WAKE COUNTY
PUBLIC SCHOOL SYSTEM

Crossroads I
5625 Dillard Drive
Cary, NC 27518

ENROLLMENT PACKET

FOR STUDENTS ENTERING 6th-12th GRADE

STUDENT DATA SHEET

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

Complete this form for each child you are enrolling. A complete list of items required for enrollment can be found at www.wcpss.net/assignment .
For assistance, contact your base school or the WCPSS Office of Student Assignment at (919) 431-7333.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

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如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

STUDENT INFORMATION

Student's Legal Last Name	**Student's Legal First Name**	**Student's Legal Middle Name**
Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female	Home Phone Number ( ) -
Current Grade	Is the student Hispanic/Latino? (This information is used for US. Census data.) ☐ Yes ☐ No	

Which category best describes the student's race? (This information is used for US. Census data).

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or other Pacific Islander

FAMILY INFORMATION

List names and grades of siblings attending WCPSS:	List names of non-school age siblings:

Family's Home Address		Apartment or Suite Number
City	State	Zip Code
Mailing Address (if different from family's home address)		Apartment or Suite Number
City	State	Zip Code

With whom does the student reside? (Choose only one)

☐ Mother only ☐ Father only ☐ Both parents ☐ Legal custodian ☐ Other (Please specify) _____

FOR OFFICE USE ONLY

Registering school		School number
Entry date (mm/dd/yyyy)	Entry code E1 | E2 | R2 | R3 | R5 | R6	
PowerSchool #	Teacher	Track

CONTINUED ON NEXT PAGE >

STUDENT DATA SHEET

WAKE COUNTY PUBLIC SCHOOL SYSTEM

CONTACT INFORMATION

Include names of parents or other legal guardians below.

1. First Name		**Last Name**
Email		Relationship ☐ Mother ☐ Father ☐ Legal Guardian ☐
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -
Address		Apartment or Suite Number
City	State	Zip Code
2. First Name		**Last Name**
Email		Relationship ☐ Mother ☐ Father ☐ Legal Guardian ☐
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -
Address		Apartment or Suite Number
City	State	Zip Code
3. First Name		**Last Name**
Email		Relationship ☐ Mother ☐ Father ☐ Legal Guardian ☐
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -
Address		Apartment or Suite Number
City	State	Zip Code
4. First Name		**Last Name**
Email		Relationship ☐ Mother ☐ Father ☐ Legal Guardian ☐
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -
Address		Apartment or Suite Number
City	State	Zip Code
5. First Name		**Last Name**
Email		Relationship ☐ Mother ☐ Father ☐ Legal Guardian ☐
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -
Address		Apartment or Suite Number
City	State	Zip Code

STUDENT DATA SHEET

WAKE COUNTY PUBLIC SCHOOL SYSTEM

EMERGENCY CONTACT

Emergency Contact's First Name	Emergency Contact's Last Name
Emergency Contact's Phone Number ( ) -	Emergency Contact's Relationship to Child

SCHOOL HISTORY

Does the student have an IEP? ☐ Yes ☐ No	Does the student have a 504 plan? ☐ Yes ☐ No
What language is spoken at home? ☐ English ☐ Other:_____	Does the student receive services through Title 1? ☐ Yes ☐ No

Has your child ever been enrolled in a Wake County school? ☐ Yes ☐ No

If "yes", which school did your child attend? School name: _____ Start date _____ End date _____

Has your child ever been enrolled in a North Carolina school? ☐ Yes ☐ No

If "yes", which school did your child attend? School name: _____ Start date _____ End date _____

Which school did your child last attend? School name: _____ Start date _____ End date _____

Address of last school your child attended	Type of school last attended ☐ Public ☐ Private ☐ Charter ☐ Home

City	State	Zip Code

HEALTH INFORMATION

Note any unusual physical conditions such as convulsion disorders, severe allergies or any condition for which the school should extend extraordinary care:

CONSENT FOR RELEASE OF INFORMATION

I authorize the release of my student's information to persons listed under the Family Information and Emergency Contact sections. I certify that all information provided above is true. Anyone listed as mother, father, or legal guardian will receive automated phone calls, texts, and email. Parents and legal guardian will have the opportunity to customize their communication preferences.

