

New Student Information Check-Off List

Submit the following information to the Principal/Guidance Office upon enrolling at Pamlico County High School

- The contact person, school address, telephone number and fax number of previous school
- Birth Certificate and Driver's License (if applicable)
- A transcript and/or report card from previous school
- A withdrawal form indicating the courses taken up to the date of withdrawal, number of absences and the grade received (if applicable)
- If a student is living with a guardian, legal documentation must be presented
- If a student has an IEP, please have a copy of those records for enrollment (confidential records)
- If student has a 504 Plan, please have a copy for enrollment (confidential records)
- Complete all 15 enrollment forms:
 1. PCHS NEW STUDENT ENROLLMENT FORM
 2. REQUEST FOR RECORDS
 3. STUDENT HANDBOOK READ VERIFICATION
 4. APPLICATION FOR WAIVER OF STUDENT FEES AND CHARGES (if applicable)
 5. SHARING INFORMATION WITH OTHER PROGRAMS
 6. PAMLICO COUNTY HIGH SCHOOL SUSPENSION/EXPULSION REVIEW FORM
 7. STUDENT EMERGENCY INFORMATION
 8. HOME LANGUAGE SURVEY FORM
 9. STUDENT PUBLICATION CONSENT FORM
 10. INTERNET STUDENT CONTRACT/PARENTAL CONSENT
 11. MILITARY-CONNECTED FORM (ALL STUDENTS)
 12. SERVICE IN A SPECIAL PROGRAM
 13. OUT OF COUNTY RESIDENCY FORM
 14. RESIDENCY QUESTIONNAIRE
 15. HEALTH ASSESSMENT (IF APPLICABLE)

NOTE: Failure to follow this checklist may delay the enrollment process at this school.

Principal's Signature

Date

Parent/Guardian's Signature

Date

Counselor's Initials

Revised 6/2018

Pamlico County High School

New Student Enrollment Form

School Year: 2020-2021

Student ID #: _____

Date: _____

Student's name: _____
First Middle Last Preferred First

Gender (circle one): **Male** **Female** Grade (circle one): **9** **10** **11** **12** Birth Date: ____/____/____

Ethnicity (circle one): **White** **Black** **Hispanic** **Multi-Racial**
Asian/Pacific Islander **American Indian/Alaskan Native**

Physical address: _____
Number Street Name City/Town State Zip

Mailing address: _____
(If different from above) Number Street Name City/Town State Zip

Parent Email: _____

Student Lives With:

Name: _____ Relationship to Student: _____
First Last

Mailing Address: _____
Number Street Name City/Town State Zip

Home phone: (____) _____ - _____ Cell (____) _____ - _____

Place of employment: _____ is this parent/guardian available at work? **Yes** **No**

Work phone: (____) _____ - _____

Name: _____ Relationship to student: _____
First Last

Mailing Address: _____
Number Street Name City/Town State Zip

Home phone: (____) _____ - _____ Cell (____) _____ - _____

Place of employment: _____ is this parent/guardian available at work? **Yes** **No**

Work phone: (____) _____ - _____

Parent/Legal Guardian Signature: _____

(Non-Custodial parent may be required to supply other documents and will be required to sign necessary Affidavits prior to enrollment)

CONTINUED ↓ TURN OVER

(updated 5/14/20)

Emergency Contacts:

Name: _____
First Last

Relationship to student: _____

Address: _____
Number Street Name City/Town State Zip

Home phone: (____) _____ - _____ cell: (____) _____ - _____

Work phone: (____) _____ - _____

Name: _____
First Last

Relationship to student: _____

Address: _____
Number Street Name City/Town State Zip

Home phone: (____) _____ - _____ Cell: (____) _____ - _____

Work phone: (____) _____ - _____

Previous School Information:

Previous student of Pamlico County Schools? Yes No

Circle schools attended: **PCHS PCMS FAA PCPS Charter** Grade(s) _____

Has student attended school this year? Yes No

Where did student attend? **In-State Out-of-State**

Name of school: _____

School's contact person: _____
First Last

Address of school: _____
Number Street Name City/Town State Zip

Phone number: (____) _____ - _____ Fax number: (____) _____ - _____

What year did student enter 9th Grade for the first time? _____

Comments:

