

# 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 \_\_\_\_\_  
 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 _____	

# 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)



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



DURHAM SCHOOL OF THE ARTS  
400 North Duke Street  
Durham, North Carolina 27701  
Main Office: 919-560-3926  
Student Services' Receptionist: 919-560-3926; ext. 23266  
Records Specialist: 919-560-3926; ext. 23229  
Student Services' Fax: 919-560-2172

**STUDENT RECORD REQUEST**  
ESPAÑOL AL REVERSO

Current/Most Recent School Name \_\_\_\_\_

Current/Most Recent School Address (for non DPS) \_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

On \_\_\_\_\_ The above named student enrolled in the \_\_\_\_\_ at  
Date Grade  
Durham School of the Arts, 400 North Duke Street, Durham, NC 27701.

.....  
Authorization to Release Information

As the parent/guardian of \_\_\_\_\_, I  
hereby authorize you to release all pertinent student information to Durham School of the Arts.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian's Signature

.....  
**PLEASE DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY**  
.....

Please mail or fax the following information:

\_\_\_\_\_ Immunization, Birth Certificate

\_\_\_\_\_ Cumulative Record, including but not limited to Report Cards, Transcript, Attendance and  
Test Records

\_\_\_\_\_ Exceptional Children Documents, e.g. AIG, EC, SAP, 504 etc.

\_\_\_\_\_ Any additional information helpful to Teachers/Counselors

Thank you for your attention to this request.

\_\_\_\_\_  
Records Specialist

\_\_\_\_\_  
Date



# FORMER SCHOOL INFORMATION

Please Print Clearly

Student's Name \_\_\_\_\_  
Last First Middle Initial

List **ALL** schools attended beginning with current school and grade.

Current Grade: \_\_\_\_\_ School Year \_\_\_\_\_ / \_\_\_\_\_

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

School Address \_\_\_\_\_  
Street City State Zip Code

Grade(s): \_\_\_\_\_ School Year \_\_\_\_\_ / \_\_\_\_\_

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

School Address \_\_\_\_\_  
Street City State Zip Code

Grade(s): \_\_\_\_\_ School Year \_\_\_\_\_ / \_\_\_\_\_

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

School Address \_\_\_\_\_  
Street City State Zip Code

Grade(s): \_\_\_\_\_ School Year \_\_\_\_\_ / \_\_\_\_\_

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

School Address \_\_\_\_\_  
Street City State Zip Code

Grade(s): \_\_\_\_\_ School Year \_\_\_\_\_ / \_\_\_\_\_

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

School Address \_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Durham School of the Arts does not accept responsibility for correct grade classification or appropriate placement in courses without records requested from the student's former school(s).**



TRANSPORTATION SERVICES  
2013 Hamlin Road  
Durham, North Carolina 27704

**BUS STOP REQUEST FORM**

**Student Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Initial Month Day  
Year

School Name DURHAM SCHOOL OF THE ARTS Grade Level \_\_\_\_\_

**Student's Address for Transportation**

AM Address \_\_\_\_\_  
Street City Zip Code

PM Address \_\_\_\_\_  
Street City Zip Code

**Parent/Guardian's Information**

Parent/Guardian's Name \_\_\_\_\_  
Last First Middle Initial

Parent/Guardian's Address \_\_\_\_\_  
Street City Zip Code

Day time Contact \_\_\_\_\_ Work Phone Number \_\_\_\_\_

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

**Reason for the Request**

\_\_\_\_\_  
e.g. New to the School, \* Address Change  
\*Address Change, please provide a copy of your rental agreement or deed.

**Transportation Office Use Only**

AM Bus # \_\_\_\_\_ Bus Stop Location \_\_\_\_\_ AM Time \_\_\_\_\_

PM Bus # \_\_\_\_\_ Bus Stop Location \_\_\_\_\_ PM Time \_\_\_\_\_

Approved \_\_\_\_\_ Effective Date \_\_\_\_\_

Denied \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_  
Signature