

Haywood County Schools' Registration Form

(6-16-16)

Student Name: _____
First Middle Last

Please circle one: **Bethel Middle School** **Canton Middle School** **Waynesville Middle School**
Central Haywood High School **Haywood Early College** **Pisgah High School** **Tuscola High School**

Adult enrolling student: _____ Relationship to student: _____ Phone _____

Date of Enrollment: _____ Is the student staying today? YES NO Date student will begin school: _____

Has student been previously enrolled in Haywood Co. Schools? NO YES (School) _____ Date _____

Has the student been enrolled in any school this year? No YES (School) _____ City/State _____

Transferring from: _____ Grade: _____ Counselor verified _____
School City State (Counselor initials)

Last schools attended:

(1)	School	City	State	Year attended
(2)	School	City	State	Year attended
(3)	School	City	State	Year attended

(Attach additional page if more schools)

For High School - Year student entered 9th grade: _____
 Are siblings enrolling in other Haywood Co. Schools? Yes No If yes, which school(s) _____

PART ONE: This part will be completed with the counselor. Please read carefully.

REQUIRED before enrollment

- Guardianship:** A certified copy of the **Birth Certificate** (or a current court order) is REQUIRED to verify guardianship. Photocopy must be made at enrollment and attached. If not available, the principal will determine appropriate documentation.
- Residency:** A valid **NC Driver's License** with Haywood County address is REQUIRED to verify residency. Photocopy of NC Driver's License or approved proof of residency must be made at enrollment and attached.
- Student discipline:** Discipline history and felony conviction status must be verified using the attached **Admissions Affidavit (A)**
- Academic Placement:** **Withdrawal Form** from previous school (including attendance, current schedule, and grades in progress) must be attached if student enrolls after school year begins.
- Health and Safety:** **Immunization record** (obtain from physician OR present copy within 30 days of enrollment)
 Annual Health History Form
 NC Health Assessment (for new North Carolina Public Schools students only)

The following items MAY be required at enrollment:

- School Assignment:** The student will be assigned at the school where their residence is located. A **Pupil Reassignment Form** is required if the guardian has a verifiable reassignment request. If the guardian lives out of the county, s/he must additionally have a release from the "home" district before enrollment can proceed. Contact Haywood Co. Schools Central Office for more information.
 - Custody:** If **custody paperwork** exists, it should be provided. Paperwork No paperwork NA
- Notes: _____

- Academic Placement:** If homeschooled, **documentation of coursework** completed in homeschool must be presented for administrative review. **ATTACH:** **Portfolio with grades/attendance** **NCDNPE certificate** **Test record** **Transcript**
- Does your student have an IEP (Individualized Education Plan)? NO YES Exited Not sure
- Does your student have a 504 Plan? NO YES Exited Not sure
- Does your student receive ESL (English as a Second Language) service? NO YES Exited Not sure
- Academically/Intellectually Gifted (AIG) plan NO YES Exited Not sure
- Migrant Education Program Occupational Survey** and **Home Language Survey**
- Support Services Form**
- Free/ Reduced Lunch Application** - online at <http://teacher.haywood.k12.nc.us/hcscnp/cnp-forms/>
- Internet User Agreement** **Video/Photo Release form** **HIGH SCHOOL ONLY -- Drug Testing Consent Form**

PART TWO: This part will be completed by guardian and reviewed by counselor.

Student Name Called by: _____ Current Age: _____ Date of Birth: ___/___/___

Gender (Please circle.): ^{First} Male ^{Last} Female

Ethnicity (Please circle one): Hispanic/Latino Not Hispanic

Race (Circle all that apply): White Black/African Amer. Amer. Indian/Alaska Native Asian Hawaiian/Pacific Islander

Student's Physical Address: _____
Number and Street City State Zip

Student's Mailing Address: _____
 (If different) PO Box City State Zip

Student resides with (Name) _____ (Relationship) _____

Legal Guardian: _____ (Name) Other: _____ (Name/Relationship)

Mother's Information: _____ Mother's Primary Language _____

Last Name	First Name	Middle Name (or Maiden Name)
Address	City /State/ Zip	Place of birth (city/state)
Home phone	Cell phone	Email
Place of employment	Work phone	

Father's Information: _____ Father's Primary Language _____

Last Name	First Name	Middle Name
Address	City /State/ Zip	Place of birth (city/state)
Home phone	Cell phone	Email
Place of employment	Work phone	

In case of an emergency, every effort will be made to notify the parents, first. When a parent/ guardian cannot be reached, please list an emergency contact person who would be able to make decisions and/or pick up your child:

Name:	Relationship to Student:	Lives in same household as the student: Yes No
Home phone:	Cell phone:	Work phone:

Name:	Relationship to Student:	
Home phone:	Cell phone:	Work phone:

Student's physician (if known): _____ Phone Number: _____

Transportation MORNING (please circle one): Bus # _____ Car Walk

Transportation AFTERNOON (please circle one): Bus # _____ Car Walk

Early dismissal (please circle one): Bus # _____ Car Walk