

**March 26, 2021**

Dear Admitted Student and Parents,

Below you will find tons of information about your next set of enrollment steps. Please read carefully and follow all instructions. As usual, feel free to reach out to me if you have questions. You may call me on weekdays at 919-797-9260 between the hours of 9:00-4:00 or you may e-mail me at [william\\_evans-jr@dpsnc.net](mailto:william_evans-jr@dpsnc.net).

### **NEXT STEPS FOR ALL INCOMING STUDENTS**

**Step One**-Complete an application to Durham Tech. Detailed instructions on how to complete the application are included within this packet. **Please complete the college application by April 2<sup>nd</sup>.** This will allow you to receive a college ID number via email from CFNC which you must have in order to register for college classes.

If you already have a test score from an acceptable source you may submit a printed copy of the test score. *The only* scores we can use are the following: preACT, ACT, PSAT, SAT, and AP. You may have to log into your account to download or print your score report. For example, you will have to log into your CollegeBoard account if you took the SAT and want to access that score. Please communicate *with your current high school counselor* if you have questions regarding accessing any scores you may currently have. If you do have scores, please submit a copy of the score report to me via e-mail by **April 9<sup>th</sup>**. If you do not have any test scores, do not fret. You will find information below regarding placement testing at Durham Tech.

**Step Two**-You have been assigned to a mandatory college orientation known as a ConnectSession. Students and at least one parent/guardian are *required* to attend this event either online or via phone. All sessions will be held from 6:00pm-8:00pm. **Please mark your calendars now. Again, this is mandatory and attendance will be taken online.** You will receive a separate e-mail at a later date with instructions on how to log into your assigned session.

#### **Student's Last Name**

All Current 11<sup>th</sup> & Current 10<sup>th</sup>: Aparicio through Dickey  
Current 10<sup>th</sup>: Donaldson through Nicholson  
Current 10<sup>th</sup>: Nickelson through Zoetmulder

#### **Orientation Session**

April 13, 2021  
May 6, 2021  
May 18, 2021

**Step Three**-Start filling out the forms included below. Note that one of the medical forms is only necessary if you need school staff to administer medication to your child and the second is only necessary if your child will carry and administer their own medication. ***The third Health Assessment is only required for students who have never been enrolled in a North Carolina public school and it must be completed by a doctor.*** All forms will be due to us by April 30<sup>th</sup>. You may return them to Rosalinda Silva via fax at 919-536-7294 or via email at



rosalinda\_silva@dpsnc.net. You may also choose to bring the hard copies to the Durham Tech Main Campus and leave them with the librarian at the front desk of Building 5. (All buildings have a large placard with a number on the exterior of the building.) They may be dropped off on any weekday between 8:30-4:30 except on Fridays.

**Step Four-**After you have submitted any test scores from Step One and attended your Orientation from Step Two, students who do not already have a qualifying GPA or test score will need to take the RISE exam (a free placement test offered by Durham Tech.) **We will let you know if you need to test after we have received and reviews all submissions from Step One.** Please read the following items carefully in order to be prepared for DTCC placement testing if necessary.

- Do not schedule yourself for testing until AFTER your orientation and IF we've told you that you need to test. I will let you know if you need to test.
- If you have not taken Math 3 or Algebra 2 at all, you should not take the math portion of the test. Only take the English portion.
- If you have completed or are currently enrolled in Math 3 or Algebra 2, you should take both the math and English portions of the test.
- Online test prep options are available at [this link](#).
- RISE placement testing will be done from home. You must use a computer and not a phone. You may sign up for the test at [this link](#) AFTER your orientation IF you are instructed to test.

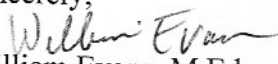
#### **NEXT STEPS FOR CURRENT CHARTER, HOME, AND PRIVATE SCHOOL STUDENTS**

*In addition to the steps above, please follow the instructions below as well.*

**Step Five-**If your child has never been enrolled in a North Carolina public school, please have a doctor complete and sign the attached Health Assessment Transmittal Form. *Please submit this by April 30<sup>th</sup> to Rosalinda Silva via email at [rosalinda\\_silva@dpsnc.net](mailto:rosalinda_silva@dpsnc.net) or via fax at 919-536-7294. You may also drop it off in Building 5 with the librarian at the front desk.*

We realize that this is a lot to absorb but all of these steps and forms are required to fully enroll your child. Please be on the lookout for additional e-mails from me in the coming weeks and months regarding next steps. *Please use the checklist that I have included below to ensure that you've submitted everything.* Smile! Have a great day.

