



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

# **ENROLLMENT PACKET**

**FOR STUDENTS ENTERING KINDERGARTEN**



## **Welcome to the Wake County Public School System!**

We are excited to have your child join our school district. Please review the attached forms, fill them out, and return to your base school. You'll also need to bring the following materials during registration:

- Parent/legal guardian photo ID
- Proof of residence
- A certified copy of the child's birth certificate
- Immunization records

More details regarding required documents can be found at

[www.wcpss.net/kindergarten](http://www.wcpss.net/kindergarten).

## **WHAT TO EXPECT**

We are committed to preparing our students to be productive citizens, graduating ready for college or career. That process starts now. In addition to strong instruction in core subjects, all schools offer enrichment activities in the arts, music, technology and more.

## **MAGNET SCHOOLS**

We offer more than 40 magnet schools, each with a unique theme such as Leadership & Technology, International Baccalaureate, Gifted & Talented, Language Immersion, and more. Magnets can help students develop their talents and interests.

**The application period is Jan 7-22. Visit [wcpss.net/magnet](http://wcpss.net/magnet) to learn more.**

# STUDENT DATA SHEET

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**WAKE COUNTY**  
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## INSTRUCTIONS

Complete this form for each child you are enrolling. A complete list of items required for enrollment can be found at [www.wcpss.net/assignment](http://www.wcpss.net/assignment). For assistance, contact your base school or the WCPSS Office of Student Assignment at (919) 431-7333.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो पर कॉल करें (919) 852-3303

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

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如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone Number ( ) -
Current Grade	Is the student Hispanic/Latino? (This information is used for US. Census data.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Which category best describes the student's race? (This information is used for US. Census data).

American Indian or Alaska Native  Asian  Black or African American  White  Native Hawaiian or other Pacific Islander

## FAMILY INFORMATION

List names and grades of siblings attending WCPSS:

List names of non-school age siblings:

<b>Family's Home Address</b>		Apartment or Suite Number
City	State	Zip Code
<b>Mailing Address</b> (if different from family's home address)		Apartment or Suite Number
City	State	Zip Code

With whom does the student reside? (Choose only one)

Mother only  Father only  Both parents  Legal custodian  Other (Please specify) \_\_\_\_\_

### FOR OFFICE USE ONLY

Registering school	School number
Entry date (mm/dd/yyyy)	Entry code E1   E2   R2   R3   R5   R6
PowerSchool #	Teacher Track

CONTINUED ON NEXT PAGE >

# STUDENT DATA SHEET



## CONTACT INFORMATION

Include names of parents or other legal guardians below.

<b>1. First Name</b>		<b>Last Name</b>	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -	
Address		Apartment or Suite Number	
City	State	Zip Code	
<b>2. First Name</b>		<b>Last Name</b>	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -	
Address		Apartment or Suite Number	
City	State	Zip Code	
<b>3. First Name</b>		<b>Last Name</b>	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -	
Address		Apartment or Suite Number	
City	State	Zip Code	
<b>4. First Name</b>		<b>Last Name</b>	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -	
Address		Apartment or Suite Number	
City	State	Zip Code	
<b>5. First Name</b>		<b>Last Name</b>	
Email		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -	
Address		Apartment or Suite Number	
City	State	Zip Code	

# STUDENT DATA SHEET

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**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

## EMERGENCY CONTACT

Emergency Contact's First Name	Emergency Contact's Last Name
Emergency Contact's Phone Number (     )     -	Emergency Contact's Relationship to Child

## SCHOOL HISTORY

Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What language is spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Other: _____	Does the student receive services through Title I? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child <u>ever</u> been enrolled in a Wake County school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", which school did your child attend?   School name: _____ Start date _____ End date _____		
Has your child <u>ever</u> been enrolled in a North Carolina school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", which school did your child attend?   School name: _____ Start date _____ End date _____		
Which school did your child last attend?   School name: _____ Start date _____ End date _____		
Address of last school your child attended	Type of school last attended <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home	
City	State	Zip Code

## HEALTH INFORMATION

Note any unusual physical conditions such as convulsion disorders, severe allergies or any condition for which the school should extend extraordinary care:

## CONSENT FOR RELEASE OF INFORMATION

I authorize the release of my student's information to persons listed under the Family Information and Emergency Contact sections. I certify that all information provided above is true. Anyone listed as mother, father, or legal guardian will receive automated phone calls, texts, and email. Parents and legal guardian will have the opportunity to customize their communication preferences.

Parent/Guardian Signature	Date (mm/dd/yy)
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# TRANSPORTATION SERVICE REQUEST



**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

## INSTRUCTIONS

Use this form to request transportation service for students based on their home address of record with WCPSS. Parents must complete this form approximately one month before the start of school to guarantee bus service on the first day of school. Specific deadlines for requesting service can be found at [www.wcpss.net/transportation](http://www.wcpss.net/transportation). Students must be eligible for transportation to receive services. To check eligibility, visit [www.wcpss.net/preview](http://www.wcpss.net/preview). Requests received after 30 days prior to the first day of school will be processed in the order received. Eligible students will be added to existing bus stops during the first 30 days of school if there is capacity. Bus stop locations are posted on the WCPSS Transportation web page at least one week prior to the start of school.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

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## TRANSPORTATION REQUEST

Will your student need bus transportation?

Yes  No

Name of school enrolled

If yes, when will this student need transportation?

AM/PM (round-trip)  AM only (morning rider)  PM only (afternoon rider)

## PARENT/GUARDIAN INFORMATION

Parent's First Name

Parent's Last Name

E-mail

Phone Number (Best number to reach you)

Street Address

City

State

Zip Code

## STUDENT INFORMATION

Student's First Name

Student's Last Name

Street Address (If different from parent)

City

State

Zip Code

### FOR OFFICE USE ONLY

Registering school

Student ID Number

Name of Staff Member

# MCKINNEY-VENTO QUESTIONNAIRE



**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

## INSTRUCTIONS

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C.11431 et.seq. The answers to this residency information help determine the services the student may be eligible to receive. This is not to be taken as an exhaustive list. Other factors may be involved which are not included but may meet the student status for McKinney-Vento. Please be aware that presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs (TEC Sec. 25.002(3)(d)).

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## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	PowerSchool #

Is your current address a temporary living arrangement?

Yes (Please continue filling out this form.)  No (**STOP**. You have completed this form.)

Is this temporary living arrangement due to loss of housing, economic hardship or similar reason?

Yes  No

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

In a motel  In a shelter  Awaiting foster placement  With more than one family in a house or apartment  
 Moving from place to place  With a parent or guardian in the residence of a friend or relative temporarily  
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

With whom is the student living? (Please check one box.)

One parent or legal custodian  Two parents  One parent and another adult  Relative (not parent or legal custodian)  
 An adult (not a parent or legal guardian)  Unaccompanied by adult  Friend  Alone

Last School Attended

## PARENT/GUARDIAN INFORMATION

Name of Legal Parent(s)/Legal Guardian(s)		Phone Number ( ) -
Address		Apartment or Suite Number
City	State	Zip Code
Signature of Parent(s)/Legal Guardian(s)		Date (mm/dd/yyyy)
<i>If applicable</i> -Signature of DSS Case Manager		Date (mm/dd/yyyy)

# HOME LANGUAGE SURVEY



## INSTRUCTIONS

The Wake County Public School System strives to provide access to school information in a language that parents can understand. Therefore, your response to the following questions is needed. If a language other than English is listed in any question 1-3, or a country other than U.S. is listed, make an appointment with WCPSS' **Center for International Enrollment** to begin the enrollment process.

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## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
Date of Birth (mm/dd/yyyy)	School	School Year
Country of <b>student's</b> birth	Student's <b>initial</b> entry into a U.S. school (mm/dd/yyyy)	

## HOME LANGUAGE INFORMATION

Federal and state policies require schools to determine the language(s) spoken at home by each student. If the answer to any of the questions below is a language other than English, your child may be assessed on the WIDA ACCESS Placement Test (W-APT) to determine English language proficiency. Based on the results, your child may be identified as LEP and qualify for ESL services. All identified LEP students will be assessed annually until exiting LEP identification.

Please answer the following questions:

What language does your son/daughter most frequently use to communicate?	What language do you most frequently speak to your son/daughter?
What language did your son/daughter learn when he/she first began to talk?	
Do you need <b>translation</b> services to understand WCPSS school records? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Do you need an <b>interpreter</b> for school system meetings involving your child's education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Parent/Guardian Signature	Date (mm/dd/yyyy)
Parent/Guardian Home/Cell Phone ( ) -	Parent/Guardian Work Phone ( ) -

### SCHOOL AND CIE OFFICE USE ONLY

School staff member assisting parent (please print)	Position
Signature of staff member assisting parent	Date (mm/dd/yyyy)
CIE appointment date / call (919) 431-7404	Appointment time
Signature of CIE staff member receiving fax	Date (mm/dd/yyyy)
Date HLS faxed to CIE / Fax: (919) 431-7410	

# KINDERGARTEN PARENT OBSERVATION FORM



**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

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## INSTRUCTIONS

Welcome to Kindergarten in the Wake County Public School System. It is important for us to get to know each child and his or her family. You know your child best. By sharing your insights and expectations, you will help us plan a program to best meet your child's needs. Please provide any comments that will help make this kindergarten year a rewarding experience for your child.

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## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
Child lives with:	Relationship to child:	Child's date of birth (mm/dd/yyyy):
List the names and ages of the child's brothers:		List the names and ages of the child's sisters:

List others living in the home:

Has your child attended a preschool/daycare?  Yes  No

If yes, how long?  6 months  1 year  2 years  More than 2 years List schools: \_\_\_\_\_

Has your child received early intervention services (speech/language therapy, educational interventions, counseling, etc.)?

Yes  No If yes, please explain:

## GENERAL HEALTH INFORMATION

Please list any health concerns that you or your doctor have observed (asthma, stomach aches, seizures, bed wetting, nightmares, etc.):

Does your child have any food allergies?

Yes  No If yes, please list:

Was your child a full-term baby?

Yes  No

Is your child presently on medication?

Yes  No If yes, what medication and for what purpose?

Has your child had any significant injuries, illness, or hospitalizations?

Yes  No If yes, please explain:

Has your child had any traumas or family stress (relocation, separation, divorce, death in the family, etc.)?

Yes  No

Do you have any concerns about your child's development (social, language, motor, academic, etc.)?

Yes  No

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# KINDERGARTEN PARENT OBSERVATION FORM



**WAKE COUNTY**  
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## LANGUAGE/LITERACY DEVELOPMENT

Please write comments in the space provided, if necessary.

How often do you read to your child?

Every day     2-3 times a week     Once a week     One a month

Does your child express his/her ideas clearly?

Yes     No

Does your child understand stories read to him/her?

Yes     No

Does your child try to read books from memory?

Yes     No

## PERSONAL/SOCIAL DEVELOPMENT

Please write comments in the space provided, if necessary.

Does your child play well with at least one child?

Yes     No

Does your child usually make an effort to solve problems before seeking help?

Yes     No

Does your child show concern for using materials and equipment safely and appropriately?

Yes     No

Does your child cry often?

Yes     No

Does your child separate easily from parents(s)?

Yes     No

Does your child continue an activity without constant attention and encouragement?

Yes     No

Does your child accept limits set by adults?

Yes     No

## OTHER INFORMATION

Please tell us what you would like us to know about your child.

Please tell us what you would like your child to gain from this year in Kindergarten.

# STUDENT NAME AND PHOTOGRAPH/VIDEO PRIVACY RELEASE



## INSTRUCTIONS

This form explains potential uses of student photographs and video images by the Wake County Public School System (WCPSS) and allows you to grant or deny permission to the WCPSS 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 to the Internet unless given permission by a parent or guardian.

The WCPSS 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 WCPSS or individual school websites, in WCPSS 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. Selecting this option means that your student's photograph and name may appear in WCPSS or school publications, on the WCPSS or individual school websites, and may be released to external organizations (such as PTA and booster clubs) or the media.

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

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## CONSENT FOR NAME, PHOTO AND VIDEO

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
----------------------------------	-----------------------------------	------------------------------------

### 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 that my child's image may be used or released by the WCPSS without additional notification and that my child's name may appear along with his or her photograph.

### Name Release

- I **grant** permission for my child to be identified by name on the school or district's Internet websites.
- I **deny** permission for my child to be identified by name on the school or district's Internet websites.

Name of Parent/Guardian (or student, if over age 18)

Signature	Date (mm/dd/yyyy)
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# VERIFICATION OF CHILD CUSTODY



## INSTRUCTIONS

For information regarding district policies on custody, please review Board Policy 6030 and R&P 6030.

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Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

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## STUDENT INFORMATION

Student's Legal Last Name

Student's Legal First Name

Student's Legal Middle Name

Complete the information below.

I, \_\_\_\_\_ am the [  Father  Mother  Legal Custodian ] of the above named child.  
PRINT YOUR NAME CHECK ONE

Are there any custody issues involving this student of which the school needs to be aware?

Yes  No

Have custody papers been presented to the school for this student?

Yes  No

**Note:** A copy of custody papers is requested by the school, when applicable, to ensure that the school contacts the person who has legal custody of the student concerning school matters. We appreciate your cooperation in this matter.

Signature of person completing this form

Date (mm/dd/yyyy)

# CONSENT FOR TECHNOLOGY AND DIGITAL RESOURCE USE

## INSTRUCTIONS

Parental permission is required in order for your student to access technology and digital resources at school. The Wake County Public School System (WCPSS) uses a variety of technology and digital resources to enable and enhance instruction. With permission, students may use physical devices, including but not limited to, computers, tablets, iPads, and iPods (all of which allow some degree of Internet access.) Students may also access web-based applications to create, review, store, share and potentially post their work on the Internet. Examples of these tools include, but are not limited to Google Apps for Education (not Gmail), SAS Curriculum Pathways, and WCPSS student E-Mail (K-5 at the principal's request) . In addition, student information and student work may be maintained by and stored on web-based instructional sites and applications. Not all tools are used at all grade levels.

WCPSS has several processes in place to protect students while using technology and digital resources. Students are educated every year about appropriate online behavior, including interacting with other individuals on social networking websites and cyber bullying awareness and response. The district also uses Internet filters to remove most harmful content. Students' Internet activity and e-mail communications may be monitored by school personnel as provided in Board Policy 3225.

Students are expected to use technology and digital resources under their teacher's direction for educational purposes only in accordance with Board Policy 3225 and related 3225 R&P referred to collectively as the Responsible Use Policy or RUP.

- You may grant permission for your student to access technology and digital resources. You should select this option if you want your student to use computers, tablets, etc. and be allowed to access web-based curriculum tools. Your permission grants WCPSS the right to create a WakeID necessary to access web-based instructional tools. The WakeID is visible in various applications to teachers and students across the school system.
- Parents may deny permission for their student to access technology and digital resources. You should select this option if you do not want your student to use a computer or other physical device or to access web-based curriculum tools.
- Several mandatory state and federal student assessments are solely available over the Internet. These tests and assessments will be administered to ALL students. Temporary technology access for these tests will be granted for students who do not have a signed opt-in on file.

Please complete this form and have your student return it to his or her school. Consent remains valid throughout your student's K-12 experience with the Wake County Public School System or until a new form is completed and signed by a parent/guardian and eligible student.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

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## PERMISSION FOR TECHNOLOGY AND DIGITAL RESOURCE USE

Student's Legal Last Name	Student's Legal First Name	Student ID (required)
Technology and Digital Resource Permission		
<input type="checkbox"/> I GRANT permission for my student to use all technology and digital resources, both devices and web based applications. We have read and agree to the terms of the WCPSS Student Responsible Use Policy.		
<input type="checkbox"/> I DENY permission for my student to use any technology and digital resources, both devices and web based applications. We have read the WCPSS Student Responsible Use Policy.		
Name of Parent/Guardian		
Parent Signature	Date (mm/dd/yyyy)	
Student Signature	Date (mm/dd/yyyy)	



Dear Parent or Guardian,

North Carolina Session Law 2014-15 requires the NC State Board of Education / NC Department of Public Instruction to collect information on military-connected students to support students when their parents are deployed, transitioning between schools, and at other pivotal times. The WCPSS mandatory collection starts in the 2015-16 school year. Information regarding Session Law 2014-15 can be found at: <http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>

**Please complete and return one form for each school aged child in your household.**

To ensure compliance with Session Law 2014-15 please complete the following information:

Yes \_\_\_\_\_

No \_\_\_\_\_

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

*"Immediate family member"* is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the child.

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

Relationship	Branch	Status	Base/Unit (Optional)	Grade (Optional)

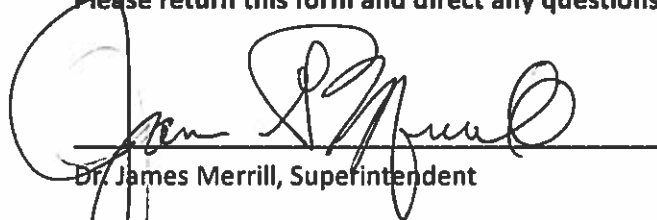
**Branches:** Air Force, Army, Coast Guard, Marine Corps, Navy

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

**Base/Unit:** The facility where the service member fulfills their duty role in the military. (e.g. Fort Bragg, NC National Guard JFHQ/Armories, Knightdale Reserve Ctr etc.)

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

**Please return this form and direct any questions to the school Data Manager.**



Dr. James Merrill, Superintendent

[www.wcpss.net](http://www.wcpss.net)

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# 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:





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:

