

Durham Public Schools

High School Student Enrollment Packet



DURHAM
PUBLIC SCHOOLS

Checklist of requirements

- Check DPS Street Listing for correct school assignment.
- Proof of Residency (current lease; deed; property tax record; mortgage statement or three current consecutive months of receipts). If the residence is in someone else's name, the parent and the lease holder or home owner must present their picture ID's, proof of residency and completed Shared Housing Affidavits. The Office of Student Assignment or ESL Department will review, notarize, and approve.
- Withdrawal form from previous school.
- Report card/Transcripts.
- Immunizations (may be in Power School). If your child is enrolling in a United States school for the first time, the parent or guardian has 30 days from the first day of the child's attendance in school to obtain the required immunizations and additional days if needed upon certification of a physician. Upon termination of the 30 days or the extended period, the principal shall not permit the child to attend the school unless the child has been immunized or has obtained the necessary exemption. If your student is currently enrolled or transferring from another school within the United States, immunization records will only be required if they do not transfer with the rest of the student's school records. N.C. Gen. Stat. §§130A-155, 156, 157.
- Custody Papers (if the person registering the student is not the parent, he/she must present a copy of the appropriate court order to establish legal guardianship). A notarized statement from the parent permitting temporary custody is not acceptable. A foster parent does not have the legal authority to enroll/withdraw a student unless he or she has a court order granting them the authority to make educational decisions. Students placed in foster care through any agency can only be enrolled and/or withdrawn by an authoritative representative of that agency (DSS social worker/case manager, etc).
- Completed Enrollment Packet.
- SS card (not required, but important for tracking student records).
- Health Assessment Form (Required for all K-12 students coming to North Carolina from another state, country, and those enrolling for the first time coming from a home-school, religious or pri-

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www.dpsnc.net

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DURHAM
PUBLIC SCHOOLS

Student Data Sheet - 320

Date _____

Student Information

Legal Last Name _____

Legal First Name _____

Middle Name _____

Birth Date ___ / ___ / ____ Gender M / F

Student # _____ Enrolling Grade ____

SS# (optional) ___ / ___ / ____

Home Ph (primary) (____) ____ - ____ Unlisted? Y / N

Proof of Age (circle one)

Birth Cert. Baptismal Cert. Birth Regis. Form

Driver's Lic Passport Other

Ethnicity (circle one) Not Hispanic Hispanic

Race (circle one or more)

White Amer. Indian/Alaskan Native Asian

Black/Afr. Amer. Native Hawaiian/Pac. Islander

Address _____

Apt or PO Box _____

City _____ Zip _____

Parent/Guardian Information

Custody _____ Lives with _____ Court Access _____

Relationship _____ Relationship _____

Last name _____ Last name _____

First name _____ First name _____

Living with Student? Y / N Living with Student? Y / N

Address _____ Address _____

Apt or PO Box _____ Apt or PO Box _____

City _____ Zip _____ City _____ Zip _____

Correspondence in English Spanish Other _____

Employer _____ Employer _____

Home Phone (____) ____ - _____ Home Phone (____) ____ - _____

Day Phone (____) ____ - _____ Day Phone (____) ____ - _____

Cell Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Text messages Y / N Text messages Y / N

Email address _____ Email address _____

Email address _____ Email address _____

Admission Information (Office Use Only)

Enrollment Date _____ Grade _____

Homeroom _____

Previous School Information including Pre-K & Daycare

Previous School _____

City _____

State _____ Zip _____

Phone (____) ____ - ____ Fax (____) ____ - ____

Previous DPS schools? _____

Home Language (Required)

Student's Country of Birth _____

When did student first enter a U.S. school? _____

What is student's first language? _____

What language is spoken at home? _____

What language is most used by student? _____

Miscellaneous Forms: After reading & signing the corresponding documents, please indicate your preference.

Release of Media Information: Y / N

College Recruitment: Y / N {No Form}

(Grades 6-12) Military Recruitment: Y / N

Is Student Military Connected? Y / N (If yes, fill out form)

Student Data Sheet - 320 - Continued

Emergency Contacts

Last Name _____

Last Name _____

First Name _____

First Name _____

Relationship _____

Relationship _____

Home Ph (____) ____ - ____

Home Ph (____) ____ - ____

Work (____) ____ - ____ Cell (____) ____ - ____

Work (____) ____ - ____ Cell (____) ____ - ____

Permission to pick up? Y / N

Permission to pick up? Y / N

Speaks English? Y / N

Speaks English? Y / N

Medical

Doctor's Name _____

Phone: (____) ____ - ____

Dentist Name _____

Phone: (____) ____ - ____

Preferred Hospital _____

Allergies _____ Life-threatening? Y / N

Other Health Factors _____

Siblings currently enrolled in Durham Public Schools

Last Name _____

Last Name _____

First Name _____

First Name _____

Relationship _____ Grade _____

Relationship _____ Grade _____

Gender Male / Female

Gender Male / Female

Last Name _____

Last Name _____

First Name _____

First Name _____

Relationship _____ Grade _____

Relationship _____ Grade _____

Gender Male / Female

Gender Male / Female

Transportation

Morning

Afternoon

Bus? Y / N

Car? Y / N

Bus? Y / N Car? Y / N

Parent Enrollment Declaration

Is the student currently suspended or expelled from any school? Y / N

Has the student been convicted of a felony? Y / N

I, _____, hereby swear and affirm that the above information is true and accurate.

Parent/Guardian Signature _____ Date _____

ID Checked ? Y / N Date _____

School Official _____

Durham Public Schools Military Connection Form

Is the student military connected? If you answered "yes" on the data sheet, complete the form below.