Sincerely,

  
William Evans, M.Ed.  
College Liaison



## Enrollment Checklist

### **For All Incoming Students...**

- ☐ Submit the Online Durham Tech Application by April 2<sup>nd</sup>. *(Note: This is different than the Middle College application you already submitted. You MUST do this one as well.)*
- ☐ Submit a copy of your PSAT, SAT, preACT, ACT, and/or AP scores (if applicable) by April 9<sup>th</sup> *or....*
- ☐ Do Placement Testing if Necessary *(I will contact you later if this applies to you.)*
- ☐ Complete the Following Forms. Submit them by April 30<sup>th</sup>.
  - ☐ Student Data Sheet
  - ☐ Terms of Agreement
  - ☐ Request for Medication (if applicable)
  - ☐ Authorization for Self-Medication (if applicable)
  - ☐ Special Education Form
  - ☐ Military Connection Form
  - ☐ Media Opt Out Form
  - ☐ FERPA Form
- ☐ Attend Your Assigned College Orientation (i.e. ConnectSession)
- ☐ Attend High School Orientation *(More info to come at a later date)*

### **For Students who are New to Durham Public Schools...**

*In addition to the instructions above, please also complete the following steps...*

- ☐ Have a doctor complete and sign the Health Assessment Form if your child has never been enrolled in a North Carolina Public School. This is due by April 30<sup>th</sup>.



## APPLYING ONLINE TO DURHAM TECH THROUGH cfnc.org

Please read the instructions carefully as you fill out the application. There are specific answers to some questions.

- ✓ Go to **cfnc.org** (DO NOT USE the DURHAM TECH LINK. It takes you to traditional application)
  - ✓ Log in if you have an existing account; if not, create an account.
  - ✓ Click on "apply" and then "To College" and then "Application Hub"
  - ✓ Type in "Durham Tech" in search box. This will take you to the Durham Tech applications
  - ✓ From the drop down menu, select "**DURHAM TECHNICAL COMMUNITY COLLEGE CCP APPLICATION**". This is the high school student's application. DO NOT SELECT THE UNDERGRADUATE APPLICATION.
- NOTE: IF YOU ARE ASKED FOR YOUR RESIDENCY DETERMINATION NUMBER, YOU ARE IN THE WRONG APPLICATION!**
- ✓ Click on **Name and Address** (left hand side of the page) to begin.

**Application information:** There are six pages including a "Student Statement and Signature page". Specific questions are detailed below. When completing the application, any question in the application marked with a red asterisk (\*) must be answered.

PAGE ONE: NAME AND ADDRESS

PAGE TWO: PERSONAL INFORMATION

- **Social Security Number:** To ensure the smooth upload of your application from CFNC to Durham Tech, if you have a social security number, please enter it into your application  
**PLEASE NOTE:** If you do not provide a Social Security Number your application will not automatically upload to Durham Tech. Applications need to be entered manually and may delay your enrollment process.
- **NC Student Number (Powerschool number/high school student ID):** If you have a Powerschool number please provide it. When you check the box requesting that your transcript be sent to Durham Tech this will allow automatic processing of your transcript.
- **CCP Residency Information:** To be eligible for CCP you must be able to answer "yes".
- **Emergency Contact:** Please provide the name of the person Durham Tech should contact in case of an emergency.

PAGE THREE: ENROLLMENT INFORMATION

- **Enrollment Term:** Your enrolment term is **FALL 2021**. New Middle College High students are not eligible for summer.
- **Entrance status:** "Career and College Promise" will be automatically selected
- **Are you a first-time Career and College Promise Student:** select "yes"
- Click "College Transfer" and in the drop down menu select "Middle College High School".