PAMLICO COUNTY HIGH SCHOOL

601 Main Street Bayboro, NC 28515

Phone 252-745-3151 Fax Student Services 252-745-3529 or 252-745-3153

REQUEST FOR STUDENT RECORDS

ATTENTION TO: _____

SCHOOL NAME: _____

ADDRESS: _____

FAX NUMBER _____ **PHONE** _____

STUDENT NAME: _____

DOB: _____ **GR** _____ **POWERSCHOOL #** _____

The student is scheduled to enroll or has enrolled at PCHS on _____

FROM: CARLA SPENCER **PHONE 252-745-3151 EXT 528**

FAX 252-745-3529 **EMAIL: carlaspencer@pamlicoschools.org**

Please forward the following documents:

_____ <i>Transcript (FAX ASAP)</i>	_____ <i>504 Documents (if applicable)</i>
_____ <i>Grades to date of Withdrawal</i>	_____ <i>Birth Certificate</i>
_____ <i>Health Records</i>	_____ <i>Immunization</i>
_____ <i>Attendance Records</i>	_____ <i>Standardized Test Scores</i>
_____ <i>Custody Papers</i>	_____ <i>Discipline</i>
_____ <i>CPR certificate</i>	_____ <i>EC Records requested below</i>

Our records show that the student above has an IEP.

Please send request to appropriate EC Department personnel for

_____ *IEP* _____ *Psychological test & evaluations* _____ *Decks 3,4,5,6,7*

Parent Signature _____

*Please send the applicable documents requested to the attention of Carla Spencer
at PCHS Student Services FAX 252-745-3529 or EMAIL Carlaspencer@pamlicoschools.org*



PAMLICO COUNTY HIGH SCHOOL

601 Main Street
Bayboro, NC 28515
Phone (52) 745-3151 - Fax (252) 745-3153



Henry R. Rice, III, Principal

Terrence Green, Assistant Principal

Savannah Alexander, Assistant Principal

My student and I have read and discussed the Pamlico County High School
PCHS STUDENT PARENT HANDBOOK 2020-2021 including the following Pamlico County
Schools Policies:

- Student Conduct and Discipline, Board Policy #6400
- Student Code of Conduct, Board Policy #6401
- Prohibition of Bullying, Harassment, and Discrimination, Board Policy #3037/4037/8337
- Parent/Family Involvement, Board Policy #5424
- Effective Discipline, Board Policy #6513
- Student Wellness, Board Policy #6760/5051

This handbook can be found on our website (www.pchs.pamlicoschools.org), under
Parents/Parent Resources or you may request a print copy from Student Services.

Parent Signature

Date

Student Signature

Date



PAMLICO COUNTY HIGH SCHOOL

601 Main Street

Bayboro, NC 28515

Phone (52) 745-3151 - Fax (252) 745-3153



Henry R. Rice, III, Principal

Terrence Green, Assistant Principal

Savannah Alexander, Assistant Principal

Application for Waiver of Student Fees and Charges

1. I hereby request that my child, _____ (Child's Name)
a student of Pamlico County High School, receive a waiver of student fees.
2. Number of family members residing in household: _____
3. Total gross family income before deductions of all family members. (Include welfare payments, wages of working members, pensions, social security, and other income). Verification may be in the form of U.S. or N.C. income tax forms for the previous year, W-2 forms from employee may be used.

Monthly \$ _____ or Annually \$ _____

4. I certify that the above information is true and correct. Please sign below.

_____ Date: _____

5. I elect to have a copy of my child's **Food and Nutrition Services Award Letter** released to the Pamlico Co. High School as documentation to be used for qualification and approval of my Waiver of Student Fees Application. This Release is for the following school year: 2020-2021

*for release of information, please sign attached.

(SCHOOL USE ONLY)

I hereby stipulate that the child named above is entitled to the waiver of the fees and/or charges as listed.

Approved _____
Principal or designee

Pamlico County Schools

2020-2021 SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

☐ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Advance Placement Test Fee Program for 2020-2021 school year with Program Coordinator, Jill Ireland.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Telephone or Cell number: _____

For more information, you may call Child Nutrition Services at 745-4171 ext. 638/639 or e-mail at lauramancinas@pamlicoschools.org.

Return this form to: 507 Anderson Drive, Bayboro, NC 28560 with the application.



