

# Warren County Schools

# Registration

## STUDENT INFORMATION

<b>School Name:</b>		<b>School Code:</b>	<b>Date of Enrollment:</b>	<b>Previous School:</b>	
<b>Student's Full Name:</b> (Last) (First) (Middle)			<b>Social Security Number:</b>		
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Home Phone:</b>
<b>Mailing Address (Include City, State &amp; Zip if not the same as Street Address):</b>					
<b>Directions to Home from School:</b>					
<b>Sex:</b> (circle) Male Female		<b>Grade:</b>	<b>PowerSchool Number:</b>	<b>Date of Birth:</b>	
<b>Birthplace City:</b>		<b>Birthplace County:</b>	<b>Birthplace State:</b>	<b>Checked Birth Certificate:</b> (circle) Yes No	
<b>Race: (circle all that apply)</b> American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pac Islander White					
<b>Is the student Hispanic or Latino?</b> Yes No					
<b>Student Resides With:</b> (circle) Parents Mother Father Legal Guardian			<b>Emergency Contact Person:</b>	<b>Emergency Contact Phone:</b>	
<b>Name of Second Emergency Contact Person:</b>			<b>Second Emergency Contact Phone:</b>		
<b>Father's Name:</b>		<b>Home Phone:</b>	<b>Work Number:</b>	<b>Employer:</b>	
<b>Mother's Name:</b>		<b>Home Phone:</b>	<b>Work Number:</b>	<b>Employer:</b>	
<b>Legal Guardian's Name:</b>		<b>Home Phone:</b>	<b>Work Number:</b>	<b>Employer:</b>	
<b>Medical Information (Allergies, Disabilities, Seizures, Diabetes, Etc.)</b>			<b>Medication Information:</b>		
<b>Number of Older Brothers:</b>		<b>Names if Attending School:</b>		<b>Name of School:</b>	
<b>Number of Older Sisters:</b>		<b>Names if Attending School:</b>		<b>Name of School:</b>	
<b>Number of Younger Brothers:</b>		<b>Names if Attending School:</b>		<b>Name of School:</b>	
<b>Number of Younger Sisters:</b>		<b>Names if Attending School:</b>		<b>Name of School:</b>	
<b>Number of Persons Living in the Home Other Than Those Listed Above:</b>					
<b>Will your child be riding a bus in the morning? (circle)</b> Always Sometimes Never					
<b>Will your child be riding a bus in the afternoon? (circle)</b> Always Sometimes Never					
<b>Will your child be getting off the bus at the same location that he/she got on the bus? (circle)</b> Yes No					



## WARREN COUNTY SCHOOLS

109 Cousin Lucy's Lane  
Post Office Box 110  
Warrenton, North Carolina 27589

Phone: (252) 257-3184  
Fax: (252) 257-5357  
[www.warrenk12.org](http://www.warrenk12.org)

August 3, 2020

Dear Parent or Guardian:

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 requires the North Carolina State Board of Education/North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career.

The data collection is a mandatory requirement starting in the 2015-16 school year. The Session Law 2014-15 that describes this requirement can be accessed at: <http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>.

To ensure compliance with Session Law 2014-15, please complete the information on the reverse side of this letter and return to your child's school as soon as possible. Thank you.

Sincerely,

*Andre' Stewart*

Mr. Andre' Stewart  
Chief Operations Officer  
Warren County Schools

Office Use Only:

Completed forms should be forwarded to the school's data manager.

8/3/20



**Warren County Schools  
Military-Connected Students  
Data Collection Form**

Student: \_\_\_\_\_

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

Is an ***“immediate family member”*** of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Veteran or Disabled Veteran, Foreign Military or Federal Civil Service Employee? (NC G.S. 115C-12 (18)(f)).

***“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                  \_\_\_\_\_ No

If you answered “No” to the question, please skip the portion below and submit this form to your child’s school. If you answered “Yes” to the question, please provide the information below and submit this form to your child’s school.

*example*

<b>Relationship</b>	<b>Branch</b>	<b>Status</b>	<b>Grade (Optional)</b>	<b>Military Installation (Optional)</b>
<i>Father</i>	<i>Army</i>	<i>Active Duty</i>	<i>E-4</i>	<i>Fort Bragg</i>

*(Please return a form for each child in your household).*

**Branches:** Air Force, Army, Coast Guard, Marine Corps, Navy

**Status Options:** Active Duty, National Guard, Reserves, Active Reserve/Guard, Retired Military, Veteran, Disabled Veteran, Federal Civil Service Employee or Foreign Military

**Installation:** The facility where the service member fulfills their duty role in the military. (e.g. Fort Bragg, NG Raleigh Armory, Knightdale Reserve Center etc.) [Optional]

**Grade:** Enlisted (E-1 through E-9), Commissioned Officer (O-1 through O-10), Warrant Officer (W-1 through W-5) [Optional]

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8/3/20

**HOME (PRIMARY) LANGUAGE SURVEY**

Date \_\_\_\_\_

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

Grade \_\_\_\_\_ Gender \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

1. What is the first language you learned to speak? \_\_\_\_\_
2. What language do you speak most often? \_\_\_\_\_
3. What language is most often spoken in your home? \_\_\_\_\_
4. Besides languages studied in school, do you speak language other than English?  
\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, list the languages:

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

Please place in student's cumulative folder.

