

Registration Checklist

Student: _____ Grade: _____ NC Wise #: _____

Has student ever attended school in NC? ___ Yes ___ No In Cumberland County? ___ Yes ___ No

If yes, LAST school attended: _____ School year: _____

***Please check if Homeless or an Unaccompanied youth? ___ yes ___ no**

- Current Custody** – By Cumberland County School Board policy, a student must reside with the custodial parent or court-appointed guardian to enroll in our system. If the parents are separated or divorced we must have a copy of the custody agreement. Legal custody must be court-appointed and signed by a judge. Our school system **does not** recognize any form of **power of attorney or notarized statements** for guardianship purposes. If extenuating circumstances, please discuss with a school counselor.
- Photo ID of Parent** – must be a current valid driver's license or military ID
- Proof of Address** – You must provide proof that you reside in our school zone. Acceptable proof is as follows: current electric/gas bill, deed of trust, renting contract/lease with contract information of agent.
- Birth Certificate**
- School Records** - Transcripts, report card, discipline record, attendance
 - IEP and psycho-educational test results or 504 Plan , if applicable
- Immunization Record**

FOLLOWING FORMS COMPLETED BY PARENT:

- Request for School Records
- Oath of Affirmation *(Needs to be Notarized)*
- Student Profile Sheet
- Student Information / Verification of Address / Student Internet Use Agreement
- School Health Information Form
- Language Survey Card
- Photographic / Videotaping Permission
- Special Education Information Form
- Student Race and Ethnicity Collection Form
- Indian Education Title VII Eligibility Certificate
- Student Internet Use Agreement *(if not attached to Student Information / Verification of Address Form above)*
- Google Apps for Education Parent/Guardian Permission Form
- Military Identification Form
- North Carolina Health Assessment Transmittal Form **(ONLY** for students transferring from out of state, private school, or or on base and has never attended a NC Public school)

MUST BE COMPLETED BY COUNSELOR DURING REGISTRATION:

- 30 Day Missing Data Form
- Testing Data Summary
- Transfer Grades Form
- Provide parent with Parent Portal letter
- Provide student with Student Handbook and School Planner (new student out of county/state ONLY)

I, _____, have received a copy of (STUDENT SIGNATURE) the GCHS Student Code of Conduct on _____ (DATE)

FIRST DAY IN ATTENDANCE _____

Registration completed by: _____ Date Enrolled: _____

(Must Have Name of Counselor Completing Registration)



GRAY'S CREEK HIGH SCHOOL

5301 Celebration Drive
Hope Mills, N.C. 28348
Phone: 910-424-8589
Fax: 910-424-7411

Request for Student Records

(Please return a copy of this request when sending records)

Please fax the following documents to 910-424-7411: (check all that apply)

- A complete transcript; including course grades credits and attendance
- Course in progress; grades and attendance at withdrawal
- An interpretation of your grading system
- Standardized test scores, including 3rd through 8th grade EOG and computer skills
- Copy of birth certificate
- Copy of health and immunization records
- Medical and psychological reports
- IEP and psycho-educational test results or 504 Plan, if applicable
- Pending disciplinary action; please state the offense and the action to be taken

**If necessary, please forward to your Exception Children's Department for EC records.*

- Cumberland County Schools please forward the cumulative folder through the courier (only if box is checked)

First Name	M I	Last Name	Today's Date
Student ID # MM-DD-YYYY	Date of Birth 09, 10, 11, or 12	Grade	
Name of Last School Attended			
Address of Last School Attended			
City	State	Zip Code	

Wherever there is a "blank box" or a "check box", please key in the requested information. When the task is completed, please print this form and bring it with you at your appointment.

Note: By law, Parent/Guardian signature no longer required.

