

**CHADBURN ELEMENTARY SCHOOL**  
**KINDERGARTEN REGISTRATION**

20\_\_ - 20\_\_

Things you will need to provide in order for your child's registration to be completed by the first day of school:

1. **CERTIFIED** Copy of Birth Certificate:  
Your child must be 5 years of age on or before August 31, 2019 in order to attend kindergarten for the 20\_\_ 20\_\_ school year.
2. **UP-TO-DATE OR COMPLETED IMMUNIZATION RECORD.**
3. **ORGINIAL SOCIAL SECURITY CARD**
4. **HEALTH ASSESSMENT COMPLETED AND SIGNED BY A PHYSICIAN.**
5. **TWO PROOFS OF RESIDENCY**

**COPIES WILL BE MADE OF THE ABOVE ITEMS AND THE ORGINIALS WILL BE RETURNED TO YOU AT THE TIME OF ENROLLMENT.**

# Chadbourn Elementary School

DEANNA E. SHUMAN  
Principal

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student(s) listed below enrolled in our school on \_\_\_\_\_  
Please send all school records to the above address. Please include the following along with any other records that may be relevant but not listed.

- |   |  |
|---|--|
| <input type="checkbox"/> current grades (this grading period) | <input type="checkbox"/> last 6 weeks/9weeks report card |
| <input type="checkbox"/> attendance report                    | <input type="checkbox"/> discipline report               |
| <input type="checkbox"/> Social Security (copy of card)       | <input type="checkbox"/> immunization                    |
| <input type="checkbox"/> testing record                       | <input type="checkbox"/> scholastic record               |
- special programs records

<u>Name</u>	<u>Grade</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your prompt reply.

Sincerely,

ENROLLMENT FORM

Powerschool Number: \_\_\_\_\_

Bus Number: \_\_\_\_\_

CHADBOURN ELEMENTARY SCHOOL

Date of Enrollment: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher Assigned: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Student's Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Yes \_\_\_\_\_ No Is the student Hispanic or Latino

Race: \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Black or African American \_\_\_\_\_ White  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/other Pac Islander

Student's Place of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Name of Person Student Lives with: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Emergency Medical Information (Allergic Reactions, Seizure Activity, Diabetes, Etc.)

Emergency Contact: These contacts should be someone NOT living at the above 911 address

Emergency Contact:

1: Name, Address, Phone Number \_\_\_\_\_

2: Name, Address, Phone Number \_\_\_\_\_

Transportation Information: Bus Number \_\_\_\_\_, Walker \_\_\_\_\_, Car \_\_\_\_\_

Names of Brothers/Sisters      Age      Grade      Sex      Teacher (Use Back If Needed)

Transfer Information:

Name of Last School Attended in Columbus Co.

Name of Former School: \_\_\_\_\_

(if applicable)

Address of Former School: \_\_\_\_\_

Phone Number of Former School: \_\_\_\_\_

CHADBOURN ELEMENTARY SCHOOL

409 East Third Street

Chadbourn, NC 28431

910-654-3825

Fax 910-654-5366

Deanna Shuman, Principal

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student(s) listed below enrolled in our school on \_\_\_\_\_  
Please send all school records to the above address. Please include the following along  
with any other records that may be relevant but not listed.

- current grades (this grading period)
- attendance report
- Social Security (copy of card)
- testing record
- last 6 weeks/9 weeks report card
- discipline report
- immunization
- scholastic record
- special programs records

<u>Name</u>	<u>Grade</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your prompt reply.

Sincerely,

Columbus County Schools  
Whiteville, NC 28472

PERMISSION TO OBTAIN OR RELEASE INFORMATION

Chapter 115C of the General Statutes of North Carolina states that parental consent is not required prior to the release of educational records to officials of another school or local educational agency in which the student intends to enroll or obtain services. In accordance with Columbus County Board of Education Policy (Parent Involvement 1310/4002: E6), your permission is required to release information to other agencies and individuals. Thanks you for your cooperation.

I hereby authorize \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to release specified information in the record of

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

To the following: **CHADBOURN ELEMENTARY SCHOOL**

**409 East Third Street**

**Chadbourn, NC 28431**

The nature and extent of the information includes but not limited to: grades at time of withdrawal, test scores (EOG, computer skills, and writing assessment in NC), health and immunization records, discipline records, exceptional children's information and any additional information that will aid his/her adjustment here.

The information will be used for educational placement.

I understand that I may withdraw this permission at any time. I further understand that the release of information is valid until such time as permission is withdrawn.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**I. Student Legal Name:**

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Document Copies Required:**

Certified Birth Certificate

Immunization Record

**II. Proof of Residency:**

Parent or Legal Guardian/Custodian Name:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

911 Address of Student & Parent or Legal Guardian/Custodian

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Document Copies Required (must provide 2 of the following):**

Utility Bill (electric, phone, water, cable)

Rent Receipt/House Contract

Tax Listing (property/house in which you are residing)

Other

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

(School Social Worker may visit the residence to verify given information)

**III. Enrollment Affidavit**

I, \_\_\_\_\_, being first duly sworn (or affirmed), do depose and say under penalty of perjury that the following is true of my own knowledge:

1. I am the parent, legal guardian (court ordered) or legal custodian (D&S appointed) of the student above named;
2. I am domiciled at the above address;
3. My phone number is stated above;
4. This student is not currently under suspension or expulsion from attendance at a public or private school;
5. This student is not now or never has been convicted of a felony in this or any other state;
6. I understand that my child may be denied admission to Columbus County Schools based on information required by this Affidavit.

**By my signature, I affirm that the information stated above is true:**

\_\_\_\_\_  
Signature of Parent, Legal Guardian, or Legal Custodian

\_\_\_\_\_  
Date

# COLUMBUS COUNTY SCHOOLS

## Home Language Survey

Date: \_\_\_\_\_

School Year 20\_\_\_\_-20\_\_\_\_

- The U.S. Office for Civil Rights and North Carolina State Board of Education (SBE) policy HSP-K-000 (16 NCAC 6D.0106) require that a home language survey (HLS) be administered to all students upon initial enrollment. The home language survey is used to help determine if the student is a language-minority student. If the answer to any question on the home language survey is "other than English," the student is considered a language minority student. However, once the home language survey has been completed by the parent/guardian, the school may consult with the parent/guardian to determine if the survey was completed correctly.
- The survey should be completed by the parent/guardian at the time of enrollment.
- All questions, including the date of enrollment, must be answered. If a parent/guardian cannot complete this form in English, please use the Spanish version.
- If any answer is "other than English," the ESL teacher should be notified immediately.
- Completed copies of the survey are to be filed in the student's cumulative record.

Student: \_\_\_\_\_  
Last
First
Middle

School: CHADBOURN ELEMENTARY SCHOOL Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Student's Place of Birth: \_\_\_\_\_ Birth Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Student's initial entry to a United States school: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Last
First
Middle

1. What language did your son/daughter learn when he/she began to speak? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you most frequently speak with your son/daughter? \_\_\_\_\_
4. Besides languages studied in school, does your son/daughter speak any language(s) other than English?  
 No \_\_\_\_\_  
 Yes \_\_\_\_\_ Which language(s)? \_\_\_\_\_

If the answer to any of the four questions above is a language other than English, your child may qualify for English as a Second Language service. Any answer other than English will require that the WAPT (WIDA ACCESS Placement Test), be administered to the student within the first 30 days of initial school enrollment. If the student is designated limited English proficient (LEP), the ACCESS for ELLs (Assessing Comprehension and Communication in English State-to-State for English Language Learners) test, will be administered during the spring semester.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# *Chadbourn Elementary School*

## *Student/Parent/Teacher Contract*

### *2019-2020*

The State Board of Education and the Columbus County Board of Education have adopted policies requiring students to meet state and local standards for promotion. The Boards believe that learning can take place best when there is shared effort, interest and motivation by students, parents, and staff. This contract is an agreement to work in partnership to meet that goal.

We are committed to \_\_\_\_\_'s success in school and promise to work together to promote his/her achievement.

As a student, I will

- attend school regularly;
- be prepared for school each day (have necessary materials and homework);
- read (or be read to) at least 15 minutes per day;
- follow the Student Code of Conduct (school rules);
- discuss what I am learning in school with my parents(s)/guardian(s);
- ask my teacher questions when I don't understand something and
- respect myself and the rights of others

STUDENT'S SIGNATURE: \_\_\_\_\_

As a parent/guardian, I will

- have my child at school and on time on each day;
- communicate regularly with my child's teacher through conferences, reviewing and discussing school work, and phone calls, etc.;
- read, sign and return my child's progress reports;
- provide ample, quiet study time at home and encourage good study habits;
- monitor my child's homework;
- encourage my child to read (or be read to) nightly;
- support the school staff in their efforts to promote appropriate behavior;
- talk to my child about his/her school activities every day and
- become more knowledgeable of policies and requirements regarding standards for promotion.

Parent/Guardian Signature: \_\_\_\_\_

As the classroom teacher, I will

- teach the *North Carolina Common Core Essential Standards*.
- explain my expectations, instructional goals, and grading system to the students;
- explain the Student Code of Conduct (school rules) to the students;
- implement techniques and materials that work best for each student;
- provide a climate that is conducive to learning;
- provide enrichment and remediation opportunities for the student as needed and
- participate in ongoing professional development.

TEACHER'S SIGNATURE: \_\_\_\_\_

Mrs. Shuman, the principal, is committed to providing a safe and orderly environment that is conducive to learning. As the instructional leader of the school she will support the teachers in their efforts to teach all students. Opportunities for the establishment and attainment of high expectations will be made to all students. Parent involvement is essential as we work to give your child the best educational experience possible.

PRINCIPAL'S SIGNATURE: \_\_\_\_\_



**Escuela Primaria Chadbourn**  
**Contrato de estudiante / padre / maestro**  
**2019-2020**

La Junta de Educación del Estado y la Junta de Educación del Condado de Columbus han adoptado políticas que requieren que los estudiantes

Cumplir con los estándares estatales y locales para la promoción. Los Consejos creen que el aprendizaje puede tener lugar mejor cuando se comparte esfuerzo, interés y motivación por parte de los alumnos, padres y personal. Este contrato es un acuerdo para trabajar en sociedad para cumplir ese objetivo

Estamos comprometidos con el éxito de \_\_\_\_\_ en la escuela y prometemos trabajar juntos para promover su logro.

Como estudiante, lo haré

- asistir a la escuela regularmente;
- estar preparado para la escuela todos los días (tener los materiales y tareas necesarios);
- leer (o leer) por lo menos 15 minutos por día;
- seguir el Código de Conducta del Estudiante (reglas de la escuela);
- discutir lo que estoy aprendiendo en la escuela con mis padres / tutores legales;
- hacer preguntas a mi maestro cuando no entiendo algo y
- respetarme y respetar los derechos de los demás

FIRMA DEL ESTUDIANTE:

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Como padre / tutor, lo haré

- tener a mi hijo en la escuela y a tiempo todos los días;
- comunicarse regularmente con el maestro de mi hijo a través de conferencias, repasando y discutiendo el trabajo escolar, y llamadas telefónicas, etc .;
- leer, firmar y devolver los informes de progreso de mi hijo;
- proporcionar un amplio y tranquilo tiempo de estudio en casa y fomentar buenos hábitos de estudio;
- supervisar la tarea de mi hijo;
- alentar a mi hijo a leer (o que le lean) todas las noches;
- apoyar al personal de la escuela en sus esfuerzos por promover un comportamiento apropiado;
- hablar con mi hijo sobre sus actividades escolares todos los días y
- conocer mejor las políticas y los requisitos con respecto a los estándares para la promoción.

Firma del Padre / Tutor:

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Como maestro de aula, lo haré

- enseñar los *Estándares Esenciales Básicos Comunes de Carolina del Norte*.
- explicar a mis alumnos mis expectativas, objetivos de instrucción y sistema de calificaciones;
- explicar a los estudiantes el Código de conducta del estudiante (reglas de la escuela);
- implementar técnicas y materiales que funcionen mejor para cada estudiante;
- proporcionar un clima propicio para el aprendizaje;
- proporcionar oportunidades de enriquecimiento y remediación para el estudiante según sea necesario y
- participar en el desarrollo profesional continuo.

FIRMA DEL PROFESOR: \_\_\_\_\_

La Sra. Shuman, la directora, está comprometida a proporcionar un ambiente seguro y ordenado que sea propicio para el aprendizaje. Como la líder de instrucción de la escuela apoyará a los maestros en sus esfuerzos para enseñar a todos los estudiantes. Oportunidades para El establecimiento y el logro de altas expectativas se harán a todos los estudiantes. La participación de los padres es esencial ya que trabaje para darle a su hijo la mejor experiencia educativa posible.

FIRMA DEL DIRECTOR: \_\_\_\_\_

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Kindergarten  
Health Status Record

Name \_\_\_\_\_ Age \_\_\_\_\_

**1. History**

Accident (serious) _____	<b>Mark each item: 0=no X=yes</b>	Heart Problem _____	Seizures _____
Allergies & Reaction (medicines, food, insects) _____	Headaches _____	Date of last _____	Medications? _____
Asthma _____	Hemophilia/Bleeding Problems _____	Sickle Cell _____	Sore Throat or Tonsillitis _____
Date of last attack _____	High Fevers _____	Speech Problem _____	Receiving Therapy _____
Medication _____	Measles _____	Rubella(German) _____	Rubeola (Red) _____
Broken Bones _____	Mumps _____	Surgery _____	Over- weight _____
Chicken Pox _____	Orthopedic Problem _____	Under- weight _____	Whooping Cough _____
Or Vaccine _____	Rheumatic Fever _____	(Pertussis) _____	Scarlet Fever _____
Frequent Colds/Viruses _____	Diabetes _____	Medications _____	Earaches _____
Hearing Problems _____	Eyes(vision) _____	Wears glasses/contacts _____	

2. Briefly describe any serious illness or emotional trauma from birth to present time:

3. If your child is presently under medical care for any health problem, briefly describe it:

4. If your child is presently taking any medicine regularly, what is the name and what is it for?

5. Briefly describe any significant problems for you child at or around the time of birth:

Are there difficulties your child has now, that you believe are a result of birth problems? \_\_\_\_\_

If yes, briefly describe:

6. Is your child covered by Medicaid insurance at this time? Yes No

Who is your child's doctor? \_\_\_\_\_

7. I hereby give my permission for my child (named above) to have the following, if necessary.

a. In an emergency to be transported to nearest or most reasonable physician, dentist, hospital (when parents can't be reached or need appears urgent)

b. For inspection or screening by appropriate personnel for communicable diseases OR routine screening such as vision, hearing, dental, oral, skin, and scalp, development and orthopedic, as set forth in Division of Health Standards.

\_\_\_\_\_ date \_\_\_\_\_ witness signature \_\_\_\_\_ parent signature

8. Follow-up Needs: Shot Record \_\_\_\_\_ Physical \_\_\_\_\_ Emergency Plan \_\_\_\_\_ (Type) \_\_\_\_\_

Shots needed DTP \_\_\_\_\_ Polio \_\_\_\_\_ MMR \_\_\_\_\_ Hib \_\_\_\_\_ Hep \_\_\_\_\_

**TO: PARENTS/GUARDIANS**  
**FROM: CHADBOURN ELEMENTARY SCHOOL**  
**RE: STUDENT IMAGE USE**

**DATE:**

Columbus County Schools uses photographs, video or illustrations of students for many purposes. Such material may be used in websites, newsletters, publications, productions or presentations produced by the school system, in products produced by teachers, or students as a part of a licensure requirement or a classroom assignment, by the news media in school-related news coverage, or in other similar forms of communication.

This form allows you as the parent or guardian to choose whether your child may be part of a videotape, photograph or other illustration used by Columbus County Schools, the news media, a teacher, or a student. Please check in one of the two boxes, complete the information form and return the form to your child's school by \_\_\_\_\_.

Check One:

- I give permission to Columbus County Schools, the news media, or teachers/ students to make, use and publish photographs, video or illustrations of my child in any medium.
- I do not give permission for my child to be included in presentations by Columbus County Schools, the news media, or teachers/students/ students.

**CHADBOURN ELEMENTARY SCHOOL**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's School

\_\_\_\_\_  
Student's Teacher

\_\_\_\_\_  
Student's Grade

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Address and Phone Number

STATE OF NORTH CAROLINA

NAME OF MINOR CHILD REFERRED TO

COUNTY OF COLUMBUS

BELOW: \_\_\_\_\_

I HEREBY RELEASE THE COUNTY OF COLUMBUS, Columbus County Health Department, and the State of North Carolina, and any of their agents, employees, servants, or professional personnel from any liability resulting from bodily injury to the minor child named above of \_\_\_\_\_ years old, as the parent or guardian of the child so long as they are acting in a professional medical manner and rendering or attempting to render a professional service to the Child. I agree, in consideration of the rendering of the professional medical services to the child, to indemnify and hold harmless those listed above against any loss from any and all claims that may be made by the minor or any person on behalf of the minor for the purpose of enforcing any claim for damages on account of injuries sustained in consequences of any accident to which medical aid was entered, given, or attempted to be given. I further agree that the County of Columbus, and the others listed above have not waived any right which they may have had, or may continue to have under the laws of the State of North Carolina with respect to the good samaritan statute found therein.

The consideration for this agreement is the rendering of professional medical aid by any person or organization named above on behalf of the child named above.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or Guardian

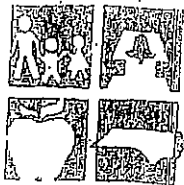
## INTERNET SAFETY/TECHNOLOGY RESPONSIBLE USE

\_\_\_\_\_  
Student Name

I acknowledge that I have read and received a copy of the Internet Safety and Technology Responsible Use Policy.

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

\_\_\_\_\_  
Date



# Public Schools of North Carolina

State Board of Education  
Philip J. Kirk, Jr., Chairman  
<http://www.dpi.state.nc.us>

Department of Public Instruction  
Michael B. Ward, State Superintendent

## Migrant Education Program Occupational Survey

Student's Name:

	Last Name	First Name	Gender	Race
School:			Grade:	

The Migrant Education Program through the North Carolina Department of Public Instruction provides support and instructional services to children and families that have migrated to North Carolina within the last 3 years. To qualify in the program the families must have migrated searching temporary or seasonal work in agriculture or fishing activities. The program enrolls children in the ages of 3 to 21 years of age (whether they attend school or not). 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. Did you or someone in your family come in search of temporary or seasonal work in agriculture (examples: working with tobacco, sweet potatoes, cotton, apples, nurseries, trees, etc), or fishing activities (processing fish, crab houses, etc), or any plant processing foods (pork, chickens, turkeys, etc).

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Please indicate which member of the family performs or did this kind of work:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Children \_\_\_\_\_ Others \_\_\_\_\_

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

4. If your current job is not related to temporary work in agriculture or fishing, did you or someone in your family work in such activities in the last 3 years?

YES \_\_\_\_\_ NO \_\_\_\_\_

Where?

City

State

5. What is your current address?

City

Zip Code



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TO: Parent/Guardian  
FROM: Woodburn Elem. School  
RE: Student Image Use  
DATE: \_\_\_\_\_

Columbus County Schools uses photographs, video or illustrations of students for many purposes. Such material may be used in websites, newsletters, publications, productions or presentations produced by the school system, in products produced by teachers, or students as a part of a licensure requirement or a classroom assignment, by the news media in school-related news coverage, or in other similar forms of communication.

This form allows you as the parent or guardian to choose whether your child may be part of a videotape, photograph or other illustration used by Columbus County Schools, the news media, a teacher, or a student. Please check in one of the two boxes, complete the information form and return the form to your child's school by \_\_\_\_\_

Check One:

I give permission to Columbus County Schools, the news media, or teachers/ students to make, use and publish photographs, video or illustrations of my child in any medium.

I do not give permission for my child to be included in presentations by Columbus County Schools, the news media, or teachers/students/ students.

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Student's Name \_\_\_\_\_ Student's School \_\_\_\_\_

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Student's Teacher \_\_\_\_\_ Student's Grade \_\_\_\_\_

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Printed Name of Parent/Guardian \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Parent/Guardian Address and Phone Number \_\_\_\_\_





# 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)

M  F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin:  1 Yes  2 No

Race:

- 1 Other Non-White
- 2 White
- 3 Black
- 4 American Indian
- 5 Chinese
- 6 Japanese
- 7 Hawaiian
- 8 Filipino
- 9 Other Asian
- 10 Unknown

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 2016

### 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):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health  
HEALTH AND HUMAN SERVICES

# STUDENT PROFILE

## Student Information Verification

*Please complete and return to school as soon as possible.*

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Teacher: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_ Father's Workplace: \_\_\_\_\_ Father's Day Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Mother's Workplace: \_\_\_\_\_ Mother's Day Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_ Who has custody? \_\_\_\_\_

Bus# \_\_\_\_\_

### EMERGENCY CONTACTS

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Name: \_\_\_\_\_

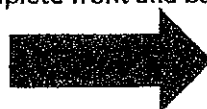
Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Siblings: \_\_\_\_\_

Please complete front and back sides



**STUDENT PROFILE**  
**Student Information Verification**

\*\*\*\*\*Important Medical Information\*\*\*\*\*

Please check all that apply:

\_\_\_\_ Asthma (Last attack \_\_\_\_\_), Uses Inhaler \_\_\_\_ Yes \_\_\_\_ No, Daily Medication \_\_\_\_\_)

\_\_\_\_ Seizure (Last Seizure \_\_\_\_\_/Daily Medication \_\_\_\_\_)

\_\_\_\_ Diabetes (Insulin Dependent: \_\_\_\_ Yes \_\_\_\_ No)

\_\_\_\_ Severe Allergies ( \_\_\_\_ Food/Environmental, \_\_\_\_ Insect bites/stings) Medication: \_\_\_\_\_

\_\_\_\_ Bleeding Disorders: \_\_\_\_ Hemophilia; \_\_\_\_ Sickle Cell; Date of last hospitalization: \_\_\_\_\_

\_\_\_\_ Behavior Disorders: \_\_\_\_\_

\_\_\_\_ Does your child wear glasses/contacts? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Does your child wear hearing aid (s)? \_\_\_\_ Yes \_\_\_\_ No

Has your child had any head injury or concussion within the last year? \_\_\_\_ Yes \_\_\_\_ No; If so: have they been released from their doctor to resume a normal routine? \_\_\_\_ Yes \_\_\_\_ No; Please explain: \_\_\_\_\_

\_\_\_\_ Recent illness/hospitalization/surgery; Please explain: \_\_\_\_\_

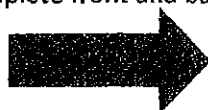
\_\_\_\_ Other: Please explain: \_\_\_\_\_

Will medication be required at school? \_\_\_\_ Yes \_\_\_\_ No; If so, please list: \_\_\_\_\_

Is medication given daily at home? \_\_\_\_ Yes \_\_\_\_ No; If so, please list: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please complete front and back sides



COLUMBUS COUNTY SCHOOLS  
817 Washington St., Whiteville, NC 28472  
(910) 642-5168

**IMMUNIZATION AND HEALTH ASSESSMENT REQUIREMENTS FOR NC PUBLIC SCHOOL ENTRY**

rev 2/1/16

**30 CALENDAR DAY DEADLINE:** If a certificate of immunization/health assessment is not presented on or before the first day, the principal shall present a notice of deficiency to the parent, guardian, or responsible person. The parent, guardian, or responsible person shall have 30 calendar days from the first day of attendance to present the required certificate of immunization/health assessment for the child. Upon termination of 30 calendar days, the principal shall not permit the child to attend the school until the required certificate of immunization and/or health assessment has been presented.

**HEALTH ASSESSMENT GS 130A-440**

Every child in North Carolina public schools, entering Kindergarten or a higher grade for the first time are required by law to submit proof of a health assessment. The health assessment shall be made no more than 12 months prior to the date the child would have first been eligible for initial entry in the public schools. The health assessment must be conducted by a physician licensed to practice medicine, a physician's assistant (GS. 90.1a), a certified nurse practitioner, or a public health nurse meeting the Department's Standards for Early Periodic Screening, Diagnosis, and Treatment Screening. The health assessment shall include a medical history and physical examination with screening for vision/hearing and if appropriate, testing for anemia and tuberculosis; it may also include dental screening and developmental screening for cognition, language and motor function.

**IMMUNIZATION LAW GS 130A-155:**

The parent/guardian shall present a Certificate of Immunization on the child's first day of attendance. Below are the immunizations required for school entry. For complete information, please visit [www.immunize.nc.gov](http://www.immunize.nc.gov).

**Diphtheria/ tetanus/ pertussis (whooping cough) - five doses:** three doses by age seven months; and 2 booster doses, the first by age 19 months and the second on or after the fourth birthday and before entering school for the first time. However: Individuals who receive the first booster dose of diphtheria/tetanus/pertussis vaccine on or after the fourth birthday are not required to have a second booster.

**Poliomyelitis vaccine - four doses:** two doses of trivalent type by age five months; a third dose trivalent type before age 19 months; and a booster dose of trivalent type on or after his or her fourth birthday and before entering school for the first time. However: An individual attending school who has attained his or her 18th birthday is not required to receive a polio vaccine. The requirements for the booster dose on or after the fourth birthday do not apply to individuals who began school before July 1, 2015. Individuals who receive the third dose of poliomyelitis vaccine on or after the fourth birthday are not required to receive a fourth dose if the third dose is given at least six months after the second dose.

**MMR (Measles-Mumps-Rubella)**

**Measles (rubeola) vaccine - two doses** of live, attenuated vaccine administered at least 28 days apart: the first dose on or after age 12 months and before age 16 months; and a second dose before entering school for the first time. However: An individual who has been documented by serological testing to have a protective antibody titer against measles is not required to receive measles vaccine.

**Rubella vaccine - one dose** of live, attenuated vaccine on or after age 12 months and before age 16 months. However:

An individual who has laboratory confirmation of rubella disease or who has been documented by serological testing to have a protective antibody titer against rubella is not required to receive rubella vaccine.

**Mumps vaccine - two doses:** the first dose of live, attenuated vaccine administered on or after age 12 months and before age 16 months; and a second dose before entering school, college or university for the first time. However:

An individual who has laboratory confirmation of disease, or has been documented by serological testing to have a protective antibody titer against mumps is not required to receive the mumps vaccine.

**Haemophilus influenzae, b conjugate vaccine - three doses** of HbOC or PRP-T or two doses of PRP-OMP before age 7 months and a booster dose of any type on or after age 12 months and by age 16 months. However: *No individual who has passed his or her fifth birthday is required to be vaccinated against Haemophilus influenzae, b.*

**Hepatitis B vaccine - three doses:** the first dose by age 3 months, a second dose before age 5 months and a third dose by age 19 months. However: The last dose of the hepatitis B vaccine series shall not be administered before 24 weeks of age.

**Varicella vaccine - two doses** administered at least 28 days apart; one dose on or after age 12 months of age and before age 19 months; and a second dose before entering school for the first time. However: An individual who has laboratory confirmation of varicella disease immunity or has been documented by serological testing to have a protective antibody titer against varicella is not required to receive varicella vaccine. An individual who has documentation from a physician, nurse practitioner, or physician's assistant verifying history of varicella disease is not required to receive varicella vaccine. The documentation shall include the name of the individual with a history of varicella disease, the approximate date or age of infection, and a healthcare provider signature. The requirement for the second dose of varicella vaccine shall not apply to individuals who enter Kindergarten or first grade for the first time before July 1, 2015.

**Pneumococcal conjugate vaccine - Four doses;** 3 doses by age 7 months and a booster dose at 12 through 15 months of age. However: *No individual who has passed his or her fifth birthday shall be required to be vaccinated against pneumococcal disease.*

**7<sup>TH</sup> GRADE IMMUNIZATION REQUIREMENTS (new July 1, 2015)**

**Meningococcal conjugate vaccine - two doses:** one dose is required for individuals entering the seventh grade or by 12 years of age, whichever comes first, on or after July 1, 2015. A booster dose is required by 17 years of age or by entering the 12th grade. However: The first dose does not apply to individuals who entered seventh grade before July 1, 2015.

The booster dose does not apply to individuals who entered the 12<sup>th</sup> grade before August 1, 2020. If the first dose is administered on or after the 16<sup>th</sup> birthday, a booster dose is not required. An individual born before January 1, 2003 shall not be required to receive a meningococcal conjugate vaccine.

A booster dose of tetanus/diphtheria/pertussis (whooping cough) vaccine-Tdap is required for individuals who have not previously received it and are entering the seventh grade or by 12 years of age, whichever comes first.

**FOUR DAY RULE:** The healthcare provider shall administer immunizations in accordance with this Rule. However, if a healthcare provider administers vaccine up to and including the fourth day prior to the required minimum age, the individual dose is not required to be repeated. Doses administered more than four days prior to the requirements are considered invalid doses and shall be repeated.

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