Parent/Guardian Signature	Date (mm/dd/yy)

TRANSPORTATION SERVICE REQUEST

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

Use this form to request transportation service for students based on their home address of record with WCPSS. Parents must complete this form approximately one month before the start of school to guarantee bus service on the first day of school. Specific deadlines for requesting service can be found at www.wcpss.net/transportation. Students must be eligible for transportation to receive services. To check eligibility, visit www.wcpss.net/preview. Requests received after 30 days prior to the first day of school will be processed in the order received. Eligible students will be added to existing bus stops during the first 30 days of school if there is capacity. Bus stop locations are posted on the WCPSS Transportation web page at least one week prior to the start of school.

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TRANSPORTATION REQUEST

Will your student need bus transportation? ☐ Yes ☐ No	Name of school enrolled

If yes, when will this student need transportation?
☐ AM/PM (round-trip) ☐ AM only (morning rider) ☐ PM only (afternoon rider)

PARENT/GUARDIAN INFORMATION

Parent's First Name	**Parent's Last Name**
E-mail	Phone Number (Best number to reach you)

Street Address

City	State	Zip Code

STUDENT INFORMATION

Student's First Name	**Student's Last Name**

Street Address (If different from parent)

City	State	Zip Code

FOR OFFICE USE ONLY

Registering school	Student ID Number	Name of Staff Member

RESIDENCY FORM

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

- Answers below will be used to determine if the student is eligible to receive services to support his/her educational success.
- **Answers are confidential and will not be reported to landlords, housing authorities, law enforcement or immigration**.
- If you need assistance completing the form, please alert school staff.
- If you would like a private, confidential conversation about this form, please ask for the McKinney-Vento Liaison at the school.

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RESIDENCY INFORMATION

☐ YES - The student lives with a parent/legal guardian in a permanent residence owned or leased by the parent/legal guardian → [**IF YES, STOP HERE**] ←

Where is the student staying at night? (You may choose more than one option.)

☐ A friend, relative or other person(s) is letting the student and/or family stay at their place temporarily

☐ In a car, park, campsite, abandoned building/home ☐ In a motel/hotel ☐ In a shelter ☐ Moving from place to place ☐ In a church

☐ In a place where a housing program helps pay for rent (ex. The Carying Place, Families Together, Passage Home, Support Circle)

Residency and Educational Rights

A student without a fixed, regular, and adequate living situation has the following rights:

- Immediate enrollment and free transportation to the WCPSS school he/she was attending when he/she was forced to move;
- Or, immediate enrollment in the school assigned to the address where he/she is currently staying with bus transportation provided;
- Immediate enrollment even if he/she does not have all of the documents normally required at the time of enrollment;
- Access to free meals, Title I and other educational programs.

The McKinney-Vento Liaison will contact you if your student may be eligible for services that will support your child's education. If you have any questions about these rights, please ask to speak with the McKinney-Vento Liaison at the school or you may call the McKinney-Vento District Liaison, Michelle Mozingo, at (919) 694-0574.

FAMILY INFORMATION

I am a (*please choose one*): ☐ Parent ☐ Legal Guardian ☐ Relative/Caregiver ☐ Student enrolling myself ☐ Foster Parent ☐ Other _____

Name of Person Enrolling Student

Address		Apartment, Suite or Room Number
City	State	Zip Code
Do you rent or own this address? ☐ YES ☐ NO		Is this address temporary because of financial or other hardship? ☐ Yes ☐ No

RESIDENCY FORM

WAKE COUNTY PUBLIC SCHOOL SYSTEM

STUDENT INFORMATION

Student's Last Name	Student's First Name	Date of Birth (mm/dd/yyyy)

Name of any other schools attended this **CURRENT** school year:

_____

_____

**If eligible, transportation may be provided for your child to their last school.*

Does this student have a current IEP, receive Special Education Services, have a 504 plan or receive other extra help?

☐ Yes ☐ No

List **ALL** siblings including age 0-4 and children under age 21 not in school (additional services may be available):

Name	Date of Birth

Please mark next to the item(s) you would like more information about:

☐ Pre-school Programs

☐ Before/After School Programs

☐ Special Education Services

☐ Title 1 (Elementary Only)

☐ 504 Accomodations

☐ School Supplies

☐ Mental Health Services (Adult)

☐ Mental Health Services (Child)

☐ Housing

☐ Food

☐ Clothing

☐ Birth Certificate

☐ Immunizations

☐ Address Confidentiality Program

☐ Other _____

_____

By signing below, I agree that I have received and understood the residency and educational rights above.

