



OFFICE	Student ID # _____
USE	Grade _____ Entry Date/Code _____
ONLY	Homeroom/Team _____
	School _____

Welcome to Davidson County Schools! The parent, guardian, or legal custodian must appear in person with this completed form and the following to enroll a student in school:

- Identification
- Certified Birth Certificate
- Two Proofs of Residency
- Immunization Records
- Custody Order, *if relevant*

STUDENT INFORMATION		
LEGAL LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	IS THIS STUDENT HISPANIC/LATINO? <input type="radio"/> YES <input type="radio"/> NO
RACE (CHECK ALL THAT APPLY) <input type="radio"/> AMERICAN INDIAN/NATIVE ALASKAN <input type="radio"/> ASIAN <input type="radio"/> BLACK/AFRICAN AMERICAN <input type="radio"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="radio"/> WHITE		
HOME PHONE NUMBER ()	LAST SCHOOL ATTENDED (NAME/LOCATION/PHONE NUMBER)	
SPECIAL PROGRAMS (PLEASE CHECK IF YOUR CHILD HAS BEEN SERVED IN ANY OF THE FOLLOWOING PROGRAMS) <input type="radio"/> EXCEPTIONAL CHILDREN-IEP <input type="radio"/> SECTION 504 <input type="radio"/> AIG/GIFTED <input type="radio"/> ESL <input type="radio"/> TITLE I READING <input type="radio"/> OTHER (PLEASE SPECIFY)		

FAMILY'S DOMICILE ADDRESS	FAMILY'S MAILING ADDRESS (IF DIFFERENT)
STREET	STREET
APT/SUITE#	APT/SUITE#
CITY	CITY
STATE/ZIP	STATE/ZIP
PROOF OF RESIDENCY (TWO REQUIRED) <input type="radio"/> UTILITY STATEMENT <input type="radio"/> MORTGAGE STATEMENT <input type="radio"/> VEHICLE REGISTRATION <input type="radio"/> LEASE/RENTAL AGREEMENT/DEED <input type="radio"/> DC PROPERTY TAX <input type="radio"/> OTHER	
DATE VERIFIED WITH TRANSPORTATION/INITIALS	

PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN INFORMATION
FULL NAME	FULL NAME
RELATIONSHIP TO STUDENT <input type="radio"/> MOTHER <input type="radio"/> FATHER <input type="radio"/> GUARDIAN	RELATIONSHIP TO STUDENT <input type="radio"/> MOTHER <input type="radio"/> FATHER <input type="radio"/> GUARDIAN
STUDENTS LIVES WITH <input type="radio"/> YES <input type="radio"/> NO	STUDENTS LIVES WITH <input type="radio"/> YES <input type="radio"/> NO
ADDRESS	ADDRESS
HOME PHONE ()	HOME PHONE ()
DAYTIME PHONE ()	DAYTIME PHONE ()
MOBILE PHONE ()	MOBILE PHONE ()
WORK PHONE ()	WORK PHONE ()
EMPLOYER/OCCUPATION	EMPLOYER/OCCUPATION
LANGUAGE OF PARENT	LANGUAGE OF PARENT
EMAIL ADDRESS	EMAIL ADDRESS
STEPPARENT INFORMATION	STEPPARENT INFORMATION
FULL NAME	FULL NAME
DAYTIME PHONE ()	DAYTIME PHONE ()
MOBILE PHONE ()	MOBILE PHONE ()
WORK PHONE ()	WORK PHONE ()

Only a custodial parent or legal guardian can enroll a student in Davidson County Schools.

PARENTS MARITAL STATUS
 MARRIED SEPARATED
 DIVORCED WIDOWED
 SINGLE

IF SEPARATED/DIVORCED, HAS THE COURT ISSUED A CUSTODY ORDER?
 YES NO

IF SEPARATED/DIVORCED, WHO HAS PRIMARY CUSTODY?
 MOTHER FATHER
 JOINT

Unless otherwise determined by court order, both natural parents have equal rights to make educational decisions and to access educational records for their child. If COURT ORDERED CUSTODY paperwork exists, it must be provided to the school upon enrollment. **Notarized statements regarding custody/guardianship are not acceptable for enrollment.**

EMERGENCY CONTACTS (OTHER THAN PARENTS-ANYONE NOT LISTED WILL BE UNABLE TO PICK CHILD UP FROM SCHOOL WITHOUT WRITTEN CONSENT FROM THE PARENT)

FULL NAME	RELATIONSHIP TO STUDENT	DAYTIME PHONE ()	MOBILE PHONE ()
FULL NAME	RELATIONSHIP TO STUDENT	DAYTIME PHONE ()	MOBILE PHONE ()
FULL NAME	RELATIONSHIP TO STUDENT	DAYTIME PHONE ()	MOBILE PHONE ()
FULL NAME	RELATIONSHIP TO STUDENT	DAYTIME PHONE ()	MOBILE PHONE ()

MEDICAL INFORMATION

PHYSICIAN NAME/PHONE NUMBER ()	DENTIST NAME/PHONE NUMBER ()	MEDICAL CONDITIONS/ALLERGIES (LIST) LIFE THREATENING <input type="radio"/> YES <input type="radio"/> NO
HAS YOUR CHILD EXPERIENCED A HEAD INJURY WITHIN THE LAST YEAR? <input type="radio"/> YES <input type="radio"/> NO IF SO, WHEN?		
DOES YOUR CHILD REQUIRE ANY OF THE FOLLOWING SELF CARRY MEDICATION? <input type="radio"/> EPIPEN <input type="radio"/> INHALER <input type="radio"/> OTHER (PLEASE SPECIFY)		

HOME LANGUAGE SURVEY

If the answer to any of these questions reveals that a student/family speaks a language other than English, the student must take an English language assessment in order to determine if academic support will be provided for acquisition of English language skills. Parents may waive ESL pull out services. Do not include foreign languages studied in school or solely learned through media (TV, tape, CDs, toys).

