



# Northampton County Schools

## 2023-2024 NC Pre-K Application Information

(Aplicacion Inicial Pre-Kinder del Condado de Northampton County 2023-2024)

NC Pre-K Sites: Central Elementary, Gaston Elementary and Woodland Head Start. If you have any questions or concerns, please call (252)534-1371, for clarification.

**This application is for children who will be four-years-old on or before August 31, 2023.**

Applications **MUST** have the following to be complete:

- Proof of birth (Copy of birth certificate)
- Proof of income (examples: copy of 1040, W2 , court-ordered child support, unemployment benefits, worker's compensation)
  - Pay Stubs - Most recent consecutive pay stubs based on your pay periods
    - Weekly - 4 Consecutive Pay Stubs
    - Bi-Weekly & Semi Monthly - 2 Consecutive Pay Stubs
    - Monthly - 2 Pay Stubs
- Proof of residency (examples: copy of current utility bill or rental agreement)
- Immunization Record
- If applicable, documentation of chronic health condition, parent's military service, developmental or educational needs and/or IEP.

There is no charge for any of our NC Pre-K Sites. Northampton County Schools NC Pre-K Program is a part of the public school system. NC Pre-K is funded by the Division of Child Development and Early Education. Northampton County Schools will be able to provide transportation for children depending on location within the school district. Please contact the Program Director for clarification about transportation to the various NC Pre-K Sites.

**Return completed original application and documentation by mail or in person  
to: Northampton County Schools**

**POB 158**

**Jackson, NC 27845**

**Faxed applications cannot be accepted.**



**CHILD'S INFORMATION/INFORMACION DEL NIÑO**

Child must be 4 years old on or before August 31, 2021. / *El niño debe tener 4 años cumplidos el 31 de agosto de 2021 o antes*

**PRINT CLEARLY**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
**Nombre del Niño** \_\_\_\_\_ **Fecha de Nacimiento** \_\_\_\_\_ (MM/DD/YY)  
First / Primer Nombre Middle / Segundo Nombre Last / Apellidos

Physical Address \_\_\_\_\_  
**Dirección física** \_\_\_\_\_  
Street/ Calle City / Ciudad State / Estado Zip / Código Postal County / Condado

Mailing Address \_\_\_\_\_  
**Dirección de Correspondencia** \_\_\_\_\_  
Street/ Calle City / Ciudad State / Estado Zip / Código Postal County / Condado

**Ethnicity / Etnia**

**Race (check all that apply): Raza (marque todo lo que aplique):**

- Latino or Hispanic/ Hispano  Not Latino or Hispanic  White or European American / Blanco o Americano Europeo
- Native American Indian or Alaska Native/ Indio Nativo Americano o Nativo de Alaska  Black or African American / Negro o Afroamericano  Asian / Asiático
- Native Hawaiian or Other Pacific Islander/ Nativo de Hawái U otra Isla Pacifica Islandés  Other /Otro: \_\_\_\_\_

**Gender/ Género:**

- Male/Masculino  Female/Femenino

**FAMILY INFORMATION/ INFORMACION FAMILIAR**

**With whom does the child live? Documentation is required if child does not reside with parents./¿Con quién vive el niño?**

**Documentación es requerida si el niño no vive con los padres.**

- Both Parents / Ambos Padres  Parent & Stepparent / Padre y Padrastro  Legal Guardian/Custodian / Tutor/Tutor Legal
- 50/50 Custody / Custodio 50/50  Foster Parent(s) / Padres De Crianza  Other /Otro:
- Mother Only / Solo Madre  Father only / Solo Padre

Parent/Guardian 1 \_\_\_\_\_ Resides w/ Child \_\_\_\_\_  
**Padre/Tutor 1** \_\_\_\_\_ **Reside con el Niño**  Yes / Si  No

Primary Phone Number \_\_\_\_\_ Alternate Number #1 \_\_\_\_\_  
**Número de teléfono primario Número** **Alternativo #1 Número**

#2 Parent/Guardian 2 \_\_\_\_\_ Resides w/ Child \_\_\_\_\_  
**Padre/ Guardián 2** \_\_\_\_\_ **Reside con el Niño**  Yes / Si  No

Primary Phone Number \_\_\_\_\_ Alternate Number #1 \_\_\_\_\_  
**Número de teléfono primario Número** **Alternativo #1 Número**

**Total number of persons in child's family, including the NC Pre-K child**

**Número total de personas en la familia del niño, incluido el niño de NC Pre-K** \_\_\_\_\_.

Please list the names of <u>parents/guardians</u> and <u>siblings</u> that live in the household. Enumere los nombres de los padres / tutores y hermanos que viven en el hogar.	Relationship to the NC Pre-K Child Relación con el Niño de NC Pre-K	Age Edad	Date of Birth Fecha de Nacimiento
1.			
2.			
3.			
4.			
5.			
6.			