**SPANISH HOME (PRIMARY) LANGUAGE SURVEY**  
**EVALUACION DEL ESTUDIANTE EN SU IDIOMA SECUNDARIO**

FECHA \_\_\_\_\_

NOMBRE DEL ESTUDIANTE \_\_\_\_\_  
(Apellido) (Primer Nombre) (Segundo Nombre)

GRADO \_\_\_\_\_ GÉNERO \_\_\_\_\_

ESCUELA \_\_\_\_\_

MAESTRO(A) OFICIAL \_\_\_\_\_

1. ¿Cuál fue el primer idioma que Vd. [su hijo(a)] aprendió a hablar? \_\_\_\_\_

2. ¿Qué idioma habla Vd. [su hijo(a)] más frecuentemente? \_\_\_\_\_

3. ¿Qué idioma habla Vd. [su hijo(a)] en casa? \_\_\_\_\_

4. ¿Habla Vd. [su hijo(a)] otro idioma además del inglés?  
\_\_\_\_\_ No \_\_\_\_\_ Si Si así es, ¿Cuáles son? \_\_\_\_\_

Student ID Number											
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School	School System	Date
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NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 (Last) (First) (Middle) (Nickname) Mo Day Year  
 SEX: (M or F) RACE: American Indian Asian Black Hispanic White Other \_\_\_\_\_

ADDRESS \_\_\_\_\_

### PERSONAL DATA SHEET

**I. EMERGENCY MEDICAL INFORMATION** (Note physical disabilities, convulsive disorders, allergies, sensitivities, diabetes, etc.)

\_\_\_\_\_

\_\_\_\_\_

Doctor Preference and Telephone No. \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**II. FAMILY DATA**

PARENT(s) or GUARDIAN(s) NAME(s)	Contact Preference	Home Phone	Bus. Phone
FATHER (STEPFATHER)			
MOTHER (STEPMOTHER)			
GUARDIAN (RELATIONSHIP)			

**III. SIZE OF FAMILY**

Number of Older Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Number of Younger Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Number of Persons Living in Home Other than Those Already Listed on This Sheet \_\_\_\_\_

**IV. ADDITIONAL INFORMATION SCHOOL SHOULD HAVE:**


(It is recommended that this form be completed annually by parent, guardian or student.)  
 Only one copy should be maintained in Cumulative Folder.



Warren County Schools  
 109 Cousin Lucy's Lane - PO Box 110  
 Warrenton, NC 27589  
 (252) 257-3184

## Occupational Survey

*Complete one form for each student*

<b>Student Name:</b>	<b>Grade:</b>
<b>School:</b>	<b>Date:</b>

Some special programs funds are available through the State Department of Public Instruction to provide school assistance to children whose family has moved from one school district to another, so that some member of the immediate family could obtain temporary or seasonal work in certain kinds of jobs. Please assist us in finding out if your child(ren) is/are eligible to be served in this special program.

Please provide the following information:

1. a. Have you moved into or out of this school district within the past six years so that any member of your family could obtain temporary or seasonal employment in fishing, farming, or food processing?
- YES       NO

If the answer to this question is "NO," check the appropriate space, sign and return the form to your child's school. If the answer is "YES," finish filling out this form.

- b. Indicate the type of temporary or seasonal work engaged in by any member of the family:

- Farming, Planting, Cultivating, Harvesting, or Processing Farm, or Orchard Crops (Examples: Setting tobacco, cropping tobacco, sheeting tobacco, picking cucumbers, digging sweet potatoes.)
- Dairy, Poultry, Livestock Farming or Food Processing (Examples: Temporary work on hog, chicken, turkey farms, a dairy farm or in processing plant.)
- Cutting or Harvesting of Trees
- Fish Farming or Commercial Fishing

2. Where DID you live before moving to this school district?

<b>Street Address:</b>	<b>City, State:</b>
<b>Zip:</b>	<b>County:</b>

3. What is your PRESENT address?

<b>Street Address:</b>	<b>City, State:</b>
<b>Zip:</b>	<b>County:</b>

4. When did you move to this school district?

\_\_\_\_\_  
 Month                                      Day                                      Year

Please give the following information on all school age children in your family and any other from birth age through twenty-one year old who live with you:

Last Name	First Name	Grade	Birth Date MM/DD/YYYY	Birth Place (City, State or Country)

\_\_\_\_\_  
 Parent or Guardian Print Name

\_\_\_\_\_  
 Signature                                      Date