

What to Bring	Notes	Check No/YES
Kindergarten Health Assessment Form	Forms are provided to the parent	
Birth Certificate	Certified Birth Certificate is required, not issued by the hospital Birth Registration Card is sufficient	
Proof of Residency	Electric Bill Lease Agreement Rental Receipt County Tax Receipt Mortgage Statement	
Immunization Record	Health Department Records	
Legal Documents are required if child is not living with parents or if parent is proclaiming custodial rights.	Court order document Notarized statements are not sufficient	
Driver's License	Required for parent/guardian	
Social Security Card (Optional)		
Registration Forms	Enrollment Packet which includes: Student Registration Information Form; Proof of Residency forms (one for home owners and one for parents that are residing with another family); Discipline Status Enrollment Form; Student Health Information; Home Language Survey; NC Health Requirement	

BERTIE COUNTY SCHOOLS

P.O. BOX 10
715 Hwy 13 N
WINDSOR, NORTH CAROLINA 27983
PHONE (252) 794-3173 - FAX: (252) 794-9727



Catherine Edmonds, Ed.D.
Superintendent

School Use Only School: _____ Entry Date: _____

Grade: _____ Hrm/Teacher: _____

BOARD MEMBERS
TARSHA DUDLEY, Chair
NORMAN CHERRY, Vice-Chairman
CHRISTINE DUDLEY
RICKEY FREEMAN
BOBBY OCCENA

Legal Last Name: _____ Legal First Name: _____

Middle Name: _____ Gender: M ___ F ___ Birth Date: _____

Age: _____ Home Phone No: _____ Cell Phone No: _____

Ethnicity: (Choose one)

___ Hispanic/Latino

___ Non-Hispanic

Race: (Check all that apply)

___ American Indian or Alaska Native

___ Native Hawaiian or Other Pacific Islander

___ Black or African American

___ Asian

___ White

Property Address

Street No & Name: _____ Apt#: _____

City: _____ State: _____ Postal Zip Code: _____

Mailing Address :(If different from above) _____

Previous School/District: District: _____ Previous School: _____

Previous School/Bertie County: (has student ever attended a school in Bertie County) _____

Address: _____

Parent/Guardian: Custody: _____ Living With: _____

Relationship 1. _____ 2. _____

Last Name _____

First Name _____

Address: (If different from student) _____

Work/Employment: _____

Work Phone No: _____

Cell Phone No: _____

Email: _____

Emergency Contacts: (other than parents)

1. _____ Name Relationship Phone: _____

2. _____ Name Relationship Phone: _____

I verify that the above is the true and legal residence of the above child. If this information is false, the above child will be relocated to home attendance school immediately and my right to appeal this decision will be relinquished.

Signature: _____ Date: _____

PROOF OF RESIDENCY

Parent/Guardian Name: _____

Birth Certificate Verified: _____
(Initials)

Student Name(s): _____

As parent, I am verifying that my physical address is as follows:

_____ (Address) _____ (Town) _____ (Zip)

This address is within the _____ School district.

I understand that I must submit one of the following acceptable documents as proof of residency:

- Utility Bill
- Rental Receipt
- Agreement to Purchase Property
- County Tax Receipt
- Mortgage Statement

I declare under penalty of perjury that the above statements are true and correct.

Signature of Parent/Guardian Date

Verified By: _____

PROOF OF RESIDENCY

Home Owner Name: _____

Parent/Guardian Name: _____

Student Name(s): _____

As homeowner, I am verifying that the parent/guardian named above is residing in my residence which is located at:

_____ (Address) _____ (Town) _____ (Zip)

This address is within the _____ School district.

I understand that I must submit one of the following acceptable documents as proof of residency:

- Utility Bill
- Rental Receipt
- Agreement to Purchase Property
- County Tax Receipt
- Mortgage Statement

I declare under penalty of perjury that the above statements are true and correct.

