

Date: _____

Henderson County Public Schools

Student Information Sheet

Office/School Use Only

Student ID # _____ Homeroom _____
Name _____ Entry Date _____
Bus # _____ A.M. _____ P.M. _____ Entry Code _____

Student Information

All Information should match legal documents provided such as birth certificate, adoption papers, etc.

Legal Name: _____ Preferred Name: _____ Male Female Social Security Number: _____

Last First Middle
(Optional)

Birth date: ____/____/____ Student License #: _____

Is this student Military Connected (immediate family member)? Yes No

If yes, please complete Military Connection Form.

Contact Phone #: () _____

This number will be used by the automated calling system.

Primary Email Address: _____

This will be used by the automated calling system. (please print carefully)

If Student was born outside U.S., date of entry into U.S. schools: ____/____/____

Student's Place of Birth: _____

City/County/State/Country

Property Address :

(must include street number & name)

House # Street Name Apt. No. City State Zip Code

Mailing Address :

(if different from property address)

House # Street Name Apt. No. City State Zip Code

Home District: _____

Current Grade: _____

Last Grade Completed: _____

Name of last school attended (including Pre-School): _____ Address: _____ Public or Private (circle one)

Has student attended this school before? Yes No If yes, when? _____ Has student attended a North Carolina school before? Yes No

If yes, when? _____

Which school? _____ Grade: _____ Address: _____ Public or Private (circle one)

*Check any programs in which your child has been enrolled: AIG 504 Special Ed Limited English Proficient Other _____

Race and Ethnicity Selections

Student Ethnicity (select one)

Hispanic/Latino Non-Hispanic/Latino

Student Race (select those which apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Transportation Information

AM (Select One)

PM (Select One)

Student will be transported to school by: Bus Car Walk Bike Bus Car Walk Bike

If a student rides the bus and normally gets on or off at a location other than his/her residence

AM Bus #: _____ AM Location: _____ PM Bus #: _____ PM Location: _____

Person responsible at non-residence stop: _____

In the event of an early dismissal, how will your child get home? Bus # _____ Location: _____

Car Walk Bike

Pick up other than parent must be listed as an Emergency Contact on the next page.

Parent/Guardian Information

If child lives with someone other than parent(s), who has legal custody? _____
**Complete appropriate affidavit & provide custody documentation.*

Is student currently in foster care? Yes No

Father's Information	Mother's Information	Stepmother/Stepfather	Guardian/Other
Name	Name	Name	Name
Living with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Address	Address	Address
Employer's Name	Employer's Name	Employer's Name	Employer's Name
Home Phone	Home Phone	Home Phone	Home Phone
Cell Phone	Cell Phone	Cell Phone	Cell Phone
Work Phone	Work Phone	Work Phone	Work Phone
Email Address	Email Address	Email Address	Email Address

Sibling/Family Information (i.e. brother, sister, stepbrother/sister)

Do you have a Parent Portal account? YES NO If yes, what is the USER ID _____. If no, what would you like your username to be? _____

Name	Age	Grade	School	Relationship	Name	Age	Grade	School	Relationship

Emergency Contacts (other than parents) This includes contacts who will pick-up your child on early dismissal days.

First Name	Last Name	Relationship	Home Phone	Cell Phone	Work Phone	Can pick up child?
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO

If anyone does NOT have permission to pick up your child, please list name and relationship: _____

Medical Information

** NC Law requires a complete immunization record within 30 calendar days of enrollment in school. Failure to comply will result in student suspension with compliance required prior to re-admission**

Name of Family Doctor: _____ Phone: () _____ Dentist Name: _____ Phone: () _____

Note any health problems or activity restrictions: _____

Is your child taking any prescribed medications? YES NO If yes, please list: _____

Are there any medical conditions of which we should be aware? YES NO (i.e. allergies, hearing impaired, free bleeding, vision, seizures) Please list: _____

Are any of these conditions life threatening? YES NO If yes, please explain: _____

Henderson County Schools are dedicated to quality of opportunity within its community. It is the policy of Henderson County Public School System not to discriminate on the basis of race, ethnic origin, sex or disability in its educational programs, activities, or employment policies.

Signature: _____ Date: _____ Please complete **Form A-Disciplinary Status Affidavit**