_____ _____

Signature of Parent(s)/Guardian(s)/Caregiver(s)/Student Date (mm/dd/yyyy)

HOME LANGUAGE SURVEY

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

The Wake County Public School System strives to provide access to school information in a language that parents can understand. Therefore, your response to the following questions is needed. If a language other than English is listed in any question 1-3, or a country other than U.S. is listed, make an appointment with WCPSS' **Center for International Enrollment** to begin the enrollment process.

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STUDENT INFORMATION

Student's Legal Last Name	**Student's Legal First Name**	**Student's Legal Middle Name**
Date of Birth (mm/dd/yyyy)	School	School Year
Country of **student's** birth	Student's **initial** entry into a U.S. school (mm/dd/yyyy)	

HOME LANGUAGE INFORMATION

Federal and state policies require schools to determine the language(s) spoken at home by each student. If the answer to any of the questions below is a language other than English, your child may be assessed on the WIDA ACCESS Placement Test (W-APT) to determine English language proficiency. Based on the results, your child may be identified as LEP and qualify for ESL services. All identified LEP students will be assessed annually until exiting LEP identification.

Please answer the following questions:

What language does your son/daughter most frequently use to communicate?	What language do you most frequently speak to your son/daughter?
What language did your son/daughter learn when he/she first began to talk?	

Do you need **translation** services to understand WCPSS school records? ☐ Yes ☐ No	If yes, in which language?
Do you need an **interpreter** for school system meetings involving your child's education? ☐ Yes ☐ No	If yes, in which language?
Parent/Guardian Signature	Date (mm/dd/yyyy)

Parent/Guardian Home/Cell Phone ( ) -	Parent/Guardian Work Phone ( ) -

SCHOOL AND CIE OFFICE USE ONLY

School staff member assisting parent (please print)		Position
Signature of staff member assisting parent		Date (mm/dd/yyyy)
CIE appointment date / call (919) 431-7404)	Appointment time	Date HLS faxed to CIE / Fax: (919) 431-7410
Signature of CIE staff member receiving fax		Date (mm/dd/yyyy)

STUDENT NAME AND PHOTOGRAPH/VIDEO

PRIVACY RELEASE

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

This form explains potential uses of student photographs and video images by the Wake County Public School System (WCPSS) and allows you to grant or deny permission to the WCPSS to release your child's image for display or publication.

Yearbook and class photos are handled separately. If you do not want your child to be in the class photographs or yearbook, contact the school directly.

This form also allows a parent or guardian the choice whether or not their student may be identified by name on the school or district's Internet websites. Student names may be released unless a parent or guardian has expressly contacted the school and requested that their student'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.

The WCPSS uses internal and external media to highlight the K-12 experience in a variety of ways, which may include the use of photographs and videos of students. For example, student images may be published or displayed in printed materials (such as brochures and newsletters), videos, school websites, and information about school events and activities provided to external organizations and media outlets. Parents have two options for granting or denying consent:

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

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

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CONSENT FOR NAME, PHOTO AND VIDEO

Student's Legal Last Name	**Student's Legal First Name**	**Student's Legal Middle Name**

Photo/Video Release

☐ 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 the WCPSS without additional notification and that my child's name may appear along with his or her photograph.

Name Release

☐ I **grant** permission for my child to be identified by name on the school or district's Internet websites.

☐ I **deny** permission for my child to be identified by name on the school or district's Internet websites.

Name of Parent/Guardian (or student, if over age 18)

Signature	Date (mm/dd/yyyy)

DISCIPLINE STATUS FORM

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

Students transferring into or requesting re-enrollment in the Wake County Public Schools System must complete this form. This form should not be given to students who are immediately returning from suspension.

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STUDENT INFORMATION

Student's Legal Last Name	**Student's Legal First Name**	**Student's Legal Middle Name**
Date of Birth (mm/dd/yyyy)	Age	Grade
Student's Address		Apartment or Suite Number
City	State	Zip Code
Parent's/Guardian's Name		
Parent's Address (if different from above)		Apartment or Suite Number
City	State	Zip Code
Home Phone Number ( ) -		Work Phone Number ( ) -

PREVIOUS SCHOOL ATTENDED

School Name		Withdrawal Date (mm/dd/yyyy)
School Address		Phone Number ( ) -
City	State	Zip Code
Was the student identified for Special Education services? ☐ Yes ☐ No	If yes, identify the exceptionality:	

CONTINUED ON NEXT PAGE >

SCHOOL USE ONLY | SCHOOLS MUST COMPLETE ALL SPACES.

☐ APPROVED ENROLLMENT. If approved, place in cumulative folder. ☐ DENIED ENROLLMENT. If denied, immediately fax to student due process office at (919) 431-7319.

