

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)
HAS YOUR CHILD EXPERIENCED A HEAD INJURY WITHIN THE LAST YEAR? <input type="radio"/> YES <input type="radio"/> NO IF SO, WHEN?		LIFE THREATENING <input type="radio"/> YES <input type="radio"/> NO
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 _____