Which immediate family member? Circle all that apply.

Father Mother Guardian Sibling Stepfather Stepmother Other

Branch of service:

Air Force Army Coast Guard Marine Corps Navy

What is the status?

Active Duty Reserves National Guard Disabled Veteran Retired Military

Veteran Foreign Military Active Reserve/Guard

Deceased Deceased - Killed in Action Federal Civil Service Employee

Grade:

E1 E2 E3 E4 E5 E6 E7 E8 E9

O1 O2 O3 O4 O5 O6 O7 O8 O9

W-1 W-2 W-3 W-4 W-5

Federal Civil Service Employee

Installation:

Camp Lejeune Ft. Bragg MCAS Cherry Point
Pope Army/AF MCAS New River Seymour Johnson Air Force

Coast Guard:

Elizabeth City Ft. Macon Wilmington Special Mission Training Center

Other

Unit Squadron:

DURHAM PUBLIC SCHOOLS
STUDENT DIRECTORY-MILITARY-HIGHER EDUCATION-MEDIA OPT OUT FORM
(GRADES 9-12)

NOTIFICATION OF DIRECTORY POLICY AND OPT OUT RIGHTS

The Family and Educational Rights and Privacy Act (FERPA), a federal law, requires that Durham Public Schools, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information your child's education records. However, Durham Public Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District that you opt out of disclosure of some or all of your student's directory information.

The primary purpose of directory information is to allow the District to include information from your child's education records in certain school/district publications (including websites and social media), such as the annual yearbook, honor roll, and graduation programs. Directory information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks and the media.

Pursuant to Board Policy 4207, Durham Public Schools has designated the following information as directory information:

1. student's name
2. parents' /guardians' names
3. student's age
4. student's photograph
5. student's participation in officially recognized activities and sports
6. weight and height of members of athletic teams
7. dates of the student's attendance
8. degrees and awards received by the student
9. most recent previous educational agency or institution attended by the student

If you wish to opt out from the release of your child's directory information, in whole or in part, please complete this form and return it to the school within ten (10) days.

Please note that opting out from the release of some or all of your child's directory information may interfere with the following:

- school recognition of your child's achievements
- inclusion of your child in the yearbook
- your receipt of information from school, community-based organizations, the PTA, scholarship programs, and vendors (i.e. class ring manufacturer)

OPT OUT DESIGNATIONS

Please place a check mark in the space next to each item of information that you do NOT want released as directory information. If you want to opt out of every category, please place a check mark in the space next to the last category, "opt out of all directory disclosures."

- Student Name
- Parents'/Guardians' Names
- Student's Age
- Student's Photograph
- Student's participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Dates of student's attendance
- Degrees and awards received by student
- Most recent previous school or education institution attended by the student
- Opt out of all directory disclosures

DISCLOSURES TO MILITARY RECRUITERS AND INSTITUTIONS OF HIGHER LEARNING

In addition, federal law requires that Durham Public Schools provide military recruiters and institutions of higher education, upon their request, with the following information – student name, address, and telephone listing – unless a parent has notified the school that s/he does not want the student's information disclosed for these purposes without the parent's prior written consent.

Please place a check mark in the space next to the descriptor below if you do not want your child's name, address, and telephone listing to be released to military recruiters or institutions of higher education without your prior written consent.

- Do not disclose my student's name, address, and telephone number to military recruiters without my prior written consent.
- Do not disclose my student's name, address, and telephone number to institutions of higher education without my prior written consent.

CERTIFICATION

I, _____, am the parent/legal guardian of _____
 Print Parent/Guardian Name Print Student Name

I hereby opt out of the release of my child's directory information as detailed above.

 Parent/Legal Guardian Signature

 Date

Special Education Placement or Other Formal Education Plans

Student's Full Name _____

Yes No Student has received Special Education (Exceptional Children) services in the past student has had an IEP (Individualized Education Plan)

Yes No Student has been identified as Academically/Intellectually Gifted

Yes No Student has a Section 504 Plan

Yes No Student has a PEP (Personalized Education Plan)

Yes No Student has received ESL (English as Second Language) services

If yes, complete the following information:

Student's Birthdate (dd/mm/yyyy) ____ / ____ / ____

Address _____

Parent/Guardian Name _____

Parent/Guardian Phone

Home: _____ Work: _____ Cell: _____

School last attended _____

School address _____

Contact person _____ Phone _____

Student has (check all that apply):

IEP (Individualized Education Program—Special Education)

AIG Plan (Academically/Intellectually Gifted)

Section 504 Plan

PEP (Personalized Education Plan)

LEP (Limited English proficiency Plan)

SPECIAL PLACEMENT



January 2016

NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein
and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

 M F

Birthdate (M/D/YYYY):
School Name:
Hispanic of Latino Origin: 1 Yes 2 No

Race:
 1 Other Non-White 2 White 3 Black 4 American Indian 5 Chinese
 6 Japanese 7 Hawaiian 8 Filipino 9 Other Asian 10 Unknown

Home Address:
City:
State:
County:
Parent Information: Name of Parent, Guardian, or person standing in loco parentis:
Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:
Student's allergies, type, and response required:
Special diet instructions:
Health-related recommendations to enhance the student's school performance:
Vision screening information:

 Passed vision screening: Yes No

Concerns related to student's vision:




PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

Hearing screening information:

 Passed hearing screening: Yes No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

 School follow-up needed: Yes No

Medical Provider Comments:
Please attach other applicable school health forms:

 Immunization record attached:
 School medication authorization form attached:
 Diabetes care plan attached:
 Asthma action plan attached:
 Health care plans for other conditions attached:
Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:


 Public Health
 HEALTH AND HUMAN SERVICES