

Intended Course of Study
Career Prep
College /University Prep
College Tech Prep
Occupational



# Student Enrollment Form 2003-2004

SCHOOL USE ONLY	
Entry Code	
Entry Date	
Homeroom	
Grade	
CCS ID	
Domicile Verification	

## STUDENT INFORMATION

Student's Legal Name \_\_\_\_\_ Student Social Security No \_\_\_\_\_

Grade Level \_\_\_\_\_ Sex \_\_\_\_\_ Student Birthdate \_\_\_\_\_

Ethnic Code (Please Circle) American Indian · Asian · Black · Hispanic · White · Multi-Racial · Other \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ PO Box \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Directions to Home \_\_\_\_\_

Student Lives With (Please Circle) Mr./Mrs. · Mrs. · Mr. · Ms. · Group Home

Name \_\_\_\_\_

Relationship to Student (Please Circle)

Mother & Father · Mother & Stepfather · Father & Stepmother · Father Only · Mother Only · Legal Guardian or Custodian

Sisters & Brothers in School

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Bus Rider \_\_\_\_\_ Bus # \_\_\_\_\_ Car Rider \_\_\_\_\_ Walker \_\_\_\_\_ Kids Plus \_\_\_\_\_

Early Dismissal Information Bus \_\_\_\_\_ Car \_\_\_\_\_ Walk \_\_\_\_\_

Other \_\_\_\_\_

Previous School & Address \_\_\_\_\_

Does your child have an educational disability, health problem, and/or receive any special services?

If yes, **please circle all that apply:** EC      504      AIG      ELL      OTHER

Identify and explain specific health problems. \_\_\_\_\_

Student Driver's License Information: Number \_\_\_\_\_ Issue Date \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

**Mother/Guardian:** Relationship to Student (Please Circle) Mother · Stepmother · Grandmother · Legal Guardian or Custodian

Name \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Department \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_ Employer Address \_\_\_\_\_

Mother's Educational Level (Please Circle)	Did not finish high school	High school graduate	Trade or business school graduate	Community, technical or junior college graduate	Four year college graduate	Graduate school degree
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Email address \_\_\_\_\_

**Father/Guardian:** Relationship to Student (Please Circle) Father · Stepfather · Grandfather · Legal Guardian or Custodian

Name \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Department \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_ Employer Address \_\_\_\_\_

Father's Educational Level (Please Circle)	Did not finish high school	High school graduate	Trade or business school graduate	Community, technical or junior college graduate	Four year college graduate	Graduate school degree
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Email address \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact (Other than guardian information listed above) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Phone No(\_\_\_\_\_) \_\_\_\_\_

Work No \_\_\_\_\_ Cell No(\_\_\_\_\_) \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Phone No(\_\_\_\_\_) \_\_\_\_\_

Work No \_\_\_\_\_ Cell No(\_\_\_\_\_) \_\_\_\_\_

## LANGUAGE SURVEY

Are any languages other than English spoken in the home?

\_\_\_\_ Yes \_\_\_\_\_ No If yes, take enrollment form to the Welcome Center.

Excluding languages learned in school, does this student speak any language other than English?

\_\_\_\_ Yes \_\_\_\_\_ No If yes, take enrollment form to the Welcome Center.

What language(s) does the student speak?

\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ French \_\_\_\_\_ Vietnamese \_\_\_\_\_ German  
\_\_\_\_ Korean \_\_\_\_\_ Russian \_\_\_\_\_ Chinese \_\_\_\_\_ Arabic  
\_\_\_\_ Portuguese \_\_\_\_\_ Japanese \_\_\_\_\_ Other \_\_\_\_\_

What is the first language this student learned to speak?

\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ French \_\_\_\_\_ Vietnamese \_\_\_\_\_ German  
\_\_\_\_ Korean \_\_\_\_\_ Russian \_\_\_\_\_ Chinese \_\_\_\_\_ Arabic  
\_\_\_\_ Portuguese \_\_\_\_\_ Japanese \_\_\_\_\_ Other \_\_\_\_\_

What language does this student speak most often?

\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ French \_\_\_\_\_ Vietnamese \_\_\_\_\_ German  
\_\_\_\_ Korean \_\_\_\_\_ Russian \_\_\_\_\_ Chinese \_\_\_\_\_ Arabic  
\_\_\_\_ Portuguese \_\_\_\_\_ Japanese \_\_\_\_\_ Other \_\_\_\_\_

What language is most often spoken in the student's home?

\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ French \_\_\_\_\_ Vietnamese \_\_\_\_\_ German  
\_\_\_\_ Korean \_\_\_\_\_ Russian \_\_\_\_\_ Chinese \_\_\_\_\_ Arabic  
\_\_\_\_ Portuguese \_\_\_\_\_ Japanese \_\_\_\_\_ Other \_\_\_\_\_

## IMMUNIZATION REQUIREMENTS

North Carolina law requires verification of proper immunization of a student within 30 days of enrollment or the student will be prohibited from attending schools until such verification is provided.

## CERTIFICATION OF PERSON ENROLLING STUDENT

I certify that the information provided on this registration form is current and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

If your address is not the same as student's address, please list below.

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Include with Registration Information

Copy of Birth Certificate; Copy of Social Security Card; Copy of Immunization Record and Proof of Guardianship (if applicable); Proof of Domicile (may be utility bill; lease, deed, real estate tax statement, or other evidence that the property is owned or rented by you;).

**THIS FORM MUST REMAIN IN THE CUMULATIVE FOLDER.**



**STUDENT SCHEDULE (To be Completed by School Personnel)**

(Use preferred form)

PERIOD	CLASS	TEACHER	ROOM #
VENTURE	VENTURE		
1 <sup>ST</sup>			
2 <sup>ND</sup>			
3 <sup>RD</sup>			
4 <sup>TH</sup>			
5 <sup>TH</sup>			
6 <sup>TH</sup>			
7 <sup>TH</sup>			

1<sup>st</sup> Semester

1. Course	_____	Section	_____
2. Course	_____	Section	_____
3. Course	_____	Section	_____
4. Course	_____	Section	_____

2<sup>nd</sup> Semester

1. Course	_____	Section	_____
2. Course	_____	Section	_____
3. Course	_____	Section	_____
4. Course	_____	Section	_____

Alternate Courses

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Date \_\_\_\_\_