Guidance Office Use Only:

Record Requested on: _____

OATH OF AFFIRMATION UPON ADMISSION

I, _____, do solemnly swear (or affirm) that my child, _____, 1) is not currently under suspension or expulsion for any reason from attendance at a private or public school in this or any other state, 2) is currently under a term or suspension or expulsion from a school for conduct that could have led to a suspension or an expulsion from the local school administrative unit and has been identified as eligible for special education and related services under the Individuals with Disabilities Act; 3) is not currently serving a disciplinary reassignment to an alternative school or educational program in lieu of a long term suspension, 4) has not been convicted of a felony in this or any other state.

I UNDERSTAND THAT IF IT IS FOUND THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS FALSE, THE LOCAL BOARD MAY REMOVE THE STUDENT FROM SCHOOL. IF IT IS FOUND THAT I WILLINGLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I COULD BE CHARGED AND FOUND GUILTY OF A CLASS 1 MISDEMEANOR AND BE REQUIRED TO PAY THE LOCAL BOARD AN AMOUNT EQUAL TO THE COST OF EDUCATING THE STUDENT ABOVE DURING THE PERIOD OF ENROLLMENT.

This the _____ day of _____, 20_____.

Parent/Legal Custodian Signature

Parent/Legal Custodian Signature

Sworn to and subscribed before me

This the _____ day of _____, 20_____.

Notary Public Printed Name/Signature
My Commission Expires: _____

Please review and update information on both pages of this form, then sign where indicated and return to your child's school.

Student Information	Current Record	Corrections
Student Name		
Address		
Mailing Address		
Home Phone (for automated calls)		
Date of Birth / Gender		
Race / Ethnicity		
Student E-mail (optional, for teacher use)		
Custody		

Parent/Guardian Information	Corrections
Mother: Home Phone: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____ Employer: Cell Phone: _____ Home Address (if not living with student): _____ Email: _____	
Father: Home Phone: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____ Employer: Cell Phone: _____ Home Address (if not living with student): _____ E-mail: _____	
Legal Guardian: Home Phone _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____ Employer: Cell Phone: _____ Home Address (if not living with student): _____ E-mail: _____	

Siblings Attending Cumberland County Schools		
Sibling:	Relationship:	School:
Sibling:	Relationship:	School:
Sibling:	Relationship:	School:
Sibling:	Relationship:	School:

Additional Information	
Transportation AM: BUS RIDER CAR RIDER DAYCARE WALKER STUDENT DRIVER (Plate#: _____) ▶ PM: BUS RIDER CAR RIDER DAYCARE PRIMETIME WALKER STUDENT DRIVER	
Military Connected? FATHER MOTHER OTHER FAMILY MEMBER (Specify) _____	
HIGH SCHOOL ONLY: Do you allow College recruiting? YES NO Do you allow Military recruiting? YES NO	

Medical Information	Current Record	Corrections
Doctor / Telephone		
Dentist / Telephone		
Preferred Hospital		
Allergies and Medical Issues <small>List any allergies, medical conditions, critical health information, and current medications.</small>	Allergic to: Medical Issues: Other Health Considerations:	
Medical Insurance Plan		
Insurance Number		

Parent(s)/guardians(s) are contacted first in an emergency. Please list other adults who can take responsibility for your child in your absence if you cannot be reached. (List in the order in which you would like them called.)

Emergency Contacts	Corrections
Name: _____ Relationship: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____	
Name: _____ Relationship: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____	
Name: _____ Relationship: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____	
Name: _____ Relationship: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____	

Additional Information:

My signature attests that this information is true and accurate. I understand that before any address changes are made in PowerSchool, proof of address must be received by the school.	
Signature: _____	Date: _____

Office Use Only - Please Do Not Write Below This Line

Name:	Student ID:	Grade:
Dipl. Type:	Counselor:	HR:
Gr9 Entry Date:	Program:	Entered by:
Grad Year:	Notes:	Date:

