



Enrollment begins April 1, 2023.

Your child must be five (5) years old on or before August 31, 2023 to be eligible for enrollment.

Parents, guardians or court-appointed custodians must submit documents from each of the following categories to your child's elementary school in order to register the student for kindergarten for the upcoming school year.

Birth Certificate	Proof of Residency (choose two)
<ul style="list-style-type: none"> Child's certified birth certificate. 	<p>All items must be in the name of the parent(s), guardian(s) or court-appointed custodian:</p> <ul style="list-style-type: none"> ▶ Utility bill. Only the following are accepted: <ul style="list-style-type: none"> • electric bill • natural gas bill • water bill ▶ Lease agreement ▶ Driver's license (or State ID issued by NCDMV) and
<p>Health records (both required)</p>	
<ul style="list-style-type: none"> North Carolina Health Transmittal Form Immunization (shot) record from your child's health care provider. 	<ul style="list-style-type: none"> voter registration card ▶ Driver's license (or State ID) and car registration ▶ Driver's license (or State ID) and letter from employer verifying address. Letter from employer must be on company letterhead. ▶ Driver's license (or State ID) or voter registration and Medicaid card.

How do I obtain a certified copy of my child's certified birth certificate?

- Contact the Register of Deeds in the county or state where your child was born.
- Columbus County: Register of Deeds (910) 640-6625, M-F 8:30 am-5:00 PM. Cost is \$10.00 per certified copy.

How do I obtain my child's health records?

- The North Carolina Health Transmittal Form is the form the health care provider fills out after examining your child and is required by state law. Forms are available at elementary schools and some pediatrician offices. You may also download the form from our website at: www2.columbus.k12.nc.us/ces and click on "ENROLLMENT" and then "NC Health Transmittal Form".
- You can get a copy of your child's immunization records from your child's health care provider. Immunizations required by the state law include:
 - ✓ Diphtheria, Tetanus, acellular Pertussis (DtaP). Five (5) doses are required. If fourth dose is after the child's fourth birthday, the fifth dose is not required.
 - ✓ Inactivated Polio Vaccine or Oral Polio Vaccine (IPV or OPV). Four doses required. The booster (4th) dose is required on or after the 4th birthday and before entering school for the first time.
 - ✓ Measles. Two doses, with first dose on or after child's first birthday.
 - ✓ Mumps. One dose on or after the child's first birthday.
 - ✓ Rubella. One dose on or after the child's first birthday.
 - ✓ Haemophilus Influenza Vaccine (Hib). One dose.
 - ✓ Hepatitis B. Three doses. This vaccine is required for all children born on or after July 1, 1994.
 - ✓ Varicella. Two doses administered at least 28 days apart. This vaccine is required for all children born on or after April 1, 2001. The second dose before entering school for the first time.

What if my family is in transition?

- If you are experiencing homelessness, your child has certain educational rights under federal legislation. Forms and information are available at each school.
- A *Student in Transition Affidavit* must be completed for each child. For questions, contact the office of Homelessness and Transitional Services at 1 (336) 370-2329.

How may I help my child get ready for kindergarten?

- Make sure your child gets plenty of sleep each night. (10 to 12 hours recommended.)
- Show interest in your child's play by talking about it or joining them. Ask questions and introduce some new ideas. For example, if your child is playing grocery store, use old food boxes and write the "price" of the food on the box. You can cut up paper to use for money and "buy" things at the store.
- Talk about feelings with your child. Talk about how people feel when things happen. For example, "Your grandfather is happy when you draw him a picture."
- Offer your child a variety of healthy foods and teach them to clean up small spills and messes. Have your child help with mealtime routines. Give them small chores or tasks to complete.
- Try to leave enough time for your child to dress themselves in the mornings. Have your child practice with zippers and buttons.
- Encourage your child to try new challenges such as climbing, kicking, catching, and throwing.
- Talk with and listen to your preschooler by asking and answering questions. Introduce new words when possible.
- Whatever language you speak in the home, continue to use it at home and in our community. Learning two languages is good for a child's development.
- Try to read picture books every day. Read the words or make up your own story. Talk about the pictures and ask questions about the story. Re-read favorite stories.
- Ask your child to tell stories.
- Encourage your child's interests and curiosity. Get books from the library about things your child finds interesting such as sports, insects, animals, super heroes or flowers.
- Count and measure things in your daily routines. Ask questions to encourage your child to count, compare, and predict. For example, "Let's count how many cars are parked on this street."
- Provide opportunities for your child to cut, draw, paste, and write.
- Practice identifying the following colors: red, yellow, green, purple, orange, blue, brown, and black.

In compliance with federal laws, Columbus County Schools administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and allowed by law.

