

Student Enrollment Form

School, School Year, Grade Level, NC WISE #, Entry Date, Entry Code, Connect-Ed, ***Office Use***, HR, Lunch#, Bus#, Supply Fee, Primary Language, Copies of: Birth Certificate, Immunization Record, Social Security Card, Custody Order (if applicable), Proof of Residence Affidavit, Affidavit (Outside KCS)

Student's Name: Legal Last Name, Legal First Name, Legal Middle Name, Grade Level:

Date of Birth: Social Security Number:

Gender (circle): Male or Female Ethnicity (circle): Non Hispanic or Hispanic

Race (circle all that apply): African American, Alaskan Native, American Indian, Asian, Hawaiian/Pacific Islander, White

Home Address: City: Zip: County:

Home Phone: Mailing Address:

Child is living with: (circle) Mother & Father, Mother & Stepfather, Father & Stepmother, Mother Only, Father Only, Legal Guardian/Custodian, Other:

Who has custody of the child? Mother Only, Father Only, Both Parents, Other (Legal documentation of custody agreement may be required.)

PARENT INFORMATION

Mother/Guardian: (circle) Mother, Stepmother, Grandmother, Legal Guardian/Custodian

Name: Home Phone:

Address: City: State: Zip:

Employer: Occupation:

Work Phone: Cell Phone: Email Address:

Father/Guardian: (circle) Father, Stepfather, Grandfather, Legal Guardian/Custodian

Name: Home Phone:

Address: City: State: Zip:

Employer: Occupation:

Work Phone: Cell Phone: Email Address:

UNITED STATES MILITARY

Does someone in your child's household serve in the U.S. Military (including National Guard and Reserve)? YES or NO If yes, please provide the military member's relationship to the child. (e.g. parent, guardian, grandparent, sibling, step-parent, aunt or uncle).

*****PREVIOUS SCHOOL INFORMATION*****

Previous School: _____ Grade: _____ Phone: (____) _____

School Address: _____ City: _____ State: _____ Zip Code: _____

Has student attended pre-school? (circle) Yes No Name of school: _____

*****STUDENT PROGRAMS AND SERVICES*****

Does student participate in any special service programs or have an educational disability? (circle) Yes No

If yes, (circle all that apply): Academically & Intellectually Gifted Exceptional Child/IEP 504 Plan English as a Second Language

Other _____

If the student is currently eligible for special education services, you must attach evidence of the student's current eligibility and submit it with this affidavit.

*****IMMUNIZATIONS / HEALTH REQUIREMENTS*****

G.S. 130-A-152-157: Every parent/guardian shall ensure that the child has received the required immunizations at the age required by law. It is the responsibility of the parent/guardian to provide the immunization record of each school aged child no later than 30 days after the child enters school or the child shall be suspended until such time as a valid immunization record can be provided to the school.

G.S. 130-A-156: states that every child in the state entering kindergarten in the public schools shall receive a health assessment. The health assessment shall be made not more than 12 months prior to the date of school entry. The parent, guardian or responsible persons shall have 30 calendar days from the first day of attendance to present the required health assessment transmittal form for the child.

Identify and explain any specific health problems that student may have:

Does the student have health insurance? Yes or No

*****STUDENT TRANSPORTATION*****

What type of transportation will student use? (circle) School Bus Car Rider Walker Driver

Please list the person(s), other than parents, who are authorized to pick the student up from school:

- 1. Name: _____ Phone Number: _____ Relationship to student: _____
- 2. Name: _____ Phone Number: _____ Relationship to student: _____
- 3. Name: _____ Phone Number: _____ Relationship to student: _____

Is anyone denied contact with the student due to court constraints? (circle) YES or NO

If yes, provide person's name and legal documentation.

Name: _____ Documentation: _____

*****STUDENT SIBLING INFORMATION*****

Name: _____ Relationship: _____ Current School: _____ Grade: _____

Name: _____ Relationship: _____ Current School: _____ Grade: _____

Name: _____ Relationship: _____ Current School: _____ Grade: _____

*****EMERGENCY CONTACTS*****

In case of an emergency, list the names of people the school may contact if unable to contact parents:

Emergency Contact: (other than parent/guardian)_____ Relationship to student:_____

Home Phone: (____)_____ Work Phone: (____)_____ Cell Phone (____)_____

Emergency Contact: (other than parent/guardian)_____ Relationship to student:_____

Home Phone: (____)_____ Work Phone: (____)_____ Cell Phone (____)_____

*****SUSPENSION, EXPULSION, FELONY CONVICTION INFORMATION*****

North Carolina G.S. 115C-366(a4) states as follows: When a student transfers into the public school of a local school administrative unit, that local board shall require the student’s parent, guardian or custodian to provide a statement made under oath or affirmation before a qualified official indicating whether the student is, at the time, under suspension or expulsion from attendance at a private or public school or has been convicted of a felony in this or any other state.

- Is this student is currently under suspension or expulsion? ___yes ___no. If yes, explain and provide documentation._____
- Has this student ever been convicted of a felony? ___yes ___no. If yes, explain and provide documentation._____
- If the student is under a term of suspension or expulsion, is the student currently identified as one who is eligible for special education and related services? ___yes ___no
- If the student is currently eligible for special education services, you must attach evidence of the student’s current eligibility and submit it with this affidavit.

*****CERTIFICATION OF DOMICILE*****

A student is enrolled at the school in his/her domicile; the place the family actually resides. Domicile: In applying the requirements of G.S.115C-366, it is necessary to distinguish between domicile and residence. A residence is an established home, but it need not be one’s exclusive home. A person may have more than one residence, **but only one domicile.** Except as otherwise provided, the **domicile** of any student shall be deemed to be that of his/her parents or legal guardian.

Pursuant to North Carolina G.S. 14-209, if it is found that a person willfully and knowingly provided false information in this sworn affidavit, the student will be removed from school and the maker of the affidavit shall be guilty of a Class F felony and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment (if the student is not a domiciliary of the local school administrative unit). Repayment shall not include state funds. Offenders will be prosecuted to the full extent of the law.

Falsifying any information about a student’s domicile will result in: the student’s immediate withdrawal and enrollment at the current school and; the student losing his/her athletic eligibility for up to the remainder of his/her school tenure in the Kannapolis City School system.

By my signature below, I certify that I have read, understand and am providing accurate information regarding:

- **The regulations about providing suspension, expulsion and felony conviction information to Kannapolis City Schools.**
- **The description of “domicile” and that my domicile is located in the address provided on this enrollment form.**
- **That all of the information provided on this registration form is current and correct.**

Signature:_____ Date:_____ Relationship to Student:_____