Cumberland County Schools
 Student Information/Verification of Address

School # _____
Pupil# _____
Grade Assigned _____

Student _____	Property Address _____
Pupil No. _____	Street # & Name _____
Legal Last Name _____	Apt. # _____ City _____
Legal First Name _____	State/Prov. _____ Postal Code _____
Middle Name _____	_____ (Yes/No)
Birth Date _____	Bus Rider _____
Race _____ Sex _____	Mailing Address _____
Proof of Age _____	Same as Property Address _____ (Yes/No)

RELEASE OF STUDENT INFORMATION UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT AND CUMBERLAND COUNTY BOARD OF EDUCATION POLICIES 4700, 4705, 4705/7825, 4705/7825-R
 Cumberland County School Board Policy and the Family Education Rights and Privacy Act (FERPA) permit parents and those students over 18 years of age (eligible students) the following rights with respect to the student's education records.

- THE RIGHT TO REVIEW THE STUDENT'S EDUCATION RECORDS WITHIN 45 DAYS OF THE REQUEST TO REVIEW**
 You must make a written request to the principal making certain to identify the record(s) that you wish to inspect. The principal will make arrangements and notify you of a time and place for you to inspect the record(s).
- TO REQUEST AN AMENDMENT TO RECORDS WHICH YOU BELIEVE ARE INACCURATE OR MISLEADING**
 You must write the school principal indicating which part of the record you believe needs changing and why the present record is inaccurate or misleading. If the principal decides against your request, he will notify you and advise you of your right to a hearing, giving you additional information regarding the hearing process.
- TO CONSENT TO THE DISCLOSURE OF PERSONALLY IDENTIFIABLE INFORMATION EXCEPT TO THE EXTENT THAT FERPA AUTHORIZES DISCLOSURE WITHOUT CONSENT**
 Disclosure of student records is permitted to school officials with legitimate educational interests and an employee of the system, a school board member, and a person or company with whom the school board has contracted to perform special tasks (auditors, medical consultants, etc.).
- TO FILE A COMPLAINT WITH THE U.S. DEPARTMENT OF EDUCATION CONCERNING ALLEGED FAILURES BY THE SCHOOL DISTRICT TO COMPLY WITH THE REQUIREMENTS OF FERPA**
 The name and address of the office that administers FERPA is Family Policy Compliance, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC, 20202-8520.

RELEASE OF DIRECTORY INFORMATION

Certain directory information such as the student's name, address, telephone number, date and place of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and other similar information will be released to other governmental agencies when the eligible student, parents, or guardians have not objected to the release of directory information within 10 days of the receipt of this notice. This opportunity will be given at the beginning of each school year or upon the enrollment of the student. If you do not object within 10 days from the receipt of this information, directory information may be released consistent with board policy.

Lists of graduating seniors' names and related directory information may be provided to post secondary educational institutions for their limited purpose of providing information to seniors about such schools and their programs. Such information may also be provided to the various branches of learned services. Directory information may also be provided regarding graduated seniors for the purpose of class reunions or alumni activities. Such groups shall maintain the confidentiality of the information by not distributing it to other persons, institutions, or organizations.

If you need additional information, please request copies of Cumberland County Board of Education Policies 4700, 4705, 4705/7825, 4705/7825-R, and 3225/4312/7320 from the school that serves your child.

A cumulative record is kept on each child in Cumberland County Schools. This record includes health records, attendance data, achievement test data, courses and grades for each year in school attendance, personal information and a log of all persons outside of the school who have inspected the record. In the event you feel as a parent that you would like access to this record, submit a request in writing to the principal of the school your child attends. Any student who is 18 years of age or older may review his own record or give you, his parent/guardian, permission to do so.

If a language other than English is entered on the Student Language Survey Card for Cumberland County School, a state-adopted proficiency test will be administered to determine if a student is limited English proficient (LEP).

Any student who is the victim of a violent criminal offense committed against him/her while he/she was in or on the grounds of a public school that he/she attends may apply for a voluntary transfer to another school within the school district (State Board of Education Policy HRS-A-006).

I have read the non-discrimination statement as it appears below:
It is the policy of the Cumberland 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 as required by Title IX of the 1972 Education Amendments, Section 504 of the Rehabilitation Act of 1973, and the 1990 Americans with Disabilities Act (ADA).

I give my permission to the Cumberland County Schools to release any information on this form to appropriate Federal authorities for the limited purpose of securing Impact Aid funds and other additional Federal funds for the schools.

I hereby certify that the above information is true and that in the event of a change of address, I will notify the school principal of said change immediately. I also understand that the assignment of my child is based upon my present address. If it is found that the above address is incorrect, it is understood that my child will be withdrawn from this school and assigned to the proper school. I also acknowledge receipt of the information on this form relating to release of information of student records information (Board Policies 4700, 4705, 4705/7825, 4705/7825-R) and receipt of a copy of the Student Code of Conduct (Board Policies 4300, 4300-R).

_____ (Signature of Parent or Guardian)	_____ (Date)	03/2013
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CUMBERLAND COUNTY SCHOOLS'
CONFIDENTIAL SCHOOL HEALTH FORM
(PLEASE UPDATE AS CONDITIONS CHANGE)

Rev. 03/2014

Student's Name: _____ School: _____
Homeroom Teacher: _____ Grade: _____ Date of Birth: _____
Parent/Guardian's Name: _____ Home Number: _____
Cellular Number: _____ Work Number: _____ Other Number: _____
Parent/Guardian's Name: _____ Home Number: _____
Cellular Number: _____ Work Number: _____ Other Number: _____
Student's Home Address: _____ City: _____ NC ZIP: _____

Parent/Guardian: In order to best meet your child's needs please provide the following health information. Place a check in the appropriate block below.

My Child Has:

- | | |
|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Endocrine/Metabolic Conditions: Not otherwise listed |
| <input type="checkbox"/> Addison's Disease | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Gastrointestinal Disorder (Crohn's etc.) |
| <input type="checkbox"/> Anorexia/Bulimia | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Autistic Disorders (ASD) including Asperger's Syndrome, PDD | <input type="checkbox"/> Hydrocephalus |
| <input type="checkbox"/> Blood Disorders not listed elsewhere: Chronic Anemia, Thalassemia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Cancer, including Leukemia | <input type="checkbox"/> Hypo/Hyperthyroidism |
| <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Kidney/Renal Condition |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Chromosomal Conditions: including Down Syndrome, Fragile X, Trisomy 18 | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Chronic Encopresis | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Chronic infectious diseases: including: Toxoplasmosis, Cytomegalovirus, Hepatitis B, Hepatitis C, HIV, Syphilis, Tuberculosis | <input type="checkbox"/> Obesity (> 95% BMI) |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Orthopedic Disability (Permanent) |
| <input type="checkbox"/> Diabetes Type I | <input type="checkbox"/> Rheumatological Conditions (including Lupus) |
| <input type="checkbox"/> Diabetes Type II | <input type="checkbox"/> Seizure Disorder/Epilepsy |
| <input type="checkbox"/> Emotional/Behavior and/or Psychiatric Disorder other than ADD/ADHD | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Other Neuromuscular or Neurological Condition
Mobility: ___ Ambulatory or ___ Non-Ambulatory | <input type="checkbox"/> Sickle Cell Trait |
| | <input type="checkbox"/> Spina Bifida |
| | <input type="checkbox"/> Substance Abuse |
| | <input type="checkbox"/> Traumatic Brain Injury |
| | <input type="checkbox"/> Visually Impaired (other than corrected lenses) |
| | <input type="checkbox"/> Other Health Conditions: _____ |

Short description of your child's health problem and how the health problem may affect your child's school work:

If child receives special education services, list area of exceptionality: _____

CUMBERLAND COUNTY SCHOOLS'
CONFIDENTIAL SCHOOL HEALTH FORM
(PLEASE UPDATE AS CONDITIONS CHANGE)