Columbus County Schools - Enrollment / Registration Form

I. STUDENT LEGAL NAME

Last	First	Middle

Document Copies Required:

- Certified Birth Certificate Immunization Record Social Security Card

II. PROOF OF RESIDENCY

Parent or Legal Guardian/Custodian Name:

Last	First	Middle

911 Address of Student and Parent or Legal Guardian/Custodian

City	State	Zip
------	-------	-----

Home Phone: _____

Cell Phone: _____

Work 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 parent or legal guardian/custodian are residing)
- Other

Verified by: _____

Date: _____

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 (DSS appointed) of the student named above;
 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 above information stated is true and correct:

Signature of Parent or Legal Guardian or Legal Custodian

Date: _____

Chadbourn Elementary School
409 E Third Ave, Chadbourn, NC 28431 ■ (910) 654-3825

STUDENT PROFILE VERIFICATION

SY: _____
Teacher: _____
Grade: _____
NCEdID# _____
RESERVED FOR SCHOOL USE ONLY.

PLEASE UPDATE THIS INFORMATION AND RETURN TO SCHOOL IMMEDIATELY.

Name: _____
LAST FIRST MIDDLE

Birthdate: _____
MM/DD/YYYY

ETHNICITY: (Check all that apply.)		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian / Other Pac Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino
Two or more boxes may be checked.		

SSN: _____

Gender: _____ **Birthplace:** _____
TOWN/CITY STATE ABBREVIATION

Street Address: _____
Number Street Name City State ZIP

Mailing Address: _____
Number Street Name/ PO BOX City State ZIP

Mailing address is the SAME as Street address. <input type="checkbox"/> YES <input type="checkbox"/> NO	Father's Full Name: _____	PHONE & EMAIL IS REQUIRED
	Father's Workplace: _____	
Mother's Full Name: _____		
Mother's Workplace: _____		
Father's Day Phone: _____		
Father's Cell Phone: _____		
Father's Email Address: _____		
Which number is preferred to be called FIRST? (Please circle ONLY ONE.) DAY or CELL		
Mother's Day Phone: _____	PHONE & EMAIL IS REQUIRED	
Mother's Cell Phone: _____		
Mother's Email Address: _____		
Which number is preferred to be called FIRST? (Please circle ONLY ONE.) DAY or CELL		

With whom does the student reside? Father Mother BOTH
 Who has primary custody of the student? Father Mother BOTH

EMERGENCY CONTACT (1): THIS INFORMATION IS REQUIRED. (LIST PERSON OTHER THAN PARENT/GUARDIAN)	
FULL NAME: _____	Relationship: _____
Contact Number: _____	May they check-out student? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMERGENCY CONTACT (2): THIS INFORMATION IS REQUIRED. (LIST PERSON OTHER THAN PARENT/GUARDIAN)	
FULL NAME: _____	Relationship: _____
Contact Number: _____	May they check-out student? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACT (3): THIS INFORMATION IS REQUIRED. (LIST PERSON OTHER THAN PARENT/GUARDIAN)

FULL

NAME: _____

Relationship: _____

Contact Number: _____ **May they check-out student?** YES NO

*******IMPORTANT MEDICAL INFORMATION*******

Please check all that apply:

Asthma **Date of last attack:** _____ **Uses inhaler?** YES NO
Does your child take daily medication? If so, please list:

Seizure **Date of last seizure:** _____
Does your child take daily medication? If so, please list:

Diabetes Is your child insulin dependent? YES NO

Severe Allergies **Food/Environment** **Insect Bites/Stings** **Medication** **Other**
Please explain.

Bleeding Disorders **Hemophilia** **Sickle Cell**
Date of last hospitalization: _____

Behavior Disorders, please list. **Does the student require medication?**
_____ YES NO

LIST MEDICATION: _____

_____ YES NO

LIST MEDICATION: _____

Glasses / Contacts

Hearing Aid(s) If so, for which ear or BOTH? _____

Chochlear Implant

Recent Illness/Hospitalization / Please explain. **DATE:** _____
REASON: _____

Other / Please explain. _____

My child requires Medication to be given at school.
Medication Name(s): _____

I give my child Medicaton daily at HOME.
Medication Name(s): _____

Physician's Name: _____

Office Phone Number: _____ **Location:** _____

If you have additional information to share with us, please attach to this form. Thank you.

COLUMBUS COUNTY SCHOOLS
INFORMATION BLANK FOR KINDERGARTEN SCREENING

If you have a child who will be five (5) years of age on or before August 31, please fill out this application and return it to school.

I. **CHILD'S NAME** _____ SSN _____
(Last) (First) (Middle, if any)

Sex: M F Date of Birth: ____/____/____ Ethnicity: Hispanic / Latino Non-Hispanic / Latino
MM/DD/YYYY

Race (you may choose more than one): American Indian / Alaska Native Asian Caucasian / White
 African American / Black Hawaiian / Pacific Islander

Mailing Address _____
 City _____
 State _____ ZIP _____

911 Address _____
 City _____
 State _____ ZIP _____

Do you reside in Columbus County, NC? YES NO If no, which county? _____
 If you answered no, please explain: _____

Home Phone _____ Mobile Phone _____

Full Name of Guardian or Parent that child lives with: _____

Relationship: Mother Father Grandparent Foster Parent Other _____

Directions to Home *(Please use the back of this sheet if you need additional space.)*

II. Father's Name _____
 Last grade completed in school _____
 Employed by _____

City/Town and State of Birth: _____
 Marital Status: Single Married Divorced
 Employer Phone _____

III. Mother's Name _____
 Last grade completed in school _____
 Employed by _____

City/Town and State of Birth: _____
 Marital Status: Single Married Divorced
 Employer Phone _____

IV. Which school will your child attend? _____

V. Please list the other children in your family.

NAME-----	AGE	GRADE	SCHOOL NAME	TEACHER
1.				
2.				
3.				
4.				
5.				

VI. Please list other individuals living in your household.

NAME _____
 NAME _____
 NAME _____

RELATIONSHIP _____
 RELATIONSHIP _____
 RELATIONSHIP _____

MEMO: North Carolina law requires kindergarten children to have a certified birth certificate, immunization records [shots], and a physical health assessment/examination. Your local physician may complete the physical examination. However, if the Columbus County Health Department is needed for completing the physical, call (910) 640-6615, extension 225 to schedule an appointment. Please bring your scheduled appointment date with you to the kindergarten screening.

ESCUELAS DEL CONDADO DE COLUMBUS
FORMULARIO DE INFORMACIÓN PARA EL EXAMEN PREVIO DE KINDERGARTEN

Si tiene un hijo que cumplirá cinco (5) años de edad el 31 de agosto o antes, complete esta solicitud y devuélvala a la escuela.

I. Nombre del niño/a _____ SSN _____
(Último) (Nombre) (Segundo Nombre)

Sexo: M F Fecha de nacimiento: ____/____/____
MM/DD/YYYY Escoja un grupo étnico: Hispánico / Latino Non-Hispánico / Latino

Escoja uno o más raza): Indio Americana / Nativo de Alaska Asiático Caucásico / Blanco
 Afroamericano / Negro Hawaiano / Islas del Pacífico

Dirección postal _____
 Ciudad _____
 Estado _____ ZIP _____

Dirección de la casa _____
 City _____
 State _____ ZIP _____

¿Reside en Columbus County, NC? Sí NO Si no, ¿qué condado? _____
 Si ha respondido negativa, sírvase explicar: _____

Teléfono residencial _____ Teléfono móvil _____

Nombre completo del tutor o padre con el que vive el niño: _____

Relationship: Madre Padre Abuelo Padre de crianza Otro _____

Cómo llegar a casa (Utilice la parte posterior de esta hoja si necesita espacio adicional.)

II. Nombre del padre _____
 Último grado completado en la escuela _____
 Empleador _____

Lugar de nacimiento: _____
 Matrimonial Estatus: Soltera Casado Divorciado
 Empleador Teléfono _____

III. Nombre de la madre _____
 Último grado completado en la escuela _____
 Empleador _____

Lugar de nacimiento: _____
 Matrimonial Estatus: Soltera Casado Divorciado
 Empleador Teléfono _____

IV. ¿A qué escuela asistirá su hijo? _____

V. Por favor, enumere a los otros niños de su familia.

NOMBRE-----	EDAD	PRIMARIA	NOMBRE DE LA ESCUELA	DOCENTE
1.				
2.				
3.				
4.				
5.				

VI. Please list other individuals living in your household.

NOMBRE _____
 NOMBRE _____
 NOMBRE _____

RELATIONSHIP _____
 RELATIONSHIP _____
 RELATIONSHIP _____

MEMO: La ley de Carolina del Norte requiere que los niños de kindergarten tengan un certificado de nacimiento certificado, registros de vacunación [vacunas] y una evaluación / examen de salud física. Su médico local puede completar el examen físico. Sin embargo, si se necesita el Departamento de Salud del Condado de Columbus para completar el examen físico, llame al (910) 640-6615, extensión 225 para programar una cita. Por favor traiga su fecha de cita programada con usted a la proyección de kindergarten.

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 NCAC6D.0106) require that a home language survey (HLS) be administered to all students upon initial enrollment. The home language survey is to be used to help determine if the student is a language-minority student. If the answer to any question on the home language survey is anything "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 the form in English, please use the Spanish version which is located on the reverse side of this sheet.
- If **any** answer is "other than English," the ESL teacher should be notified immediately.
- Complete copies of the survey are to be filed in the student's cumulative record.

Student: _____
Last First Middle

School: _____ Grade: _____ Gender: Male Female

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?

Please check No or Yes. No

Yes

If you checked 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 thirty (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

ESCUELAS DEL CONDADO DE COLUMBUS**Encuesta de Primer Idioma**

Fecha: _____

Año Escolar 20 ____ -20 ____

- La Oficina de Derechos Civiles de los E.U.A y la política HSP-K-000 (16 NCAC 6D.0106) de la Secretaría de Educación de Carolina del Norte (SBE) requiere que se realice una Encuesta de Primer Idioma (HLS) a todos los estudiantes recién inscritos. La encuesta de primer idioma se usa para determinar si el alumno pertenece a un grupo minoritario no hablante de inglés. Si la respuesta a cualquiera de las preguntas de esta encuesta es diferente al "inglés", el alumno es considerado parte de un grupo minoritario. Sin embargo, una vez que la encuesta sea contestada por el padre de familia o tutor, la escuela consultaría con el mismo para determinar si la encuesta fue contestada correctamente.
- La encuesta debe ser contestada por el padre o tutor al momento de la **inscripción**.
- Todas las preguntas, incluyendo la fecha de inscripción, deben ser contestadas. Si el padre o tutor no puede este formulario en inglés por favor use la versión en español.
- Si alguna de las respuestas es diferente al "inglés", el profesor de ESL debe ser notificado inmediatamente.
- La copia contestada de la encuesta será archivada en la carpeta de cada alumno.

Alumno: _____
 Apellido Paterno _____ Nombre(s) _____

Escuela: _____ Grado: _____ Sexo: _____

Lugar de nacimiento del alumno: _____ Fecha de nacimiento: Mes: _____ Día: _____ Año: _____

Fecha de entrada al sistema escolar de los E.U.A: Mes: _____ Año: _____

Padre o Tutor: _____
 Apellido Paterno _____ Nombre(s) _____

1. ¿Qué idioma comenzó a hablar primero su hijo(a)? _____
2. ¿Qué idioma habla su hijo(a) más frecuentemente en casa? _____
3. ¿Qué idioma habla con más frecuencia con su hijo(a)? _____
4. Aparte de los idiomas estudiados en la escuela, su hijo(a) ¿habla otro idioma aparte del inglés?
 No _____
 Sí _____ ¿Qué idioma(s)? _____

Si la respuesta a cualquiera de estas cuatro preguntas es diferente a "inglés", su hijo(a) podrá calificar para el programa de ESL (Inglés como Segunda Lengua). Cualquier otra respuesta que no sea inglés" requerirá que se administre el examen WAPT (examen WIDA ACCESS de calificación) al alumno dentro de los 30 días desde que este se registró en la escuela. Si el alumno es calificado como LEP (limitado en inglés), el examen ACCESS para ELLS (Examen de comprensión y comunicación en inglés de estado a estado para aprendices de inglés) será administrado durante la primavera.

Firma de padre o tutor

Fecha

OCCUPATIONAL SURVEY

Every student that enrolls in Columbus County Schools must complete the attached survey.

Cada estudiante que se inscribe en las escuelas del condado de Columbus debe completar la encuesta adjunta.



Please find attached the Occupational Survey provided by the North Carolina Department of Public Instruction (NC DPI). The Occupational Survey is a state form that is used to identify prospective migrant students. The survey should be included in all school enrollment packets and completed by **all** families enrolling in Columbus County Schools. The survey is provided in English and Spanish.

Se adjunta la Encuesta ocupacional proporcionada por el Departamento de Instrucción Pública de Carolina del Norte (NC DPI). La Encuesta Ocupacional es un formulario estatal que se utiliza para identificar posibles estudiantes migrantes. La encuesta debe incluirse en todos los paquetes de inscripción escolar y debe completarla todas las familias que se inscriban en las escuelas del condado de Columbus. La encuesta se proporciona en inglés y español.

All completed surveys may be sent via courier to:

Anna Powell | Migrant Coordinator/Recruiter | Central Office

Migrant Education Program

817 Washington Street | Whiteville, NC 28472 | (910) 770-8301



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.

- 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)
- 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 <input type="checkbox"/>		 Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant <input type="checkbox"/>		 Working in a dairy <input type="checkbox"/>	 Working in a fishery or on a shrimp or catfish farm <input type="checkbox"/>
 Working in a slaughter house (chicken, cow, or pig) <input type="checkbox"/>	 Working on a poultry or hog farm <input type="checkbox"/>	 Working in a plant nursery or orchard; growing or harvesting trees <input type="checkbox"/>	 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