**DO NOT SELECT INNOVATIVE HIGH SCHOOL. This section is a placeholder for the future. YOUR APPLICATION WILL NOT UPLOAD IF YOU SELECT THIS OPTION.**





- **Enrollment Details:** answer the four questions under this heading

PAGE FOUR: EDUCATIONAL INFORMATION (two sections to answer; ignore "Other Colleges Attended" section). **Pay attention to the red asterisk (\*)**

**Most recent high school**

- **High School:** Type in Middle College High School at Durham Tech (If you just type in Middle College you will see a list and select the one that has Durham Tech in the name). This is the school you will be attending. **DO NOT SELECT YOUR CURRENT HIGH SCHOOL.**
- **Type:** Select "Public"
- **Street Address:** Middle College High addresses will fill in automatically except for the "county". You can select your county from the list or type it in.
- **Expected Graduation date:** type in 05/2022 or 05/2023

**PAY ATTENTION TO THIS DATE. IT WILL IMPACT YOUR ABILITY TO REGISTER!**

**Education History**

- **"Highest educational level completed that best describes you":** Select 10<sup>th</sup> grade for you are a rising 11<sup>th</sup> grader or 11<sup>th</sup> if you are a rising 12<sup>th</sup> grader.
- **"Have you received an Adult Equivalency Diploma or an Adult High School Diploma:** Select "Neither"

**PAGE FIVE: STUDENT STATEMENT**

Type in your name: This is your official electronic signature

**PAGE SIX: SUBMIT:** Submit your application

**NOTE:** If you "save" as you go along you will get a message that states you might be missing information. The system does this because the application has not been completed. If you are missing required information (indicated with red \*) you will not be allowed to submit your application. Any missing information will be highlighted in RED on the page.

# 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 \_\_\_\_\_

## 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 &amp; 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

page 2

## 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 _____	



**TERMS OF AGREEMENT FOR CONTINUED ENROLLMENT IN  
MIDDLE COLLEGE HIGH SCHOOL AT  
DURHAM TECHNICAL COMMUNITY COLLEGE**

The mission of Middle College High School at Durham Technical Community College is to expand learning opportunities for highly motivated students to earn a high school diploma while acquiring credit toward an Associate Degree, a four-year college, or an industry certification credential.

**1. Conditions of Enrollment**

To fulfill its mission, MCHS maintains standards of student conduct, academic standing, and school attendance. Stated below are conditions under which a student may be re-assigned to the high school for which they are zoned (i.e. their base school).

**ACADEMIC STANDING, ACADEMIC PROBATION, & COURSE REQUIREMENTS**

*Items below are indicators that MCHS may not be the optimal setting for the student to achieve high school success.*

- If a student loses credit for a class (MCHS or DURHAM TECH) or their unweighted GPA falls below 2.5, the student will be placed on Academic Probation. If the student loses credit for 1 or more classes the following semester, he/she may be re-assigned to their base high school or Performance Learning Center.
- If a student loses credit for two or more classes in a semester, he/she will be assigned to Academic Probation or re-assigned to his/her base high school or Performance Learning Center beginning the following semester.
- The Multi-Tier System of Supports (MTSS) is a fundamental part of the MCHS support system for struggling students. A student may be assigned to a Maverick Academic Preparation (M.A.P.) Service (ex. tutoring, e-learning, study hall) based on a MTSS team recommendation and/or parent request. Repeated failure to attend may result in re-assignment to a student's base school or Performance Learning Center.
- Truancy, excessive unexcused absences or tardiness, may also result in re-assignment to student's base school or Performance Learning Center.
- Discipline infractions that result in suspension may result in re-assignment to another school.

**2. Early Release/Arrival, and Late Departure**

A MCHS student is required to be at school only while his/her classes (including House and Town Hall) are in session or when they are scheduled for a tutorial session as indicated above. Students have permission from the school to leave campus at all other times. Also, please understand the following:

- An MCHS student whose schedule consists of all Durham Tech courses may be on campus while the MCHS staff is not on campus.
- The Durham Tech academic calendar begins after and ends before the MCHS academic calendar.
- Durham Public Schools is not liable for student activity when students are not under the direct supervision of Durham Public Schools staff.

**3. Textbooks**

The use of textbooks required for most Durham Tech courses is free to MCHS students during the academic year only. (Summer school is not included for graduating seniors or for juniors who need a book not already in stock.) Students are required to use all vouchers by the 15<sup>th</sup> day of school. Please note that the bookstore may choose not to honor vouchers presented after the 15<sup>th</sup> day. If students fail to use vouchers prior to the 15<sup>th</sup> day of school, then they will become responsible for the cost of any remaining textbooks.



