

# 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 \_\_\_\_\_

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)

## 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 \_\_\_\_\_ 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 \_\_\_\_\_

# Student Data Sheet - 320 - Continued

## Emergency Contacts

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Home Ph (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Permission to pick up? Y / N  
 Speaks English? Y / N

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Home Ph (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Permission to pick up? Y / N  
 Speaks English? Y / N

## Medical

Doctor's Name \_\_\_\_\_  
 Dentist Name \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Allergies \_\_\_\_\_ Life-threatening? Y / N  
 Other Health Factors \_\_\_\_\_

## Siblings currently enrolled in Durham Public Schools

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Grade \_\_\_\_\_  
 Gender Male / Female

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Grade \_\_\_\_\_  
 Gender Male / Female

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Grade \_\_\_\_\_  
 Gender Male / Female

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Grade \_\_\_\_\_  
 Gender Male / Female

## Transportation

Morning  
 Bus? Y / N Car? Y / N

Afternoon  
 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 _____	

### Authorization for Release/Exchange of Confidential Information

I, \_\_\_\_\_ (name of parent/guardian/student if 18 or over), hereby authorize the provider listed below to disclose certain protected health/education information of the student named below to **Lakeview School** for the purpose indicated below. If indicated, I also give permission to **Lakeview School** to disclose confidential education records to the provider indicated below.

**Full name of student (patient):**

\_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Outside Provider:**

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

Agency: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

**Check all that apply:**

May provide information to school \_\_\_\_\_ May receive information from school \_\_\_\_\_

**DPS School:**

Name: Lakeview School

Position/Title: Case Manager/Registrar, Counselor, Data Manager & Mental Health Coordinator

Ph: 919-560-2520 Fax: 919-560-2446

May provide protected health information to the outside provider:  Yes  No

May provide educational records and/or personally identifiable information to the outside provider:  Yes  No

**Information to be provided/exchanged (check all that apply):**

Medical records  Grades  Immunization records  Treatment records  Attendance

Disciplinary records  Diagnostic records  Special education file

Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
*Signature of parent/legal guardian/student (if 18 or over)*

\_\_\_\_\_  
*Date*

## 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:

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**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)