PAMLICO COUNTY HIGH SCHOOL

601 Main Street
Bayboro, NC 28515
Phone 252-745-3151 Fax 252-745-3153

Henry R. Rice, III, Principal

SUSPENSION/EXPULSION REVIEW FORM

This form must be completed and signed for any student enrolling. If the student does not have any incidents of suspension/expulsion, you may enter student name, DOB, Grade. Make sure you have marked N/A in the line for Incidents/suspensions/expulsions. Please sign and date this form.

Student's Name _____

Student DOB: _____ Current Grade: _____

School Name: _____

School Address: _____

Phone: _____ Fax: _____

Date(s) of Incident(s): _____

Date of Suspension(s)/Expulsions: _____

COMMENTS:

I, hereby, acknowledge that this information is accurate concerning any disciplinary action administered to my student during the (2020 - 2021) school year at the school indicated above.

Parent/Guardian Signature

Date

Revised 05/14/20

STUDENT EMERGENCY INFORMATION

School: _____

Teacher: _____ Grade: _____ Bus: _____

Last Name: _____

First Name: _____

Middle Name: _____

Birth Date: _____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Cell: _____

Mother Work Number _____ Father work number: _____

.....
IN CASE OF EMERGENCY AND PARENT CANNOT BE REACHED, PLEASE CALL:

1. Name: _____

2. Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

.....
Doctor: _____

Office Phone: _____

Dentist: _____

Office Phone: _____

Type Insurance: _____

.....
Medical History

Medical Conditions/Concerns (e.g. asthma, diabetes, food allergies, ADHD)

List all medications taken at home _____

List medications to be taken at school _____

If your child is allergic to any medication, please list here

Parent signature: _____ Date: _____

Pamlico County Schools

North Carolina Home Language/Immigrant Survey Form

Directions:

1. Parents/guardians of all new students (including preschool and Kindergarten) complete this form at the time of enrollment and record all information requested. Provide interpreting services whenever necessary.
2. Ensure that all questions on the form are completed.
3. If ANY of the questions indicate a **language other than English, or a Country of Birth other than the United States**, forward a copy of the form to the Central Office, attn: Nancy Ross.
4. Place the original form in the student's cumulative folder.

Student Information		
First Name:	Last Name:	
Country of Birth:	Date first enrolled in any U.S. school (Private or Public, but not PreK) <i>Indicate if the student left the U.S. for a school year(s):</i>	Date of Birth:
Current School:	School Enrollment Date:	Current Grade:

Questions for Parents/Guardians*	Parent Response
What language(s) is (are) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most frequently at home?	
In what language do you most frequently speak to your child?	
In what language would you prefer to get information from the school?	

*****For Office Use Only*****

Person Reviewing this Survey: _____

Determination	
The student's home language	Language:
If the language is other than English, the English language proficiency test should be administered	Administer the English Language Proficiency Test Circle: Yes or No
Does this student qualify as an immigrant?	



Pamlico County Schools Student Publication Consent Form

Name of Student _____

School _____

In order to communicate and publish information celebrating our schools, our students, and our accomplishments, your child's photograph, video, artwork, or writing may be considered for publication. **Unless we receive this signed form from you, your child's photograph, video, artwork or writing will not appear as described below.** While there is no monetary compensation for use of the work, all publications will contain a copyright notice prohibiting the copying of such work without express written permission. No home address or telephone number will appear with such work. In the event anyone requests such permission, those requests will be forwarded to you as a parent or guardian.

Please check the blank below.

_____ I grant permission for my child's photograph, video, artwork, or writing to be published, as described below:

- on the Internet
- on Pamlico County Schools' computer servers and web sites
- in multimedia presentations(PowerPoint, etc.)
- in broadcasts (television, etc.)
- in printed publications, such as newspapers and magazines (**including the school's yearbook**)

Please print preferences or exceptions (if any) below:

Signature of Parent or Guardian

Date

I, the student, also give my permission for such publishing.

Signature of Student

Date

Please return this form to your child's teacher.

Regulations and Procedures
5450-5452

PAMLICO COUNTY SCHOOLS
INTERNET STUDENT CONTRACT AND PARENTAL CONSENT FORM

Directions: After reading Board Policies 5450 - Internet Access, 5451 - Appropriate Internet Use, and 5452 - Student Internet Use in the Student Parent Handbook, please read and fill out the following contract completely and legibly. The signature of the parent or guardian is required. Please return to office.

See Board Policies online at <https://www.pamlicoschools.org/>

Student Contract

I have read School Board Policies 5450-5452. I understand and will abide by the stated rules and regulations. I further understand that violation of these rules and regulations may result in evocation of my access privileges, school disciplinary and /or appropriate legal action.

User Name (please print) _____ Grade _____
User Signature _____ Date _____
Student ID Number _____

Parental Consent Form

As the parent/guardian of this student, I have read Board Policies 5450-5452. I understand that access of the Internet is designed for educational purposes and that all students will be supervised and monitored. I recognize it may be impossible to prevent accidental access to controversial or offensive materials. However, I also believe that the valuable information and interaction on this world-wide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of Pamlico County Schools. I hereby give my permission to allow my child access to the Internet. I understand that my child may continue this access as long as the rules and regulations described in Board Policies 5450-5452 are followed.

Parent Signature _____ Date _____

Pamlico County School Identification Of Military-Connected Students

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

“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 child.

Student Name	Grade	Homeroom
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_____ **No** (If no, skip to signature and return to office)

_____ **Yes** (If yes, please complete form and return to office)

Relationship	Branch	Grade	Military Installation

Branch: Air Force, Coast Guard, Marine Corps, Navy

Status Options: Active Duty, National Guard, Reserves Retired Military, Disabled Veteran,
Federal Civil Service

Grade: Enlisted (E-1 through E-9), Officer (O1 through O-10), Warrant Officer (W-1 through W-5)

Installation: The facility where the service member fulfills their duty role in the military. (e.g. Camp Lejeune, Cherry Point, etc.)

Parent/Guardian Signature

Date



PAMLICO COUNTY HIGH SCHOOL

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Notification of Services Support

We would like to be sure that your child receives any special help to which he/she is entitled. Please answer the following questions:

My student _____ has been receiving services in a special program.

Yes _____ No _____

If you answered yes, please check the condition or conditions for which special services were provided.

- ☐ EC (Exceptional Children)
- ☐ AIG (Academically/Intellectually Gifted)
- ☐ 504 Plan
- ☐ LEP (Limited English Proficiency)
- ☐ Medical (Health Plan)
- ☐ Foster Care Placement
- ☐ Homeless
- ☐ Other

Parent/Guardian Signature: _____ Date: _____



PAMLICO COUNTY HIGH SCHOOL

601 Main Street
Bayboro, NC 28515
Phone 252-745-3151 Fax 252-745-3153

Henry R. Rice, III, Principal

To: Parents who previously resided outside of Pamlico County

Re: Verification of New Address and Pamlico County Residency

Even though you have previously told us your new Pamlico County address, we must verify the address. A post office box number is insufficient. Therefore, we must have a street or highway name and number. Please complete the following:

Student's Name _____

Mailing Address _____

Physical Address _____

Emergency Contact other than parent: _____

My signature below certifies that the above address is the correct address and that the student named above is a resident of Pamlico County.

Parent Signature

Date

Pamlico County Schools

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____ / ____ / ____ Grade: ____
Female Month Day Year (preschool-12)

Address: _____

Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____
☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied youth)

Signature of Parent, Guardian, or
Student (for unaccompanied youth)

Date

INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Purpose of the Enrollment Form - Residency Questionnaire

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status.

Who should fill out the Enrollment Form - Residency Questionnaire?

A Enrollment Form - Residency Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. Preschool includes any LEA program for 3-5 year olds, such as pre-k, Head Start, or Even Start. The Form - Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's completed **Enrollment Form - Residency Questionnaire** with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data.

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements.

Other than the above uses, housing information **should be kept confidential** and generally **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Enrollment Form - Residency Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Enrollment Form - Residency Questionnaire with Students and Families

In reviewing the Enrollment Form - Residency Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status. Contacting a landlord or building superintendent may be a violation of FERPA, a federal law, and may put the

family at risk of losing its housing. If the student is living in a doubled up situation, it may also lead to loss of housing for the primary tenants.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Enrollment Form - Residency Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Enrollment Form - Residency Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, *Superintendent of Public Instruction*

WWW.NCPUBLICSCHOOLS.ORG



Occupational Survey

Student 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 who have moved in the past three years and who have done agriculture or fishing work. 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. Have you or someone in your family worked in any of the following areas below in the last three years?