Signature of Home Owner _____ *Date*

Signature of Parent/Guardian _____ *Date*

Verified By: _____

State of: _____, County of _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20__

My commission expires: _____, 20__

Signature of Notary Public: _____



Effective November 1, 1997: North Carolina Statute Section 115C-366 (a4) requires that all students transferring into the Bertie County Public School System must complete this form prior to enrollment.

Board Policy 4045 states: A student who has been expelled from another public or private school in this or any other state or has been convicted of a felony in this or any other state and who is denied admission into the Bertie County Public School System may appeal to the Board of Education for reconsideration.

Please Print

Name of Student Requesting Enrollment							
Age		Date of Birth	/	/	Grade		
Address of Student		City			Zip		
Parent's/ Guardian's Name							
Address (if different from above)		City			Zip		
Home Telephone		()	Work Telephone		()		
Last School Attended					Withdrawal Date		
Address of Last School							
City		State			Zip		
Phone Number of Previous School		()					
Identified for Special Education Services		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the exceptionality:			

Current Discipline Status of Student Seeking Enrollment

Check appropriate box:

- Is not* currently suspended or expelled from any school and does not have pending suspension or expulsion.
- Has been recommended for long-term suspension (more than ten (10) days) or expulsion (permanent removal from school) from _____ (school), and that recommendation is currently pending. Describe the offense for which the recommendation is being made and the proposed beginning and ending dates of the suspension/expulsion. *(A copy of suspension/expulsion data must be attached.)*

- Has been long-term suspended (more than ten (10) days) or expelled from and is currently serving the term of suspension or expulsion _____ (school). Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion. *(A copy of suspension/expulsion data must be attached.)*

Check

appropriate

box

Has not been convicted of a felony in this or any other state.

Has been convicted of a felony.

Convicted _____ of:

Convicted in (City or Town): _____ (State):

Date of Conviction: _____

Description of Offense: _____

Probation Officer: _____ Telephone Number: _____

Court Counselor: _____ Telephone Number: _____

I, _____ (Parent/Guardian) hereby swear under oath/affirm under penalty of perjury that the above information is true and accurate.

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))

I give consent to the Bertie County Public Schools to share this document with student's prior school and to obtain information or records from that to verify the information on this form.

Signature

Date

State of North Carolina: County of _____

(SEAL)

I, _____, a Notary in and for said County and State, hereby certify that

_____ personally appeared before me and acknowledged the due execution of the foregoing

instrument. This _____ day of _____, 20__.

My Commission Expires: _____

Notary Public

Date

***** School/SDP USE ONLY *****

SCHOOL USE ONLY	Complete ALL spaces.	<input type="checkbox"/> Approved Enrollment (Place in Cumulative Folder)
	<input type="checkbox"/> Denied Enrollment (Immediately fax to Student Due Process Office. Fax # 794-9727)	
	School	
	School Official Signature	Date
SDP USE ONLY	Decision	Date
	Contacted	Date



BERTIE
COUNTY SCHOOLS
Together We Can!

MIGRANT EDUCATION PROGRAM
OCCUPATIONAL SURVEY

Student's Name: _____
Last Name First Name

School: _____ **Grade** _____

The Migrant Education Program through the North Carolina Department of Public Instruction provides support and instructional services to children and families that have migrated to North Carolina within the last 3 years. To qualify in the program the families must have migrated searching temporary or seasonal work in agriculture or fishing activities. The program enrolls children in the ages of 3 to 21 years of age (whether they attend school or not). We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.

1. Did you or someone in your family come in search of temporary or seasonal work in agriculture (examples: working in tobacco, sweet potatoes, cotton, apples, nurseries, trees, etc), or fishing activities (processing fish, crab houses, etc), or any food processing (pork, chicken, turkeys, etc). Yes _____ No _____
2. Please indicate which member of the family performs or did this kind of work;
Mother _____ Father _____ Children _____ Others _____
3. How long ago did you arrive to this county? Month _____ Year _____
4. If your current job is not related to temporary work in agriculture or fishing, did you or someone in your family work in such activities in the last 3 years?
Yes _____ No _____

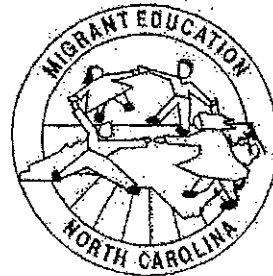
Where? City _____ State _____

5. What is your current address?

Address _____

City _____ State _____ Zip _____

Phone: _____





Programa de Educación Para Estudiantes Migratorios
Encuesta Ocupacional

Nombre del Estudiante: _____
Apellido Primer Nombre

Escuela: _____ **Grado:** _____

El Programa de Educación para estudiantes migrantes a través del Departamento de Instrucción Pública del Estado provee servicios de apoyo a los niños y familias que se han mudado a Carolina del Norte en los últimos 3 años. Para calificar en el programa las familias deben de haberse mudado de un lugar a otro en busca de trabajo temporal en agricultura o pesca. El Programa registra a niños y jóvenes entre las edades de 3 a 21 años (asistan o no a la escuela). Agradecemos que nos ayuden a determinar si su niño o pariente califica para recibir servicios en este programa. Por favor, conteste las siguientes preguntas y entréguelas a la escuela.

1. ¿Vino usted o alguien en su familia a buscar trabajo temporal en agricultura o en el campo (ejemplos: tabaco, papas, algodón, manzanas, viveros, trabajo con árboles, etc.), o de la pesca (empacadora de pescados o mariscos) o alguna planta procesadora de alimentos (cerdos, pollos, pavos, etc)?
Si _____ No _____

2. Indique cual miembro de la familia realizó o realiza este trabajo;
Madre _____ Padre _____ Hijos _____ Otros _____

3. ¿Hace cuánto tiempo se mudó a este condado? Mes _____ Año _____

4. Si su trabajo actual no se relaciona a la agricultura y pesca, ¿usted o algun miembro de la familia ha trabajado en dichas actividades en los últimos 3 años?
Si _____ No _____

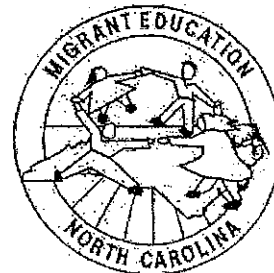
¿En Dónde? Ciudad _____ Estado _____

5. ¿Cuál es su dirección actual?

Dirección

Ciudad Estado Código Postal

Teléfono: _____





A partir del 1 de Noviembre de 1997: El Estatuto General del Estado de Carolina del Norte 115C-366 (a4) requiere que todos los estudiantes que se transfieren al Sistema de Escuelas Públicas del Condado de Bertie completen este formulario antes de la inscripción.

Norma de la Meza Directiva 4045 establece lo siguiente: Un estudiante que ha sido expulsado de otra escuela pública o privada en este o cualquier otro estado o ha sido condenado por un delito mayor en este o cualquier otro estado y que se le niega la admisión en el Sistema de Escuelas Públicas del Condado de Bertie puede apelar a la Junta de Educación para reconsideración.

Escriba en letra de molde

Nombre del estudiante que solicita la inscripción					
Edad	Fecha de nacimiento	/	/	Grado	
Dirección del estudiante		Ciudad		Código postal	

Nombre de los padres/tutor legal					
Dirección (si es diferente a la anterior)		Ciudad		Código postal	
Teléfono del hogar	()	Teléfono del trabajo	()		

Última escuela a la que asistió		Fecha de retiro	
Dirección de la última escuela			
Ciudad		Estado	Código postal
Número de teléfono de la escuela anterior	()		
Identificado para Servicios de educación especial	<input type="checkbox"/> Sí <input type="checkbox"/> No	Si la respuesta es sí, identifique la excepcionalidad:	

Estado de disciplina actual del estudiante que solicita la inscripción

Marque la casilla que corresponda:

- No está** actualmente suspendido o expulsado de otra escuela y no tiene una suspensión o expulsión pendiente.
- Ha sido **recomendado** para suspensión a largo plazo (más de diez (10) días) o expulsión (retiro permanente de la escuela) de _____ (escuela), y esa recomendación está pendiente actualmente. Describa la ofensa por la que se hace la recomendación y las fechas propuestas para el inicio y finalización de la suspensión/expulsión. *(Se debe adjuntar una copia de la información de suspensión/expulsión).*

- Ha sido suspendido a largo plazo (más de diez (10) días) o expulsado de y está actualmente cumpliendo con el término de suspensión o expulsión _____ (escuela). Describa la ofensa por la que el estudiante fue suspendido/expulsado y las fecha de inicio y finalización de la suspensión/expulsión. *(Se debe adjuntar una copia de la información de suspensión/expulsión).*

BERTIE COUNTY SCHOOLS – STUDENT & TRANSPORTATION INFORMATION

DATE _____ **SCHOOL** _____

Check One: New Student has enrolled from Out of County Pre-K Enrollment Kdg. Enrollment
 New Student has enrolled from another Bertie County School _____ (School Name)
 Bus Change Address Change

Student's First Name	Student's Middle Name	Student's Last Name
Circle One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Circle One: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi <input type="checkbox"/> Asian <input type="checkbox"/> Other
Student's Grade:	Student's Birthdate:	Student's SS No.:
Mailing Address including City and State		Transportation Address including City and State
Street:	Street:	
City: State:	City: State:	
Student's Home Phone No.:		
Mother's Name:		Father's Name:
Mother's Home Phone No.:		Father's Home Phone No.:
Mother's Cell Phone No.:		Father's Cell Phone No.:
Mother's Work Place:		Father's Work Place:
Mother's Work Phone:		Father's Work Phone:

CHECK THE ONE STATEMENT THAT MOST APPLIES:
 BOTH MORNING/ AFTERNOON MORNING ONLY AFTERNOON ONLY NEVER

Student will ride bus from this address in AM:
 Student will ride bus from this address in PM:

NAME OF PARENTS/LEGAL GUARDIAN/OTHER THAT STUDENT LIVES WITH:

LIVES WITH (Please Check One):
 Mother & Father Mother & Stepfather Father & Stepmother
 Mother Only Father Only Guardian

Emergency Contact (Other Than Parent): _____
 Home No.: _____ Wk. No.: _____ Cell No.: _____

Doctor's Name: _____ Phone No.: _____
 Hospital Preference: _____
 Last School Student Attended: _____
 Address of Last School: _____

FOR OFFICE USE ONLY: **BUS RIDERSHIP INFORMATION**

PREVIOUS: BUS # _____ STOP # _____ RUN# _____
NEW: BUS # _____ STOP# _____ RUN# _____

LAW: NC requires that any changes on any bus must be forwarded to TIMS immediately. Upon receipt of this information, TIMS has ten (10) working days to make changes in the computer.



ENCUESTA SOBRE EL IDIOMA DEL HOGAR

EL SISTEMA DE ESUCELAS DEL CONDADO DE BERTIE requiere que las escuelas determinen el idioma(s) que cada estudiante habla en el hogar. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa a todos los estudiantes. Se solicita su cooperación en ayudarnos a cumplir este importante requisito. Por favor conteste las siguientes preguntas y devuelva este formulario a la escuela. Gracias por su ayuda!

Fecha: _____ Escuela: _____

Año Escolar: _____ - _____ Maestro(a): _____

Nombre del estudiante: _____
(Apellido) (Nombre) (Segundo Nombre)

Grado: _____ Edad: _____

1. Cuál es el primer idioma que el estudiante aprendió a hablar?

2. Qué idioma habla el estudiante con mayor frecuencia en el hogar?

3. Qué idioma usa con más frecuencia cuando habla con su hijo o hija?

4. Que idioma hablan los adultos con mayor frecuencia en el hogar?

Firma del Padre/Tutor



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):

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:





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:



BERTIE COUNTY SCHOOLS
SCHOOL HEALTH SERVICES
Student Health Information

Your school nurse can help your child have a healthy, successful school year. You can help by giving us some important information about your child's health. This information is needed for providing adequate treatment in case of illness or injury and in meeting your child's health needs at school. Please complete the following health history and return to your child's teacher as soon as possible. **If your child needs medication at school, an Authorization for Medication Form must be completed and returned to the school nurse or front office.** Thank you.