Name of School	School official signature	Date

SDP USE ONLY

SDP decision	Date
Contacted	Date

DISCIPLINE STATUS FORM

WAKE COUNTY PUBLIC SCHOOL SYSTEM

CURRENT DISCIPLINE STATUS

A copy of suspension/expulsion data must be attached to this form.

Check appropriate box:

☐ The student is **NOT** currently suspended or expelled from any school or does not have a pending suspension or expulsion

☐ The student is/has been recommended for a long-term suspension of more than ten days or expulsion (permanent removal from school) from _____ and that recommendation is currently pending.

SCHOOL NAME

Describe the offense for which the recommendation is being made and the proposed beginning and ending dates of the suspension/expulsion.

_____

_____

☐ The student is/has been long-term suspended for more than ten days or expelled and is currently serving the term of suspension or expulsion from _____.

SCHOOL NAME

Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion.

_____

_____

FELONY CONVICTIONS

Has this student been convicted of a felony? ☐ Yes ☐ No	If yes, what was the conviction?	
City/Town Where Conviction Occurred	State Where Conviction Occurred	Date of Conviction (mm/dd/yyyy)
Description of Offense		
Probation Officer		Phone Number ( ) -
Court Counselor		Phone Number ( ) -

PARENT OR COURT APPOINTED CUSTODIAN AFFIDAVIT

Initial below:

_____ I verify that the above information is true and accurate.

_____ I give consent to the Wake County Public School System to share this document with student's previous school and to obtain information or records from that to verify the information on this form.

I understand that providing false information is a criminal act. If it is found that a person willfully and knowingly provided false information in this affidavit, they shall be guilty of a Class I misdemeanor and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment, not to include state funds (G.S. 115C-366(a3)) .

Signature of the Parent/Court-Appointed Custodian _____ **Date** _____

TO BE COMPLETED BY A NOTARY PUBLIC

State of North Carolina County of: _____

I, _____ a Notary Public for said County and State, do hereby certify

that _____

personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and seal this _____ day of _____ , _____

Signature of Notary _____ My Commission Expires _____

VERIFICATION OF CHILD CUSTODY

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

For information regarding district policies on custody, please review Board Policy 6030 and R&P 6030.

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STUDENT INFORMATION

Student's Legal Last Name	**Student's Legal First Name**	**Student's Legal Middle Name**

Complete the information below.

I, _____ **am the** [☐ Father ☐ Mother ☐ Legal Custodian] **of the above named child.**

PRINT YOUR NAME — CHECK ONE

Are there any custody issues involving this student of which the school needs to be aware?

☐ Yes ☐ No

Have custody papers been presented to the school for this student?

☐ Yes ☐ No

Note: A copy of custody papers is requested by the school, when applicable, to ensure that the school contacts the person who has legal custody of the student concerning school matters. We appreciate your cooperation in this matter.

Signature of person completing this form	Date (mm/dd/yyyy)

WAKE COUNTY
PUBLIC SCHOOL SYSTEM

Wake County Public School System
Crossroads I
5625 Dillard Drive
Cary, NC 27518

RE: STUDENT RECORDS REQUEST

Date: _____

The following student has enrolled in the Wake County School System:

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name

Date of Birth (dd/mm/yyyy)

School Transferring From:

Address

City	State	Zip

Phone Number	Fax Number
( ) -	( ) -

Please forward to us all records you have on this student including the following so that enrollment may be completed.

- **Student Cumulative Folder**
- **Attendance Reports**
- **Report Cards**
- **Student Health Information**
- **Student Confidential Information (Special Educations Services)**
- **Student Related Services Information (Speech, PT, OT)**

Records should be sent to:

School Name

Address

City	State	Zip Code

Phone Number	Fax Number
( ) -	( ) -

We appreciate your taking time to mail this information at your earliest convenience. If there is an IEP or other special services for this student, please fax that information as soon as possible. If further information is needed, please feel free to contact us. Thank you.