#### 4. House and Town Hall

One of the essential components of Middle College High School are the intentional support structures in place to help students succeed. Those support structures are both academic and affective.

- On the *first* Friday of each month, MCHS students will meet for a school assembly called Town Hall. At Town Hall, students will hear college recruiters, guest speakers, school wide bulletins, announcements about individual students' college acceptances and scholarships earned, club announcements, etc. On the *third* Friday of each month, students will meet for a grade level assembly called House. At House, students will receive information relevant to what they should be doing or working on that month in order to successfully complete that grade level and to prepare for life after high school.
- Attendance is required at Town Hall and House unless it conflicts with a college class. Willful failure to attend without a valid excuse will result in disciplinary consequences for skipping. Willful failure to attend on multiple occasions will result in a student being re-assigned to his/her base school or Performance Learning Center.

#### 5. College Course Attendance, Advising & Registration, and Withdrawals

- College class attendance is under the Durham Tech Attendance Policy which can be located on the Durham Tech website or on the instructor's syllabus.
- Students are required to attend an advising session with the College Liaison prior to course registration. Students must then register for courses by the deadline set by MCHS. Students may not change their schedules after the registration deadline.
- MCHS students **may not withdraw** from Durham Tech courses without the permission of the MCHS College Liaison or Principal. Permission will only be considered for students who have a documented excuse from a medical professional or a major life altering event.
  - **IF A STUDENT WITHDRAWS FROM A DURHAM TECH COURSE WITHOUT THE PERMISSION OF THE MCHS COLLEGE LIAISON OR PRINCIPAL, S/HE MAY BE RE-ASSIGNED TO THEIR BASE SCHOOL OR PERFORMANCE LEARNING CENTER.**

#### 6. Communication

High school faculty members will use e-mail as a primary communication tool to reach students. Specifically, we will use their college e-mail accounts to share information throughout the school year. Additionally, college instructors and departments will also communicate with students via their college e-mail accounts. **Students are expected to check their Durham Tech e-mail accounts DAILY so they do not miss important announcements and deadlines.** Students who do not check their messages and follow through with any instructions contained therein may forfeit any associated benefits associated with that communication. (ex. If a student misses a deadline that was sent via e-mail, they may not be allowed to take advantage of that opportunity.)

The applicant & parent/guardian understand and agree to the Terms of Agreement as explained in items #1-6 above.

---

Student signature \_\_\_\_\_ Date \_\_\_\_\_

---

Parent/guardian signature
Date

Student name (print)

---

Parent/guardian name (print)

---

Parent/guardian signature
Date

---

Parent/guardian name (print)

## 7. Qualifying to Enroll in University Transfer Courses

For a student to be enrolled into a university transfer credit course at DURHAM TECH, s/he may submit existing test scores from the SAT or ACT for qualification review. Students without a current qualifying score will take Durham Tech's free RISE placement test. All students who qualify for University Transfer courses will take, at minimum, ENG 111 and at least one MAT (math) course prior to graduating from Middle College High.

I understand the testing requirement for enrollment in university transfer courses. I agree that I (or my child) will take ENG 111 and a college MAT course while at Middle College High School.

---

Student signature \_\_\_\_\_ Date \_\_\_\_\_

---

Parent/guardian signature
Date

## Access to College Course Progress

MCHS and Durham Tech offer academic advising support to students for their college and high school courses. In order to do this, MCHS needs access to each student's college records. Please sign below to provide permission.

I give permission to MCHS staff to have access to my college academic activity.

---

Student signature \_\_\_\_\_ Date \_\_\_\_\_

---

Parent/guardian signature
Date

## 8. Understandings

Parents, please *read each item carefully* and discuss them with your child. Then initial each item and sign below.

*I understand and agree to the following...*

\_\_\_\_\_ College instructors do not communicate with parents. Students must proactively communicate concerns with their instructor and/or the MCHS College Liaison via their college email accounts. Students may copy their parents on their email communication. Students may request a meeting with an instructor and take their parent with them. However College Instructors are not permitted to communicate with parents directly per college privacy laws.

\_\_\_\_\_ Middle College does not have access to college grades or attendance throughout the semester. The high school only receives the final grade at the conclusion of the semester. Therefore parents are expected to obtain their child's login information for their Sakai, Cengage, and other college accounts and check these accounts weekly in order to track their child's progress in college classes. Parents may reach out to the MCHS College Liaison for support if they see anything of concern.

\_\_\_\_\_ I will also obtain a copy of the syllabus for each college class from my child in order to know the academic expectations, deadlines, and assignments expected for each course.

\_\_\_\_\_ College instructors do not accept late work. College courses may require fewer assignments per semester than a high school course which means that each assignment is weighted more heavily in the student's final average. It is therefore imperative that students submit all work on time.

\_\_\_\_\_ College instructors may withdraw students from classes if the student exceeds the absence limit per the syllabus and/or if students do not submit assignments per the syllabus. **There is no such thing as an excused absence in college courses.**

\_\_\_\_\_ If a student does not attend a physical or synchronous online college class on the first day or if they don't submit their first assignment on time in an asynchronous online college class, they will be marked as a "No Show" and automatically withdrawn by the college instructor.

\_\_\_\_\_ My child is expected to proactively utilize the following supports if they need academic assistance in their college classes.

- Instructor Office Hours-Days and times that instructors are available to meet with students are posted on the course syllabus.
- CAE Tutors-The DTCC Center for Academic Excellence employs tutors. Tutor availability is posted on the CAE page of the DTCC website.
- Upswing-The DTCC Center for Academic Excellence offers online tutorial support 24 hours a day, 7 days a week via the Upswing platform. Information on accessing Upswing is on the CAE page of the DTCC website. Students under the age of 18 must submit a parent signature form prior to accessing Upswing. The form is on the webpage.
- Students or parents may request assignment to the high school's Daytime Academic Study Hall program. This will pair a student with a high school faculty member who will either provide a study hall during the day to make students are completing work and/or the faculty member will contact the student at regular intervals to check in on their academic progress.



\_\_\_\_\_ All students must take a minimum of four credit-bearing classes each semester. Middle College does not offer students reduced course loads or shortened school days.

\_\_\_\_\_ Students may not drop college classes unless they have a documented medical rationale or a major life-altering event such as sudden homelessness, death in the immediate family (i.e. a parent or sibling), etc. These withdrawals must be requested from the MCHS College Liaison prior to the college's withdrawal deadline.

\_\_\_\_\_ There will be no schedule changes for college courses once college classes begin each semester. Student are expected to register for courses by the deadline set by Middle College each semester and keep the classes they choose during the registration period.

**I understand and agree to all the items listed above. If I do not agree to all the items above, I forfeit my or my child's seat at Middle College High School.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# REQUEST FOR MEDICATION TO BE GIVEN DURING SCHOOL HOURS

## FORM 1 (page1) PARENT REQUEST FOR MEDICATION ADMINISTRATION AT SCHOOL/PHYSICIAN'S ORDER

This form should be used only when school personnel will be administering medication to your child.  
If your child will be possessing and self-administering his/her medication, please request Form 2.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Dear Parent/Guardian:

In order to help protect your child's health, your consent and written authorization from a doctor are required when it is necessary for your child to be administered either prescription or non-prescription medicines in the Durham Public Schools. No medications will be administered to your child at school until this authorization has been received. A separate form is required for each medicine. New authorization forms are required every year at the beginning of school, whenever the dose or directions change, or when a new medicine is prescribed. Each medicine must be in an appropriately labeled original container from the pharmacy or healthcare provider's office. Most pharmacies will provide an extra container for school use upon request. Administration of nonprescription medicines at school is discouraged.

I, \_\_\_\_\_, understand that:

- It is my responsibility to purchase and supply all medicines to be given at school.
- The Durham Public Schools Board of Education and its employees and agents authorized to administer drugs or medication prescribed by a doctor upon my written request shall not be liable in civil damages for any administration or for any omission relating to the administration, unless that act or omission amounts to gross negligence, wanton conduct, or intentional wrongdoing.
- Information shared may be in the form of an emergency or individual care plan for my child and may include information provided by my child's physician, myself, or from records that have been released to the school from another agency.
- Exchange of information will be limited to the minimum necessary to provide the required assistance for my child and will be shared only with those staff who may need to provide the specified assistance for him/her.
- This consent to release information must be signed before my child's teachers can provide assistance with special medical needs other than notifying parents and providing Emergency Services (911).
- If my child participates in DPS before/after-school activities/sports, I will assume responsibility for notifying the advisor/coach of my child's medical condition. Since the medication kept by the school is only available during regular school hours, I will provide extra emergency medication that may be needed during the activity. I may contact the school nurse if assistance is needed in instructing the advisor in a medical procedure or if a copy of the information needs to be shared with them.

I, \_\_\_\_\_, authorize the release and exchange of medical information between my child's physician, school nurse and Durham Public Schools that is necessary in carrying out services for my child, \_\_\_\_\_.  
I, \_\_\_\_\_, also hereby give permission for my child \_\_\_\_\_ to be administered the specified medication indicated by his/her physician on the reverse. I understand that non-medical personnel conduct the administration. If an emergency injection is ordered, I give permission for the School Based Public Health Nurse to instruct designated staff in the administration technique. I understand that it is my responsibility to transport the medication to school unless special arrangements are made with the principal.

Parent/Guardian Signature \_\_\_\_\_ Contact Information (home/work/cell) \_\_\_\_\_ Date \_\_\_\_\_

To be completed by school:

Date Received from Parent/Guardian: \_\_\_\_\_

PLEASE IDENTIFY BELOW THE NAMES OF ALL DPS EMPLOYEES DESIGNATED and TRAINED TO ADMINISTER MEDICATION TO STUDENTS IN YOUR SCHOOL.

Name _____	Title _____	Name _____	Title _____
Name _____	Title _____	Name _____	Title _____
Name _____	Title _____	Name _____	Title _____

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

# REQUEST FOR MEDICATION TO BE GIVEN DURING SCHOOL HOURS

FORM 1 (page 2) PARENT REQUEST FOR MEDICATION ADMINISTRATION AT SCHOOL/PHYSICIAN'S ORDER

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## FOR PHYSICIAN USE ONLY: PLEASE WRITE LEGIBLY USING LAY TERMS

Medication prescribed: \_\_\_\_\_ Strength/Dose: \_\_\_\_\_

Specific Directions [Include exact amount to give, at what time and/or how often, relationship to meals, specific indications, e.g. if pm (as needed)]:

Purpose of Medication:

Relationship to meals, if applicable:

How often and at what time (hour):

Specify side effects or adverse reactions:

Other instructions (including emergency situations):

☐ Please check if this medication is to be used for emergencies only.

It is necessary for this student to receive this medication during school hours in order to maintain or improve health and to benefit from school attendance.

Signature of Healthcare Provider \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Please print Provider's last name \_\_\_\_\_ Practice name/address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR SCHOOL USE ONLY:

Date Received \_\_\_\_\_ By: \_\_\_\_\_ School Nurse Review: \_\_\_\_\_

**FORM 2 (page 1) AUTHORIZATIONS FOR SELF-MEDICATION BY DPS STUDENTS**

This form should be used only when your child will possess and self-administer his/her medication.  
If school personnel will be administering medication to your child, please request Form 1.

**Child's Name:****DOB:****School Name:****Phone:****Fax:**

**Eligibility:** In accordance with DPS Policy 4400, Student Health/Administration of Medication, students may possess and self-administer non-prescription medication only when a parent/guardian has completed this form. Students may possess and self-administer prescription medications that are not controlled substances only when a parent/guardian and the physician who has prescribed the prescription medication complete this form.

**Parent/Guardian:** I give consent to the Durham Public Schools to allow my child to self-administer this medicine at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. I agree that if the medication my child is authorized to self-administer is non-prescription, my child shall not bring to school any more than one day's recommended dosage for each day my child is authorized to self-medicate. If the medication that is prescribed for my child is for the treatment of asthma or anaphylactic reactions, I agree to provide a supplementary supply of the medication that will be kept by the school in a location to which my child has immediate access. I acknowledge that the Durham Public Schools' Board of Education and their agents and employees are not liable for any injury arising from a student's possession and self-administration of this medication at school. I agree that if my child uses his/her medication in a manner other than as intended or prescribed, or shares the medication with other students, my child may be subject to disciplinary action according to the discipline policy. I further consent for the information about my child included on this form to be shared with appropriate school staff as necessary for the safety of my child.