**NOTE: Documentation of each applicable source of family 's income is required. / NOTA: Se requiere documentación de cada fuente aplicable de los ingresos de la familia.**

**Parent/Guardian 1 / Padre/Tutor 1:** \_\_\_\_\_

**Please check all that apply / Por favor marque los que apliquen:**

Employed / Empleado: Yes/Si No

(list average hours worked per week /indique el promedio de horas trabajadas por semana): \_\_\_\_\_

- Seeking Employment / Buscando empleo
- Attending job training / Asistiendo a entrenamiento de trabajo
- Attending secondary education / Asistiendo a educación secundaria
- Attending high school/GED / Asistiendo a la escuela secundaria/GED

<b>Current Wages BEFORE Taxes / Los Salarios Actuales ANTES de Impuestos</b>	\$ _____	This amount is Esta cantidad es	Yearly anual	Monthly mensual	Twice a Month Dos veces al mes	Bi-weekly quincenal	Weekly semanal
<b>Alimony / Pension Alimenticia</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Support / Sustento de Menores</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Workers' Comp / Compensacion al trabajador</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unemployment / Desempleo</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SSI</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parent/Guardian 2 / Padre/Tutor 2:** \_\_\_\_\_

**Please check all that apply / Por favor marque los que apliquen:**

Employed / Empleado: Yes / Si No

(list average hours worked per week /indique el promedio de horastrabajadas por semana): \_\_\_\_\_

- Seeking Employment / Buscando empleo
- Attending job training / Asistiendo a entrenamiento de trabajo:
- Attending secondary education / Asistiendo a educaciónsecundaria:
- Attending high school/GED / Asistiendo a la escuela secundaria/GED

<b>Current Wages BEFORE Taxes / Los Salarios Actuales ANTES de Impuestos</b>	\$ _____	This amount is Esta cantidad es	Yearly anual	Monthly mensual	Twice a Month Dos veces al mes	Bi-weekly quincenal	Weekly semanal
<b>Alimony / Pension Alimenticia</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Support / Sustento de Menores</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Workers' Comp / Compensacion al trabajador</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unemployment / Desempleo</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SSI</b>	\$ _____	This amount is Esta cantidad es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's name / Nombre del Niño: \_\_\_\_\_