FEDERAL LAW 99.21: NO PARENT SIGNATURE REQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY

HOME BASE/POWERSCHOOL PARENT PORTAL

APPLICATION FOR ACCESS

FOR USE WHEN HAND-DELIVERING FORM WITH PARENT PHOTO ID | Page 1 of 2

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

Please complete all fields. Incomplete or illegible applications will not be processed. Parents/guardians must deliver this form to the student's school and present a photo ID. Once the form has been accepted and processed, the parent/guardian will receive information containing activation instructions for the new Parent Portal account. Follow the instructions provided to start using the account. **Parents with multiple students in WCPSS must submit one form per student to the appropriate school(s).**

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

PARENT/GUARDIAN INFORMATION

Parent's First Name	**Parent's Middle Initial**	**Parent's Last Name**

Relationship to Student

Home Phone Number ( ) -	Work Phone Number ( ) -

Street Address	Apartment or Suite Number

City	State	Zip Code

E-mail Address

STUDENT INFORMATION

Student's First Name	**Student's Middle Name**	**Student's Last Name**

Date of Birth (mm/dd/yyyy)	Age	Grade

Student ID Number	Home Phone Number ( ) -

Street Address	Apartment or Suite Number

City	State	Zip Code

Are there any legal restraints prohibiting a parent/guardian from having access to this student's data?

☐ Yes ☐ No **If yes, please attach a copy of the court order.**

CONTINUED ON NEXT PAGE >

HOME BASE/POWERSCHOOL PARENT PORTAL

APPLICATION FOR ACCESS

FOR USE WHEN HAND-DELIVERING FORM WITH PARENT PHOTO ID |

WAKE COUNTY PUBLIC SCHOOL SYSTEM

PARENT AFFIDAVIT

I verify that I am the parent/guardian of the student named above. I understand that the Wake County Public School System reserves the right to grant or deny access to the Parent Portal in accordance with the U.S. Family Education Rights and Privacy Act (FERPA). I also certify that I will advise my student's school of any issues resulting in a need for change of access to student records. I agree to keep my password and the data contained within the Parent Portal confidential. I also agree that I shall make no attempt to alter or destroy data and will report to the school administration any attempts to do so or any security concerns that may arise. Failure to abide by the terms of this agreement will result in the termination of my account.

Parent/Guardian Signature	Date (mm/dd/yyyy)

OFFICE USE ONLY

Photo ID checked by:	
Name and address matches form: Yes ☐ No ☐	Approved ☐ Denied ☐
Provide reason if application is denied:	
Student access number sent by:	Date sent (mm/dd/yyyy)

HOME BASE/POWERSCHOOL PARENT PORTAL

APPLICATION FOR ACCESS

FOR USE WITH NOTARY SIGNATURE |

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

Please complete all fields. Incomplete or illegible applications will not be processed. Completed forms should be signed in the presence of a Notary Public and returned to your student's school. Once the form has been accepted and processed, the parent/guardian will receive an email within 10 school days containing activation instructions for the new Parent Portal account. Simply follow the instructions in the email to start using the account. **Parents with multiple students in WCPSS must submit one form per student to the appropriate school(s).**

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

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학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

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PARENT/GUARDIAN INFORMATION

Parent's First Name	**Parent's Middle Initial**	**Parent's Last Name**

Relationship to Student

Home Phone Number ( ) -	Work Phone Number ( ) -

Street Address	Apartment or Suite Number

City	State	Zip Code

E-mail Address

STUDENT INFORMATION

Student's First Name	**Student's Middle Name**	**Student's Last Name**

Date of Birth (mm/dd/yyyy)		Grade

Student ID Number	Home Phone Number ( ) -

Street Address	Apartment or Suite Number

City	State	Zip Code

Are there any legal restraints prohibiting a parent/guardian from having access to this student's data?

☐ Yes ☐ No **If yes, please attach a copy of the court order.**

CONTINUED ON NEXT PAGE >

HOME BASE/POWERSCHOOL PARENT PORTAL

APPLICATION FOR ACCESS

FOR USE WITH NOTARY SIGNATURE |

WAKE COUNTY PUBLIC SCHOOL SYSTEM

PARENT AFFIDAVIT

I verify that I am the parent/guardian of the student named above. I understand that the Wake County Public School System reserves the right to grant or deny access to the Parent Portal in accordance with the U.S. Family Education Rights and Privacy Act (FERPA). I also certify that I will advise my student's school of any issues resulting in a need for change of access to student records. I agree to keep my password and the data contained within the Parent Portal confidential. I also agree that I shall make no attempt to alter or destroy data and will report to the school administration any attempts to do so or any security concerns that may arise. Failure to abide by the terms of this agreement will result in the termination of my account.

Parent/Guardian Signature	Date (mm/dd/yyyy)

FOR NOTARY USE ONLY

State of North Carolina, County of: _____

I, _____ a Notary Public for said County and State, do hereby certify

that _____

personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and seal this _____day of _____, 20_____.

_____

NOTARY PUBLIC OFFICIAL SEAL

OFFICE USE ONLY

Approved ☐ Denied ☐	
Provide reason if application is denied:	
Student access number sent by:	Date sent (mm/dd/yyyy)

CONSENT FOR TECHNOLOGY AND DIGITAL RESOURCE USE

INSTRUCTIONS

Parental permission is required in order for your student to access technology and digital resources at school. The Wake County Public School System (WCPSS) uses a variety of technology and digital resources to enable and enhance instruction. With permission, students may use physical devices, including but not limited to, computers, tablets, iPads, and iPods (all of which allow some degree of Internet access.) Students may also access web-based applications to create, review, store, share and potentially post their work on the Internet. Examples of these tools include, but are not limited to Google Apps for Education (not Gmail), SAS Curriculum Pathways, and WCPSS student E-Mail (K-5 at the principal's request) . In addition, student information and student work may be maintained by and stored on web-based instructional sites and applications. Not all tools are used at all grade levels.

WCPSS has several processes in place to protect students while using technology and digital resources. Students are educated every year about appropriate online behavior, including interacting with other individuals on social networking websites and cyber bullying awareness and response. The district also uses Internet filters to remove most harmful content. Students' Internet activity and e-mail communications may be monitored by school personnel as provided in Board Policy 3225.

Students are expected to use technology and digital resources under their teacher's direction for educational purposes only in accordance with Board Policy 3225 and related 3225 R&P referred to collectively as the Responsible Use Policy or RUP.

- You may grant permission for your student to access technology and digital resources. You should select this option if you want your student to use computers, tablets, etc. and be allowed to access web-based curriculum tools. Your permission grants WCPSS the right to create a WakeID necessary to access web-based instructional tools. The WakeID is visible in various applications to teachers and students across the school system.
- Parents may deny permission for their student to access technology and digital resources. You should select this option if you do not want your student to use a computer or other physical device or to access web-based curriculum tools.
- Several mandatory state and federal student assessments are solely available over the Internet. These tests and assessments will be administered to ALL students. Temporary technology access for these tests will be granted for students who do not have a signed opt-in on file.

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

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

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학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

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PERMISSION FOR TECHNOLOGY AND DIGITAL RESOURCE USE

Student's Legal Last Name	Student's Legal First Name	Student ID (required)

Technology and Digital Resource Permission

☐ I GRANT permission for my student to use all technology and digital resources, both devices and web based applications. We have read and agree to the terms of the WCPSS Student Responsible Use Policy.

☐ I DENY permission for my student to use any technology and digital resources, both devices and web based applications. We have read the WCPSS Student Responsible Use Policy.

Name of Parent/Guardian

Parent Signature	Date (mm/dd/yyyy)
Student Signature	Date (mm/dd/yyyy)

MILITARY CONNECTED STUDENTS

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard or Reserves, Retired Military, Disabled Veteran or a Federal Civil Service Employee?

- **If yes**, complete and return one form for each school-aged child in your household.
- **If no**, discard form.

N.C. General Statute 115C-12(18) requires schools to develop a means to serve the unique needs of students identified as military-connected students. The information you provide will help us to better support military connected students during pivotal times. Your child's military connected information will be entered into PowerSchool and will be accessible to student support staff. An icon will be present on your child's PowerSchool record indicating that he or she is military connected. The information gathered by this form will not be placed in your child's cumulative folder.

N.C. General Statute 115C-12(18) can be found at: www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_115C/GS_115C-12.pdf

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

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STUDENT INFORMATION

Student's Last Name	Student's First Name	Student's Middle Name

FAMILY INFORMATION

Please list immediate family members who are connected to the U.S. military. Immediate family member is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the student.

	Relationship to Student (required)	**Branch (required)** Air Force Army Coast Guard Marine Corps Navy	**Status (required)** Active Duty National Guard Reserves Retired Military Disabled Veteran Federal Civil Service	**Base/Unit (optional)** The facility where the service member fulfills their duty or role. Examples include Fort Bragg, N.C. National Guard JFHQ/Armories, Knightdale Reserve Center, Ohio, Afghanistan, etc.	**Grade (optional)** Enlisted (E1 – E9) Officer (O1-O10) Warrant Officer (W1-W5)
1.					
2.					
3.					

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: ☐ M ☐ F

(Last) (First) (Middle)

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 Health
HEALTH AND HUMAN SERVICES

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: