



Roanoke Rapids Graded School District – Registration Form

For Office Use

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)

1st Name _____ Relationship _____ Permission to sign out student ☐ Yes ☐ No
Home Phone _____ Work Phone _____ Cell Phone _____
Primary Language _____

2nd 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 9th 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)

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** _____



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

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.

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.

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 _____

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. 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 _____

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: _____

For Office Use Only: **Address** _____

Phone No. _____

Homeroom Teacher _____ Grade / Year _____

Graduation Year _____ Student Number _____



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, *Superintendent of Public Instruction*

WWW.NCPUBLICSCHOOLS.ORG



Occupational Survey

Student 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 who have moved in the past three years and who have done agriculture or fishing work. 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. Have you or someone in your family worked in any of the following areas below in the last three years?

☐ No

☐ Yes (Select all that apply and continue to question number 2)

2. Have you or your family moved to another school district or to another city or county in the last three years?

☐ No

☐ Yes



Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards

☐

Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant

☐

Working in a dairy

☐

Working in a fishery or on a shrimp or catfish farm

☐

Working in a slaughter house (chicken, cow, or pig)

☐

Working on a poultry or hog farm

☐

Working in a plant nursery or orchard; growing or harvesting trees

☐

Other similar work in agriculture, please explain:

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

4. Parent(s)' Name(s) _____

5. What is your current address?

Address _____

City _____ State _____ Zip Code _____

6. Phone Number(s): _____

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER