

# Durham Public Schools

## Enrollment Packet for Grades K-8



### Checklist of requirements

- Check DPS Street Listing for correct school assignment.
- A certified copy of your child's birth certificate (kindergarten only).
- Proof of Residency (current lease; deed; property tax record; mortgage statement or three current consecutive months of receipts). If the residence is in someone else's name, the parent and the lease holder or home owner must present their picture ID's, proof of residency and completed Shared Housing Affidavits. The Office of Student Assignment or ESL Department will review, notarize, and approve.
- Withdrawal form from previous school (grades 1-8 only).
- Report card/Transcripts (grades 1-8 only).
- Immunizations (may be in Power School). If your child is entering kindergarten or enrolling in a United States school for the first time, the parent or guardian has 30 days from the first day of the child's attendance in school to obtain the required immunizations and additional days if needed upon certification of a physician. Upon termination of the 30 days or the extended period, the principal shall not permit the child to attend the school unless the child has been immunized or has obtained the necessary exemption. If your student is currently enrolled or transferring from another school within the United States, immunization records will only be required if they do not transfer with the rest of the student's school records. N.C. Gen. Stat. §§130A-155, 156, 157.
- Custody Papers (if the person registering the student is not the parent, he/she must present a copy of the appropriate court order to establish legal guardianship). A notarized statement from the parent permitting temporary custody is not acceptable. A foster parent does not have the legal authority to enroll/withdraw a student unless he or she has a court order granting them the authority to make educational decisions. Students placed in foster care through any agency can only be enrolled and/or withdrawn by an authoritative representative of that agency (DSS social worker/case manager, etc).
- Completed Enrollment Packet.
- SS card (not required, but important for tracking student records).
- Health Assessment Form (Required for all K-12 students coming to North Carolina from another state, country, and those enrolling for the first time coming from a home-school, religious or private/independent school).

Learn more about Durham Public Schools:

[www.dpsnc.net](http://www.dpsnc.net)

Facebook: [DurhamPublicSchools](https://www.facebook.com/DurhamPublicSchools) • Twitter: [@durhampublicsch](https://twitter.com/durhampublicsch)



# 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 \_\_\_\_\_    Correspondence in English Spanish Other \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_    Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_    Day Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_    Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Text messages Y / N    Text messages Y / N

Email address \_\_\_\_\_ Email address \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

## Admission Information (Office Use Only)

Enrollment Date \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom \_\_\_\_\_

## Previous School Information including Pre-K & Daycare

Previous School \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Previous DPS schools? \_\_\_\_\_

Home Language (Required)

Student's Country of Birth \_\_\_\_\_

When did student first enter a U.S. school? \_\_\_\_\_

What is student's first language? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

What language is most used by student? \_\_\_\_\_

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

Release of Media Information: Y / N

College Recruitment: Y / N {No Form}

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

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

# Student Data Sheet - 320 - Continued

## Emergency Contacts

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Home Ph (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home Ph (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Permission to pick up? Y / N

Permission to pick up? Y / N

Speaks English? Y / N

Speaks English? Y / N

## Medical

Doctor's Name \_\_\_\_\_

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

Dentist Name \_\_\_\_\_

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

Preferred Hospital \_\_\_\_\_

Allergies \_\_\_\_\_ Life-threatening? Y / N

Other Health Factors \_\_\_\_\_

## Siblings currently enrolled in Durham Public Schools

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Grade \_\_\_\_\_

Relationship \_\_\_\_\_ Grade \_\_\_\_\_

Gender Male / Female

Gender Male / Female

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Grade \_\_\_\_\_

Relationship \_\_\_\_\_ Grade \_\_\_\_\_

Gender Male / Female

Gender Male / Female

## Transportation

Morning

Afternoon

Bus? Y / N

Car? Y / N

Bus? Y / N

Car? Y / N

## Parent Enrollment Declaration

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

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

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

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

ID Checked ? Y / N Date \_\_\_\_\_

School Official \_\_\_\_\_

# Durham Public Schools Military Connection Form

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

Which immediate family member? Circle all that apply.

Father      Mother      Guardian      Sibling      Stepfather      Stepmother      Other

Branch of service:

Air Force      Army      Coast Guard      Marine Corps      Navy

What is the status?

Active Duty      Reserves      National Guard      Disabled Veteran      Retired Military

Veteran      Foreign Military      Active Reserve/Guard

Deceased      Deceased - Killed in Action      Federal Civil Service Employee

Grade:

E1    E2    E3    E4    E5    E6    E7    E8    E9

O1    O2    O3    O4    O5    O6    O7    O8    O9

W-1    W-2    W-3    W-4    W-5

Federal Civil Service Employee

Installation:

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

Coast Guard:

Elizabeth City      Ft. Macon      Wilmington      Special Mission Training Center  
Other

Unit Squadron:

\_\_\_\_\_

DURHAM PUBLIC SCHOOLS  
STUDENT DIRECTORY OPT OUT FORM  
GRADES K-8

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 community-based organizations, the PTA, scholarship programs, colleges and institutions of higher education, and vendors (i.e. class ring manufacturer)



## 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