Date of entry into US public schools?	What is the first language this student learned to speak?	What language is most often spoken in the home?
Country of Birth?	What language does the student use most often?	Please list any language(s) other than English your student speaks on a regular basis .

SAFE SCHOOLS DECLARATION (Please do not sign until directed to do so by a Notary Public.)

NC General Statute 115C-366 (a4) requires that parents, guardians, and legal custodians of all students who transfer into a NC public school provide a statement as to whether the child is under suspension of expulsion from attendance at a private or public school in this or any other state or has been convicted of a felony in this or any other state.

SUSPENSIONS AND EXPULSIONS

- My child **IS NOT** currently suspended or expelled nor has a pending suspension or expulsion from any school.
- My child **IS** currently under a short-term (less than 10 days) suspension.
School _____ Offense _____
- My child **IS** currently under a long-term (more than 10 days) suspension.
School _____ Offense _____

FELONY CONVICTIONS

- My child **HAS NOT** been convicted of a felony in this or any other state.
- My child **HAS** been convicted of the following felony/felonies.
Charge(s) convicted of _____ City/State _____ Date of conviction _____

PARENT/GUARDIAN/ LEGAL CUSTODIAN ATTESTATION

I, _____ (Parent/Guardian/Legal Custodian) hereby swear and affirm that the above information is true and accurate.

To be completed by Notary Public:

Dated this _____ day of _____, 20____, _____ personally appeared before me, is personally known by me or has proved their identity by providing adequate documentation to me, and in my presence signed the Safe Schools Declaration above. This person made an oath or affirmed to me that the information given is true.

Witness my hand and official seal this _____ day of _____, 20____.

Notary Public _____ My commission expires _____

CERTIFICATION STATEMENT

I, _____ (Printed name) certify that all information provided is true and accurate.

Signed _____ Date _____

Student Records Request

The following student has enrolled in Davidson County Schools:

DATE

NAME		DATE OF BIRTH
SCHOOL PREVIOUSLY ATTENDED		GRADE
ADDRESS		
ATTENTION	FAX NUMBER	PHONE NUMBER

At your earliest convenience, please send cumulative records.

Complete cumulative record including:

- Date of entrance and date of withdrawal
- Attendance records, including current quarter, semester, and year.
- Report Cards/Transcript
- If the student left prior to final grades for the current term, please include the subjects/courses in which the student was enrolled and the current academic average in each.
- *Health and Immunization records (required by North Carolina state law)
- Standardized test results
- Driver education certificate or record
- IEP or Section 504 records, if applicable
- Other _____

Please send records to:

SCHOOL NAME	
ADDRESS	
CITY	STATE/ZIP
PHONE NUMBER	FAX NUMBER

SCHOOL OFFICIAL

PARENT/GUARDIAN/STUDENT (IF OVER 18 YOA)

Your signature on this form authorizes Davidson County Schools to obtain educational records for the above named student from previous schools of attendance.

**North Carolina law requires a complete immunization record showing actual dates of required immunizations within 30 calendar days of enrollment in school. Failure to provide said records within 30 days will result in the student being excluded from school attendance until the complete records are received by the school.*

Welcome to *Davidson County Schools!*

The following provides you with information you will need to enroll your student in our district.

FOR ASSISTANCE...	
...to determine school assignment, please contact Transportation or a school in your area	(336) 242-5567
...with questions about residency or domicile determination, please contact Communications	(336) 242-5548
...with students in transition/foster care	(336) 242-5653
...finding needed forms identified on this checklist	www.davidson.k12.nc.us >Parents Students >Enroll Your Student

CHECKLIST		
	Photo Identification of Parent/Legal Guardian	Only a parent or legal guardian can enroll a student.
	Certified Copy of Child's Birth Certificate	
	Proof of Custody/Guardianship <i>(required for all children not living with a natural parent)</i>	May include: <ul style="list-style-type: none"> • Birth certificate • Court order for custody/guardianship <i>(notarized statements are not acceptable for enrollment)</i> • Kinship order from social services • Foster care placement paperwork
	Two Proofs of Residency in the DCS District	<ul style="list-style-type: none"> • Utility statement: electricity, water, gas, cable • Current mortgage statement, deed, or rental/lease agreement • Vehicle registration • Voter registration
	Current Immunization Records	Additional information about immunizations can be provided by the school nurse
	NC Health Assessment <i>(within 30 days of enrollment)</i>	Required for all Kindergarten students and any student who is enrolling in a NC Public school for the first time. The form can be found here https://bit.ly/2TpeNli or you can obtain a copy from the school.
	Previous School Information <i>(Helpful but not required)</i>	<ul style="list-style-type: none"> • Name, address, telephone number of prior school • Most recent report card or transcript • Copy of the student's current schedule/grades at previous school
	DCS Enrollment Form	Can be found on the DCS website under Parents/Students > Enroll Your Student > DCS Enrollment Form: https://bit.ly/2H9YAjR
	Medication Use Form	Must be completed by you/your child's doctor for medication student will be given at school. Can be found on the DCS website under Parents/Students > Enroll Your Student> DCS Medication Form: https://bit.ly/2H9YAjR