English

Español

<p><b>Language *Required</b> What is the primary language spoken with the child at home?</p> <p>Does your child speak and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In what language would you prefer your child to be screened (<b>check one</b>)? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Burmese <input type="checkbox"/> French <input type="checkbox"/> Montagnard <input type="checkbox"/> Jarai <input type="checkbox"/> Rade <input type="checkbox"/> Swahili</p>	<p><b>Idioma *Requisito</b> ¿Cuál es el idioma principal que se habla con el niño en casa?</p> <p>¿Su hijo habla y entiende inglés? <input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>¿En qué idioma le gustaría que su hijo sea evaluado? (marque solo <b>una</b>) <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Árabe <input type="checkbox"/> Vietnamita <input type="checkbox"/> Birmano <input type="checkbox"/> Francés <input type="checkbox"/> Montagnard <input type="checkbox"/> Jarai <input type="checkbox"/> Rade <input type="checkbox"/> Swahili</p>
<p><b>Health *Required</b> <b>Official documentation from a medical provider indicating a child's chronic condition is required. Application cannot be processed without doctor's documentation and signature.</b></p> <p>Does your child have a <b>chronic</b> health condition identified by a medical professional? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the health condition? _____</p>	<p><b>Salud * Requisito</b> <b>Se requiere la documentación oficial del proveedor médico que indique la condición crónica del niño. La solicitud no puede ser procesada sin la documentación y firma del médico.</b></p> <p>¿Tiene su niño alguna condición crónica identificada por un proveedor médico? <input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>En caso afirmativo, ¿cuál es el estado de salud?</p>
<p><b>Military Service *Required</b> <b>Documentation of a parent's military service (includes current active duty and serious injury or death resulting from military service) is required.</b></p> <p>Is at least one parent or legal guardian of this child an active duty member of the military, or was a parent or legal guardian of this child seriously injured or killed while on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Servicio Militar * Requisito</b> <b>Se requiere documentación del servicio militar de los padres (incluyendo servicio militar actual, lesiones graves o muerte en el servicio militar).</b></p> <p>¿Es uno de los padres o tutor legal de este niño un miembro activo de las fuerzas armadas, o el padre o tutor legal de éste niño ha sido gravemente herido o ha muerto durante el servicio activo? <input type="checkbox"/> Si <input type="checkbox"/> No</p>
<p><b>Child's Prior Placement *Required (Check one)</b></p> <p><input type="checkbox"/> My child has never been served in any preschool or child care setting. <input type="checkbox"/> My child is currently unserved (at home now but may have previously been in child care or some other preschool program). <input type="checkbox"/> My child is in unregulated child care. <input type="checkbox"/> My child is in a one or two-star facility. <input type="checkbox"/> My child is not receiving subsidy but is in some kind of regulated child care or preschool program. <input type="checkbox"/> My child is receiving subsidy and is in some kind of regulated child care or preschool program.</p>	<p><b>Ubicación Previa del Niño *Requisito</b> (marque sólo una)</p> <p><input type="checkbox"/> Mi hijo nunca ha asistido al preescolar o guardería. <input type="checkbox"/> Mi hijo no asiste actualmente al preescolar (está en casa ahora, pero pudo haber asistido a la guardería o a algún programa preescolar). <input type="checkbox"/> Mi hijo está en un cuidado de niños que no reglamentado. <input type="checkbox"/> Mi hijo está en un centro calificado con una o dos estrellas. <input type="checkbox"/> Mi hijo no está recibiendo subsidio, pero está asistiendo a un tipo de cuidado infantil o programa preescolar reglamentado. <input type="checkbox"/> Mi hijo está recibiendo subsidio y está en algún tipo de cuidado infantil o programa preescolar reglamentado.</p> <p><b>¿Su niño asistió anteriormente a un Pre-K en Carolina</b></p>
<p><b>Was your child previously served by an NC Pre-K site as a three-year old? *Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>del Norte cuando tenía tres años? *Requisito</b> <input type="checkbox"/> Si <input type="checkbox"/> No</p>

**Development and/or Educational Need \*Required**

Has this child been referred for or identified with a disability by a professional?  Yes  No (If no, skip to next page)

Is the date of referral known?  Yes  No

Date of referral for evaluation of disabilities. \_\_\_\_\_

What was the decision from the disability evaluation for this child?

- No disability identified
- Evaluation decision in process
- One or more disabilities identified.
- Do not know

Type of identified disabilities for this child. Check all that apply:

- Autism Spectrum Disorder
- Deaf-Blindness
- Deafness
- Developmental Delay
- Emotional Disability
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Visual Impairment,
- Speech or Language Impairment
- Traumatic Brain Injury including blindness

Does this child have an active Individual Education Program (IEP) with Northampton County Schools?  Yes  No

Has this child been referred for services related to his/her disability?  Yes  No

Is this child currently receiving services related to his/her disability?  Yes  No

**\*Documentation indicating developmental or educational need is required, if applicable.  
\* Please provide a copy of the child's IEP, if applicable.**

**Desarrollo y/o Necesidad Educativa\*Requisito**

¿Este niño ha sido referido o identificado por un profesional para alguna evaluación por discapacidad?  Si  No (Si no, pase a la página siguiente)

¿Sabe el día que fue referido?  Si  No

Fecha del referido de evaluación de la discapacidad. \_\_\_\_\_

¿Cuál fue la decisión de la evaluación de la discapacidad para este niño:

- Ninguna discapacidad identificada
- Decisión de la evaluación en proceso
- Una o más discapacidades identificadas
- No lo sé.

