

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 _____

Last name _____

First name _____

Living with Student? Y / N

Address _____

Apt or PO Box _____

City _____ Zip _____

Correspondence in English Spanish Other _____

Employer _____

Home Phone (____) ____ - ____

Day Phone (____) ____ - ____

Cell Phone (____) ____ - ____

Text messages Y / N

Email address _____

Email address _____



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 _____



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).

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

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

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
01 02 03 04 05 06 07 08 09
W-1 W-2 W-3 W-4 W-5

Federal Civil Service Employee

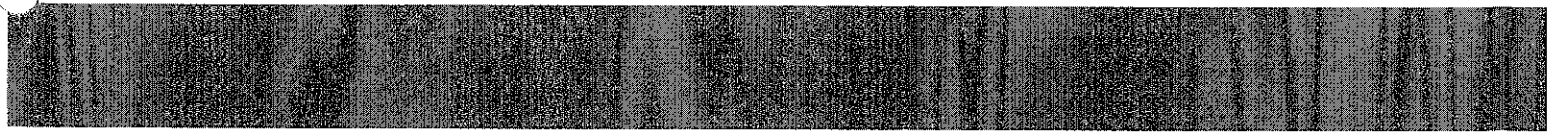
Installation:

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:



Notification of Possible Media Visits / Photo Release Form

Durham Public Schools uses photographs, slides, videos, or illustrations of students for many purposes related to DPS business. This form allows you to grant or deny permission to DPS to release your child's image for display or publication. This form also allows a parent or guardian to choose whether or not their child may be identified by name on the school or district's websites. Student names may be released unless a parent or guardian has expressly contacted the school and requested their child's "directory information" not be shared. However, as a safeguard, the district does not directly publish student names to the Internet unless given permission by a parent or guardian.

Parents have two options for granting or denying consent:

- Parents may deny permission for any display or publication of their child's image. You should select this option if you do not want your child's photograph to be used on the DPS or individual school websites, in DPS or school publications, or in release to external organizations (such as PTA) or the media.
- Parents also may grant permission for their child's image to be published or displayed in print, video, and/or digital media. Selecting this option means that your child's photograph and name may appear in DPS or school publications, on the DPS or individual school websites, and may be released to external organizations (such as PTA) or the media.

Please complete this form and have your child return it to his or her school. This consent form remains valid throughout your child's K-12 experience with the Durham County Public School System or until a new form is completed and signed by a parent / guardian or eligible student.

I deny permission to use my child's image for display, publication or release to external organizations.

I grant permission for use of my child's image in print, video and/or digital media. I understand that my child's image may be used or released by DPS without additional notification and that my child's name may appear along with his or her photograph.

Student's Name: _____

Student's grade and school: _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Phone number: _____

Date: _____

**DURHAM PUBLIC SCHOOLS
STUDENT DIRECTORY-MILITARY-HIGHER EDUCATION 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 publications, 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.

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

STUDENT OPT OUT

SPECIAL PLACEMENT

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):

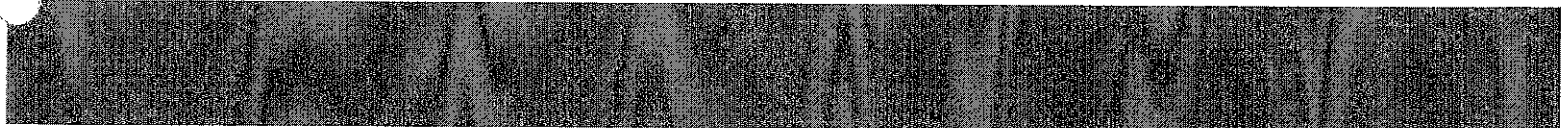
IEP (Individualized Education Program—Special Education)

AIG Plan (Academically/Intellectually Gifted)

Section 504 Plan

PEP (Personalized Education Plan)

LEP (Limited English proficiency Plan)





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