☐ No

☐ Yes (Select all that apply and continue to question number 2)

2. Have you or your family moved to another school district or to another city or county in the last three years?

☐ No

☐ Yes



Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards

☐



Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant

☐



Working in a dairy

☐



Working in a fishery or on a shrimp or catfish farm

☐



Working in a slaughter house (chicken, cow, or pig)

☐



Working on a poultry or hog farm

☐



Working in a plant nursery or orchard; growing or harvesting trees

☐



Other similar work in agriculture, please explain:

3. How long ago did you arrive to this county? Month _____ Year _____

4. Parent(s)' Name(s) _____

5. What is your current address?

Address _____

City _____

State _____

Zip Code _____

6. Phone Number(s): _____

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction

WWW.NCPUBLICSCHOOLS.ORG



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 en los últimos 3 años y que han trabajado en agricultura o pesca. 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. ¿Usted o alguien en su familia ha trabajado en alguno de los siguientes trabajos abajo en los últimos tres años?

☐ NO

☐ Sí (Seleccione todo que aplica abajo y favor de continuar a la Pregunta #2)

2. ¿Usted o su familia se ha mudado a otra zona escolar, o a una ciudad o condado en los últimos tres años?

☐ No

☐ Sí



Trabajando en los campos de agricultura cosechando frutas, verduras, nueces, melones, algodón, o en el silaje de zacate, paja, etc

☐



Trabajando en el enlatado de frutas o verduras o en una planta empacadora

☐



Trabajando en la lecherías

☐



Trabajando en la pesca, granjas de camarón o peces

☐



Trabajando en el corte de carnes crudas (pollos, reses, puercos)

☐



Trabajando en granjas avícolas

☐



Trabajando en huertas, viveros, talando árboles o limpiando la tierra)

☐



Otro trabajo similar, favor de explicar: Como cercando ranchos, fincas o huertas

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

4. Nombre de uno de los padres _____

5. ¿Cuál es su dirección actual?

Dirección _____

Ciudad _____

Estado _____

Código Postal _____

6. Teléfono: _____

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



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)

Birthdate (M/D/YYYY):

School Name:

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 SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016rev

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):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Pamlico County School District
Transportation Request

(One form per child)

Minimum 3-5 day processing required

Student Name: _____ Grade: _____
Street Address: _____
City and Zip Code: _____
Telephone Number(s): _____

Please check:

_____ AM STOP ADDRESS _____

_____ PM STOP ADDRESS _____

I authorize the following person(s) to receive my child at the bus stop.

Name: _____	Phone: _____
_____	_____
_____	_____

PUBLIC LAWS GOVERNING PUPIL TRANSPORTATION: § 115C-244. Assignment of pupils to school buses.

The superintendent or superintendent's designee shall assign the pupils and employees who may be transported to and from school upon the bus or buses assigned to each school and shall implement and enforce the plan developed under G.S. 115C-246. **No pupil or employee shall be permitted to ride upon any school bus to which such pupil or employee has not been so assigned by the superintendent or superintendent's designee, except by the express direction of the superintendent or superintendent's designee.**

Parent/Guardian Signature: _____ Date: _____

DEPARTMENT USE ONLY:

Stop #: _____ Run: # _____ AM Bus: # _____ PM Bus # _____

Department approval : _____ Date : _____

Original— Bus Garage Canary— School Supervisor Pink—Driver



Date: 6/8/20

Dear Parent/Guardian:

The purpose of this letter is to inform you of **immunization requirements that will impact rising 12th grade students**. Beginning with the 2020-21 school year, students entering 12th grade will be required to have a booster (second) dose of meningococcal conjugate vaccine if they have not already received one.

An up-to-date immunization record indicating that your student has received the required immunization is due by the first day of attendance at school. If proof of immunization is not provided within 30 calendar days after school entry, your student will not be allowed to attend school until it is provided, as required by law.

Please contact your health care provider or local health department if your child needs this vaccine. For additional information about the vaccine, the disease it protects against, and other recommended vaccines your teen may need, visit the Centers for Disease Control and Prevention's website at <https://www.cdc.gov/vaccines/parents/by-age/years-13-18.html> (or scan the QR code below).

If you have any questions, please contact Rhonda Beckert, RN/School Nurse

at rhondabeckert@pamlicoschools.org

Sincerely,

Joseph Sprunt
Principal



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health