TO BE COMPLETED BY PARENT/GUARDIAN

CHILD'S NAME	DATE OF BIRTH	TEACHER	SCHOOL	GRADE
MOTHER'S NAME	PHONE	PLACE OF EMPLOYMENT		
FATHER'S NAME	PHONE	PLACE OF EMPLOYMENT		
EMERGENCY CONTACT	PHONE			

PHYSICIAN	PHONE
DENTIST	
MEDICAL SPECIALIST	
MENTAL HEALTH SPECIALIST	

I give permission to the staff of Bertie County Schools to share or receive health-related information needed to care for my child. I also give permission for this information to be shared with other health care providers in the event of a medical emergency.

 Signature of Parent or Legal Guardian

 Date

 Daytime phone number

PLEASE COMPLETE BACK OF FORM

Please indicate whether your child has any of the following:

Attention Deficit Hyperactive or Attention Deficit Disorder: YES NO
Is the student on medication for this? YES NO
Name of medication(s): _____
Asthma: YES NO
When was the last asthma episode? _____ Does student use an inhaler? YES NO
Name of inhaler(s) used: _____
Blood disorder: YES NO
Name of disorder: _____
Diabetes: YES NO Uses insulin or medication for this: YES NO
Name of medication(s): _____
Head injury or concussion (in the past 12 months): YES NO
Date of head injury or concussion: _____
Heart problem: YES NO Name of heart problem: _____
Is exercise limited? YES NO
High Blood Pressure: YES NO On medication: YES NO
Name of medication(s): _____
Orthopedic Problems: YES NO Name of problem: _____
Psychological Disorder: YES NO
Name of disorder: _____
Medication(s) taken for disorder: _____
Seizures: YES NO
When was last seizure? _____ Medication(s) for seizure: _____
Severe Allergies: YES NO
What is your child allergic to: _____
Is medication needed at school? (Such as an antihistamine or EpiPen.) YES NO
Sickle Cell Anemia: YES NO Sickle Cell Trait: YES NO

List any other conditions or medications you would like the nurse to be aware of:

Will your child need to take any medications during the school day? YES NO

Please send me an Authorization for Medication Form: YES NO

**** If your child needs medication an Authorization for Medication Form needs to be completed and returned to school. Without this form, signed by the physician and parent, we will be unable to administer any medications at school. (This includes inhalers as well as oral medications, both prescription and over the counter.) If you would like a form sent home to you please request it above. Or you can pick up a form at your child's school from the nurse or the front office.**

BERTIE COUNTY SCHOOLS



McKinney Vento Student Residency Questionnaire

Full Name of Student: _____ School: _____

Full name of parent/legal guardian: _____

Address: _____

The responses to these questions will allow us to determine McKinney Vento eligibility and provide the necessary additional services.

- 1. Is your current address a temporary arrangement? Yes No
- 2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you responded YES to the above questions, please complete the remainder of the form.

- 3. Where is the student presently living? Choose one
 motel a shelter with more than one family in a house of apartment in a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- 4. How long has it been since you had permanent housing? _____
- 5. What are your plans for the rest of the school year? _____
- 6. Please list information for brothers and sisters, ages 0-21 that live with student.

Name	DOB	AGE	SCHOOL

Parent's Signature: _____ Date: _____

By signing below, I choose **not** to be assessed or served under the McKinney Vento identification.

Parent's Signature: _____ Date: _____

Please return to your child's school to the attention of the School Social Worker or Counselor. They will ensure that it is given to the McKinney Vento liaison, Tundra Woolard, (252)794-6013.