Tipos de discapacidades identificadas para este niño. Marque todas las que correspondan:

- Trastorno del espectro autista
- Sordo-ciego
- Sordera
- Retraso en el desarrollo
- Discapacidad emocional
- Discapacidad auditiva
- Discapacidad intelectual
- Múltiples discapacidades
- Problema ortopédico
- Otras discapacidades de salud
- Discapacidad específica del aprendizaje
- Discapacidad del habla o lenguaje
- Lesión cerebral traumática
- Discapacidad visual, incluyendo la ceguera

¿El niño tiene un Plan de Educación Individualizada (IEP) activo con las Escuelas del Condado de Northampton County Schools?  Si  No

¿El niño ha sido referido para servicios relacionados p or la discapacidad?  Si  No

¿El niño recibe servicios relacionados por la discapacidad?  Si  No

**\* Se requiere documentación que indique la necesidad tanto del desarrollo como las educativas para el niño si es aplicable.  
\*Por favor proporcione una copia del IEP de su niño.**

**STOP**

Double check that you have answered all required questions and collected the necessary documentation. Failure to answer all questions can delay application processing and your child's possible placement.

**PARE**

Verifique nuevamente que haya respondido todas las preguntas requeridas y haya recopilado la documentación necesaria. El no responder a todas las preguntas puede demorar el proceso de la solicitud y la posible ubicación de su hijo.

**Parent Responsibility and Participation (Please INITIAL for each statement) (Otro lado español)**

\_\_\_\_\_ I understand this is an application for services offered and does not constitute enrollment into any program.

\_\_\_\_\_ I certify that the information given on this application is true and accurate and all income has been reported.

\_\_\_\_\_ I understand this information is being given for receipt of federal and/or state funds. Program staff may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.

\_\_\_\_\_ I authorize Partnering Pre-K agencies (Northampton County Schools and CADA Head Start to exchange information regarding my child for the purpose of determining eligibility for state and federally funded Pre-K Programs and for data collection by the Office of Early Learning and the Division of Child Development and Early Education.

\_\_\_\_\_ I give permission for my child to receive developmental, hearing, vision, dental and/or speech and language screening and for the results of these screenings to be shared with partnering Pre-K Programs (Northampton County Schools).

\_\_\_\_\_ I understand that if my child is selected to participate in the NCPre-K program, parent involvement will be critical to the success of my child and I/we commit to participate as required by the program criteria.

\_\_\_\_\_ I understand that NC Pre-K is designed to serve at-risk children and that every effort shall be made by me and the NC Pre-K program to maintain my child's enrollment and participation.

\_\_\_\_\_ I understand that transportation is provided by Northampton County Schools and children must adhere to the rules and regulations of the transportation department. If I am responsible for providing transportation for my child, I understand that I must adhere to the arrival and departure time of the NC Pre-K Sites at the schools.

\_\_\_\_\_ I understand that my child will need a current, updated health assessment and immunizations before he/she attends a program.

**Parent/Guardian Signature:\*** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ \* If a guardian signs, please attach documentation of guardianship.

**Return completed original application and documentation by mail or in person to:**

Northampton County Schools  
POB 158  
Jackson, NC 27845

Faxed applications will not be accepted.

- Applications must have the following to be complete.  
Check each item below to indicate documentation is attached to the application.
- Proof of birth
  - Proof of income
  - Proof of residency
  - If applicable, documentation of chronic health condition, parent's military service, developmental or educational needs and/or IEP
  - Immunization Record

**\*\*\*\*CONTRACTED ADMINISTRATOR USE ONLY\*\*\*\***

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_



Is your family in transition, temporarily living with friends/family or in a shelter/car/hotel)?

*¿Está su familia viviendo temporalmente con amigos / familiares / en un refugio /en su auto o en un hotel)?*

Yes/Sí       No

Check All that Apply:

*Marque todo lo que corresponda*

Friends/*Amigos*

Family/*Familia*

Shelter/*Refugio*

Car/*Carro*

Hotel/*Hotel*

**CONFIDENTIAL STUDENT HEALTH HISTORY**

This health and development form must be completed by the parent or guardian at admission and prior to each school year. It will be reviewed by the school nurse. From this information, a confidential health list will be generated and distributed to appropriate staff.

Student's Name (Last Name, First) \_\_\_\_\_ Birth Date: (00/00/0000): \_\_\_\_\_

Mother Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Father Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone # \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Office Phone # \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Office Phone # \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

Do you have any health concerns you wish to discuss with the school nurse? \_\_\_ Yes \_\_\_ No

If so, what are some of the things you would like to discuss?

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication on a routine basis? \_\_\_ Yes \_\_\_ No

Does your child take medication during school hours? \_\_\_ Yes \_\_\_ No

If so, please list the name, dosage and purpose of the medication below.

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Purpose: \_\_\_\_\_

*Please contact the school office regarding the "Medication at School" policies if your child must take prescriptions or over-the-counter medications during the school day.*

**DISEASE AND DEVELOPMENTAL HISTORY**

*Please check and explain if your child has a history of, or now has the following conditions or concerns.*

\_\_\_ **My child does not have any health issues at this time**  
\_\_\_ **ADD/ADHD**

\_\_\_ Medication at home \_\_\_ Medication at school

\_\_\_ **Allergies**

\_\_\_ Nebulizer \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

\_\_\_ Bees/Insect

\_\_\_ Foods

\_\_\_ Season

\_\_\_ Allergic to Medication(s)

\_\_\_ **Anemia**

\_\_\_ Bone/Joint Muscle problems \_\_\_\_\_

\_\_\_ **Asthma**

\_\_\_ Nebulizer \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

\_\_\_ Rescue Inhaler at home \_\_\_ Rescue Inhaler in school office

\_\_\_ **Autism Spectrum Disorder**

\_\_\_ **Behavior/Emotional Issues**

\_\_\_ Overactive/shy \_\_\_ Separation Anxiety

\_\_\_ Medication at home \_\_\_ Medication at school

\_\_\_ Trouble making friends \_\_\_ Receiving mental health services

\_\_\_ **Developmentally Delayed**

\_\_\_ **Diabetes**

\_\_\_ Type 1 \_\_\_ Type II \_\_\_ Insulin at school

\_\_\_ **Eczema**

\_\_\_ **Frequent Ear Infections**

\_\_\_ **Frequent Nose Bleeds**

\_\_\_ **Frequent Throat Infection**

\_\_\_ Tonsils/Adenoids removed

\_\_\_ **GERD**

\_\_\_ **Headaches**

\_\_\_ Due to Eyes \_\_\_ Due to Allergies \_\_\_ Migraines

\_\_\_ Medication at home \_\_\_ Medication at school

\_\_\_ **Head Injury or concussion in the past two months**

\_\_\_ **Vision/eye problems**

\_\_\_ Wears glasses/ contacts \_\_\_ History of corrective eye surgery

\_\_\_ **Hearing Problems**

\_\_\_ Hearing Loss \_\_\_ Left \_\_\_ Right

\_\_\_ Hearing Aids \_\_\_ Left \_\_\_ Right

\_\_\_ **Heart Murmur/Disease**

\_\_\_ **Hyperthyroidism**

\_\_\_ Kidney Disease

\_\_\_ **Hypothyroidism**

\_\_\_ **Irritable Bowel Syndrome**

\_\_\_ **Physical Limitations/Activity Restrictions**

\_\_\_ Special Equipment needed at home

\_\_\_ Special Equipment needed at school

\_\_\_ **Seizures**

\_\_\_ Epilepsy \_\_\_ Medication at home

\_\_\_ Febrile

\_\_\_ **Scoliosis**

\_\_\_ Under treatment \_\_\_ Needs evaluation

\_\_\_ **Speech Problems**



1. In case of medical emergency, injury, or serious illness, school personnel will try to reach me personally. If unable to do so, I hereby authorize school personnel to take or send my child to the family physician, dentist, or the hospital.

2. If it is impossible to reach either me, the physician, dentist, or specialist indicated, the school may seek emergency care elsewhere at the expense of the parent/guardian.

3. Also, I give my permission to the School Nurse to share or receive health-related information needed to care for my child with other healthcare providers (doctor, eye doctor, etc.) during the school year.

Parent/ Guardian Signature

Date

**Student Health Services**  
*Individualized Healthcare Plan*

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
School \_\_\_\_\_ Teacher \_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_ Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

**To be completed by Parent/Legal Guardian:**

Health Condition/Diagnosis: \_\_\_\_\_ When was diagnosis made? \_\_\_\_\_  
List/Describe Symptoms: \_\_\_\_\_  
Health Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of most recent visit: \_\_\_\_\_

Please indicate if any of the following is needed for your child during the school day and describe. **(Check all that apply)**

**\*Requires authorization from the healthcare provider.**

\_\_\_ Yes \_\_\_ No \*Activity/P.E. modifications/restrictions List: \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No Assistive Devices List: \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No \*Diet modifications/ restrictions List: \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No \*Medication Administration List: \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No \*Medical Procedure List: \_\_\_\_\_

Please use the space below to list additional concerns and/or provide additional information needed by school staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Signature

Date

**To be completed by Healthcare Provider: (Optional)**

Please provide information to assist school staff in safely caring for student at school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Provider Name (Print)