Parent/Guardian Signature

Date

**Please complete if you are authorizing your child to possess and self-administer non-prescription medication.**

Medication:

Recommended dosage and frequency:

Start date:

End date:

**FOR PHYSICIAN USE ONLY: PLEASE WRITE LEGIBLY USING LAY TERMS**

**Health Care Provider:** The student named above has (1) asthma or an allergy that could result in an anaphylactic reaction and may require emergency medications; or (2) a condition that requires frequent administration of a prescription or non-prescription medication. The medication is not a controlled substance. It is necessary for this student to receive this medication during school hours in order to maintain or improve health and to benefit from school attendance. This student is capable of, has been instructed on the procedures for, and has demonstrated the skill to self-administer this medication as directed below. Please allow him/her to self-administer the medication while on school property during the school day, at school sponsored activities, while in transit to or from school or school-sponsored events, or as otherwise indicated below. This student **will not** require adult supervision while taking this medication.

Medication prescribed:

Strength/Dose:

Purpose of Medication:

Frequency of dosage:

Specify side effects or adverse reactions:

Other instructions (including emergency situations):

☐ Please check if this medication is to be used for emergencies only.

Signature of health care provider

Date

Please print provider's last name

Practice name/address



**Form 2 (page 2)**

**Student:** I am capable of taking this medicine as recommended and accept this responsibility. I will keep it secure at all times and will not share it with others. I understand that I will be subject to discipline under the Student Code of Conduct if I abuse the privilege of being allowed to self-medicate while at school or school-sponsored activities. Unless the medication is prescribed for the treatment of asthma or anaphylactic reactions, I understand that I will lose the privilege of self-administering my medication if I do not follow these rules.

Student signature	Date
-------------------	------

**School Nurse:** I have reviewed this request and acknowledge that this student has demonstrated the skill level to self-administer this medication. I have informed this student that he or she must tell an appropriate staff member whenever he or she has used the medication at school.

Nurse or designee 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)

# 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:

---

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



NORTH CAROLINA IMMUNIZATION LAW  
RELIGIOUS EXEMPTION  
NORTH CAROLINA GENERAL STATUTE 130A-157

SECTION 130A-157. Religious exemption. - If the bona fide religious beliefs of an adult or the parent, guardian or person in loco parentis of a child are contrary to the immunization requirements contained in this Part [Chapter 130A, Article 6, Part B], the adult or the child shall be exempt from the requirements. Upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the person may attend the college, university, school or facility without presenting a certificate of immunization.

\_\_\_\_\_  
Pursuant to the aforementioned N.C.G.S. 130A-157, I, the undersigned, declare the immunization requirements as set forth in N.C.G.S. 130A-152 contrary to my bona fide religious beliefs and claim, as permitted by the law, an exemption from the immunization requirements of your institution for the undersigned minor child under my legal care and guardianship.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

DATE \_\_\_\_\_

MINOR CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

DATE \_\_\_\_\_



**PUBLIC SCHOOLS OF NORTH CAROLINA**  
State Board of Education | Department of Public Instruction

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 Technical Community College  
1637 Lawson Street/ Durham, North Carolina 27703  
919-536-7200 [durhamtech.edu](http://durhamtech.edu)

Middle College High School  
Durham Technical Community College  
Student/Parent FERPA Agreement

Student: \_\_\_\_\_

Date: \_\_\_\_\_

I have read the Enrollment Process Checklist, understand and agree to my responsibilities for:

- ☐ checking my Sakai account daily when it is used in a college course
- ☐ meeting with a college advisor (Mr. Evans or Dr. Ariyo) in order to register by **my deadline** for each semester
- ☐ completing the college course registration through Self-Service by **my deadline** for each semester
- ☐ obtaining my student id and parking pass
- ☐ picking up my books and/or book voucher from Ms. Silva

By signing this agreement, I give permission to the representatives of Durham Tech to speak to my instructors and involved staff, Middle College High faculty and staff and my parents/guardians about my grades/progress in my Durham Technical Community College courses.

\_\_\_\_\_  
Student Name (Print)

X

\_\_\_\_\_  
Signature