in board policy 6524. |

Students are expected to use technology and digital resources under their teacher’s directions for educational purposes only in accordance with Board policy 3225 and related policies referred to collectively as an Acceptable Use Policy or AUP.

 ꪛ You may grant permission for your student to access technology and digital resources. You should select this option if you want your student to use Chromebooks, computers, tablets and be allowed to access web-based curriculum tools. Your permission Harnett County Schools the right to create a managed student account necessary to access web-based instructional tools. The managed student account is visible in various applications to teachers and students across the school system.

 ꪛ Parent/legal custodians may deny permission for their students to access technology and digital resources. You should select this option if you do not want your student to use a computer or other physical devices or to access website based curriculum tools.

 ꪛ Several mandatory state and federal student assessments are solely available over the Internet. These tests and assessments will be administered to all students. Temporary technology access for these tests will be granted for students who do not have a signed opt-out technology usage form on file.

Please complete this form and have your student return it to his or her school. Consent remains valid throughout your student’s K-12 experience with the Harnett County school system or until a new form is completed and signed by a parent/legal custodian and eligible student.

|  |  |
| --- | --- |
| Name of Parent/Legal Custodian (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Legal Custodian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**STUDENT TECHNOLOGY ACCEPTABLE USE FORM**

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INSTRUCTIONS-PLEASE PRINT STUDENT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Last Name** | **Student First Name** | **Student Middle Name** | **Graduation Year** | **PowerSchool Number** |

The Harnett 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 technology for communication, business, and educational purposes. Therefore, the Internet is a necessary tool that is used in classrooms throughout Harnett 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 Harnett 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 online. Teachers are making their course information, lesson plans, and other valuable resources available to students on their class websites.

Expectations and strategies have been implemented to assist with responsible use of the Internet and network services that are provided by Harnett 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.

A Technology Acceptable Use Policy has been written to address Internet and network issues such as acceptable use, security, vandalism, and consequences for violating the technology acceptable use policy. Harnett County Schools Technology Acceptable Use Policy (Policies 3225/3226/6524/7320) is located in the Harnett County Student-Parent Handbook. It can also be accessed from the Harnett County Schools webpage within the Board of Education Policy Manual.

**Parent/Guardian:**

**Part** **A—Internet/Network** **Access**

**Please** **check** **one** **of** **the** **two** **boxes** **below.** **If** **both** **boxes** **are** **left** **blank,** **it** **will** **be** **determined** **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* *Harnett County* *Schools* *in* *Policies* *3225/3226/6524/7320.*

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

 **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* *Harnett* *County* *Schools* *in* *Policies* *3225/3226/6524/7320.* *I* *understand* *that* *violation* *of* *the* *Harnett County* *Schools* *Technology* *Acceptable Use* *Policy* *will* *result* *in* *disciplinary* *action.*

**Signature** **of** **Student:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT PRIVACY RELEASE**

**PHOTOGRAPH/VIDEO/NAME**

Page 13 of 14

INSTRUCTIONS

This form explains the potential uses of student photographs and video images by the Harnett County Schools (HCS) and allows you to grant or deny HCS permission to release your child’s image for display or publication.

The yearbook and class photos are handled separately. If you do not want your child to be in the class photographs or yearbook, contact the school directly.

This form also allows a parent or guardian the choice of whether or not their student may be identified by name on the school or district’s internet websites. Student names may be released unless a parent or guardian has expressly contacted the school and requested that their student’s “directory information” not be shared. However, as a safeguard, the district does not directly publish student names to the Internet unless given permission by a parent or guardian.

HCS uses internal and external media to highlight the K-12 experience in a variety of ways, which may include the use of photographs and videos of students. For example, student images may be published or displayed in printed materials (such as brochures and newsletters),

videos, school websites, and information about school events and activities provided to external organizations and media outlets.

Parents have two options for granting or denying consent:

* Parents may deny permission for any display or publication of their student’s image. You should select this option if you do not want your student’s photograph to be used on the HCS or individual school websites, in HCS or school publications, or in release to external organizations (such as PTA and booster clubs) or the media.
* Parents also may grant permission for their student’s image to be published or displayed in print, video, and/or digital media. Selecting this option means that your student’s photograph and name may appear in HCS or school publications, on the HCS or individual school websites, and may be released to external organizations (such as PTA and booster clubs) or the media.

Please complete this form and have your student return it to his or her school. This consent form remains valid throughout your student’s K-12 experience with the Harnett County School System or until a new form is completed and signed by a parent/guardian or eligible student.

|  |
| --- |
| **CONSENT FOR NAME, PHOTO, AND VIDEO** |
| **Student’s Legal Last Name** | **Student’s Legal First Name** | **Student’s Legal Middle Name** |
| **Photo/Video Release*** I deny permission to use my child’s image for display, publication or release to external organizations.
* I grant permission for use of my child’s image in print, video, and/or digital media. I understand that my child’s image may be used or released by HCS without additional notification and that my child’s name may appear along with his/her photograph
 |
| **Name Release*** I grant permission for my child to be identified by name on the school/district’s website.
* I deny permission for my child to be identified by name on the school/district’s website
 |
| Name of Parent/Legal Custodian (or student, if over 18) |
| Signature of Parent/Legal Custodian Date (mm/dd/yyyy) |

**FIELD TRIP/STUDENT INSURANCE**

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SCHOOL FIELD TRIP/STUDENT INSURANCE

During the course of the school year, your child may be going on school sponsored field trips. Your child’s participation on these trips will be subject to your consent.

The Harnett County School Administration encourages all students who participate in field trips to have adequate accident insurance. The Harnett County Board of Education offers a Student Accident Insurance Policy through **McGriff Insurance Services**. There are limitations in the Student Accident Insurance coverage. It will not always pay all charges for every student. Read the description of the current Student Accident Insurance carefully and be sure that you understand. To purchase voluntary coverage please go to the following link: <https://www.kandkinsurance.com/sites/K12Voluntary/Pages/Home.aspx>

PARENTAL PERMISSION

While I expect the school authorities to exercise reasonable precaution to avoid injury, I understand that neither the Board of Education nor any of its employees will assume responsibility for claims resulting from injury to my child

while he or she is participating in this program. This means that I will have to pay for any necessary medical treatment not covered by the Student Accident Insurance or any personal insurance coverage that I might have.

In view of the Harnett County School Administration Policy, I give permission for my child to participate in field trips during the school year. I have adequate personal insurance or release the Board of Education and its employees from any responsibility in the matter.

|  |  |  |
| --- | --- | --- |
| School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student’s First Name | Student’s Middle Name | Student’s Last Name | Homeroom Teacher |
| Address | City | State | Zip Code |

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