Signature

Address/Phone/Fax

Date

Phone

Fax

School Nurse Signature

Date

## HOME LANGUAGE SURVEY

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. Determine which ESL Program staff will review the responses, interview the parent as necessary, and/or observe the student to determine the home language. If the parent lists more than one language other than English, the reviewer must determine which one is the child's home language for data collection purposes and document it on this form.
3. If it is determined that a student's home language is other than English, notify ESL staff who will administer the English language proficiency test. Follow your protocol to collect and document the student's scores. Submit a copy of this form with W-APT test scores.
4. Place the original form in the student's cumulative folder and submit a copy to ESL staff at the school.

<b><i>STUDENT INFORMATION</i></b>		
Legal Last Name	Legal First Name	Legal Middle Name
Date of Birth ( <i>mm/dd/yyyy</i> )	School	School Year
Country of student's birth	Student's initial entry into an U.S. school ( <i>mm/dd/yyyy</i> )	
<b><i>HOME LANGUAGE INFORMATION</i></b>		
What is the first language the student learned to speak?		
What language does the student speak most often?		
What language is most often spoken in the home?		
Do you need translation services to understand NCS school records? ___ Yes ___ No		
If so, which language do you prefer _____		
Do you need an interpreter for school system meetings involving your child's education?	___ Yes. Which language _____ ___ No	
Parent/ Guardian Signature		Date (mm/dd/yyyy)
Parent/Guardian(s) Home: _____ Cell: _____ Cell: _____	Parent/Guardian(s) Work Phone Work Number: _____ Work Number: _____	

### CONSENT FOR TECHNOLOGY AND DIGITAL RESOURCE USE

You have the option of denying your child access to the Internet and/or prohibiting them from obtaining an email account. To deny access to one or both services, please complete this form as appropriate, sign, date, and return to your child’s school. Please remember that some school services must be provided via the Internet. Parents will be notified when the school receives the signed form.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_

I have read the NCS system’s Acceptable Use Policy and hereby request to **deny** Internet access for my child.  
 \_\_\_ I **do not** give permission to issue an account for my child and do certify that the information contained in this form is correct.

I have read the NCS system’s Acceptable Use Policy and hereby request to **allow** Internet access for my child.  
 \_\_\_ I **do give** permission to issue an account for my child and do certify that the information contained in this form is correct.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>CONSENT FOR TECHNOLOGY AND DIGITAL RESOURCES USE</b>			
Student’s Legal Last Name	Legal First Name	Middle IN	Student ID <i>(Required)</i>
Printed Name of Parent/Guardian			
Parent’s Signature		Date <i>(mm/dd/yyyy)</i>	
Physical Address		Phone <i>(Home &amp; Cell)</i>	

**STUDENT NAME AND PHOTOGRAPH/VIDEO  
PRIVACY RELEASE**

*This form explains the potential uses of student photographs and video images by Northampton County Schools (NCS) and allows you to grant or deny permission to the NCS to release your child's image for display or publication.*

Yearbook and class photos are handled separately. If you do not want your child to be in the class photographs or yearbook, contact the school directly.

This form also allows a parent or guardian the choice whether or not their student may be identified by name on the school or district's Internet websites. Student names may be released unless a parent or guardian has expressly contacted the school and requested that their student's "directory information" not be shared. However, as a safeguard, the district does not directly publish student names on the Internet unless given permission by a parent or guardian.

The NCS uses internal and external media to highlight the k-12 experience in a variety of ways, which may include the use of photographs and videos of students. For example, student images may be published or displayed in printed materials (such as brochures and newsletters), videos, school websites, and information about school events and activities provided to external organizations and media outlets. Parents have two options for granting or denying consent:

- Parents may deny permission for any display or publication of their student's image. You should select this option if you do not want your student's photograph to be used on the NCS or individual school websites, in NCS or school publications, or in release to external organizations (such as PTA and booster clubs) or the media.
- Parents also may grant permission for their student's image to be published or displayed in print, video, and/or digital media. Select this website, and maybe release it to external organizations (such as PTA and booster clubs) or the media.

Please complete this form and have your student return it to his/her school. This consent form remains valid throughout your student's K-12 experience with NCS or until a new form is completed and signed by a parent/guardian or eligible student.

**The permission regarding Photography/Video/Name release is for \_\_\_\_\_**

*(Student's Last, First, Middle Name)*

**Photo/Video Release**

\_\_\_\_\_ I **deny** permission to use my child's image for display, publication, or release to external organizations.

\_\_\_\_\_ I **grant** permission for use of my child's image in print, video, and/or digital media. I understand my child's image may be used or released by NCS without additional notification and my child's name may appear along with his/her photo.

**Name Release**

\_\_\_\_\_ I **grant** permission for my child to be identified by name on the school or district's website.

\_\_\_\_\_ I **deny** permission for my child to be identified by name on the school or district's website.

Parent Printed Name \_\_\_\_\_

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

\_\_\_\_\_

**NORTHAMPTON COUNTY SCHOOLS'**  
**BUS TRANSPORTATION SERVICE REQUEST**

This form is to request transportation services for students based on their home address or record with NCS. Parents must complete this form approximately one month before the start of school to guarantee bus service on the first day of school. Students must be eligible for transportation to receive services. Eligible students will be added to existing bus stops during the first 30 days of school if there is capacity.

Name of School \_\_\_\_\_  
(student is enrolled)

Grade Level \_\_\_\_\_

Will your student need bus transportation?    \_\_\_ Yes    \_\_\_ No

If yes, when will this student need to be provided with transportation?

\_\_\_\_\_ AM/PM (round-trip)    \_\_\_ AM only (morning rider)

\_\_\_\_\_ PM only (afternoon rider)

Student's Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

**\*\*Student's Physical Address:** \_\_\_\_\_  
(Required)
*House number*
*City,*
*State*
*Zip Code*

Student's Alt Secondary Pick-up Address: \_\_\_\_\_  
*House number*
*City,*
*State*
*Zip Code*

Student's Alt Secondary Drop-Off Address: \_\_\_\_\_  
*House number*
*City,*
*State*
*Zip Code*

Parent #1 Number:    Cell- \_\_\_\_\_    Work- \_\_\_\_\_  
                                  Home- \_\_\_\_\_    Email- \_\_\_\_\_

Parent #2 Number:    Cell- \_\_\_\_\_    Work- \_\_\_\_\_  
                                  Home- \_\_\_\_\_    Email- \_\_\_\_\_

Parent/Guardian Print Name(s): \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_  
Date: \_\_\_\_\_
Date: \_\_\_\_\_

**\*\*ALL TRANSPORTATION DESTINATIONS ARE REQUIRED  
TO BE LOCATED WITHIN NORTHAMPTON COUNTY SCHOOL DISTRICT TO BE SERVED.\*\***



# ZERO INCOME STATEMENT

*Please complete this form if you are currently NOT receiving any household income.*

Directions: Please complete this form if you are not receiving any verifiable or countable income. This includes reportable income such as tax records indicating no income, pay check stubs, award letters from the Social Security Administration, self-employment, child support, alimony, disability benefits, military earnings, workman's compensation, or retirement.

Child's Name: \_\_\_\_\_  
*First Name Middle Name Last Name*

Date of Birth(mm/dd/yyyy): \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ am not receiving any verifiable or countable income at this time. I understand if I should begin receiving verifiable or countable income, I should notify the Northampton County Schools Pre-K Coordinator of any new development.

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**\*Income is REQUIRED by the Division of Child Development and Early Education which funds NC PreK Program.**



# 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.

<p><b>1. Have you or someone in your family worked in any of the following areas below in the last three years?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>2. Have you or your family moved to another school district or to another city or county in the last three years?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
 Work in the _____ of fruits & vegetables, vegetable tobacco, sweet potatoes, nuts, cotton, or agricultural farms, ranches, fields, and vineyards. <input type="checkbox"/>	 Work in a cannery or in a fruit or vegetable packing plant <input type="checkbox"/>	 Work in a dairy <input type="checkbox"/>	 Work in a fishery or on a trout or catfish farm <input type="checkbox"/>
 Working in a slaughterhouse (chicken, cow, or pig) <input type="checkbox"/>	 Working on a poultry or hog farm <input type="checkbox"/>	 Working in a plant nursery <input type="checkbox"/>	Other similar work  sure, please explain: _____ _____ _____
<p>3. How long ago did you arrive in this county? Month _____ Year _____</p> <p>4. Parent(s)' Name(s) _____</p> <p>5. What is your current address? _____</p> <p>6. Phone Number(s): _____</p>			

**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

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## Encuesta Ocupacional

15 of 15

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: \_\_\_\_\_

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