Rev. 03/2014

ALLERGIES

- Has your child received medical attention requiring an injection following a bee sting, ingestion of food, medication, or exposure to latex (i.e., gloves)? Yes No Date of last allergic reaction: _____
- Was your child prescribed any allergy kit? Yes No If yes, name of medication: _____
- Does your child require emergency medication at school? Yes No

CURRENT MEDICATIONS: Please list all medications your child is currently taking.	DOSE/AMOUNT TAKEN	WILL MEDICATION BE NEEDED AT SCHOOL?
		<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 your child needs medication during school hours:

1. Pick up "Physician's School Medication Form" at the school office. This form is to be completed by both the child's physician and the parent/guardian.
2. Prescription medications may be administered at school and must be in a pharmacy-labeled prescription bottle that matches the "Physician's School Medication Form".
3. An Over-the-Counter Medication Form must accompanied all over-the-counter medications and may not exceed (5) five school days.
4. Parent/Guardian **must** transport all medications to the school office and sign them in with the medication clerk.
Do not send medications with your child.
5. Medications that need to be kept with the child must have an Emergency Self-Medication Authorization Form completed by a physician. **The student's parent/guardian shall provide the school backup emergency medication that shall be kept at the student's school in the event of an asthma or anaphylaxis emergency.**

In case of emergency, parent/guardian will be called first. If the school is unable to reach parent/guardian he/she should call:

1st Emergency Contact: _____ Home Number: _____

Cellular Number: _____ Work Number: _____ Other Number: _____

2nd Emergency Contact: _____ Home Number: _____

Cellular Number: _____ Work Number: _____ Other Number: _____

Primary Physician: _____ Office Number: _____

Physician Address: _____ City: _____ State: _____ ZIP: _____

Specialist Physician: _____ Office Number: _____

Physician Address: _____ City: _____ State: _____ ZIP: _____

If unable to reach a parent/guardian or an emergency contact person in case of accident or serious illness, I authorize the sharing of information pertinent to my child's current condition between school nurse/staff and physician. I authorize the school to call the physician or make whatever arrangements deemed necessary.

Parent/Guardian Signature: _____ Date: _____

**STUDENT LANGUAGE SURVEY CARD
CUMBERLAND COUNTY SCHOOLS**

Name of Student _____
(First) (Middle) (Last)

(Date of Survey) (School) (Student #)

(Homeroom Teacher) (Grade) (Date of Birth) (Country of Birth)

All students enrolling in the Cumberland County School system must have a completed *Student Language Survey Card* in his/her cumulative folder.

The parent/legal guardian of the above named student has completed this *Student Language Survey Card* and has responded to the following questions accordingly:

1. What is the first language your **child** learned to speak? _____
2. What language does your **child** speak most often? _____
3. What languages are spoken in your home? _____
4. Besides languages studied in school, does your **child** speak any language(s) other than English?
If yes, list the language(s): _____
5. If your **child** has attended a U.S. school, how long has he/she been enrolled in a U.S. school?
(Please include any grade retentions in your count.) Number of years _____ Number of months _____

The **WIDA ACCESS Placement Tests (W-APT)** is administered to all Language Minority or National Origin Minority students who enroll in the Cumberland County School system. It was the assessment adopted by the NC Department of Public Instruction in June 2008 to determine if a student is limited English proficient (LEP).

Any student whose primary language is **not** English and who is insufficiently proficient in the English language to receive instruction exclusively from regular education programs and function on an academic par with his/her peers may qualify for additional English language instruction. You will be notified **only** if your child qualifies for this additional service.

(Parent's/Legal Guardian's Signature)

NOTES: _____

Office Use Only: Language Code: _____ Language: _____

IF A LANGUAGE OTHER THAN ENGLISH APPEARS ON THIS STUDENT LANGUAGE SURVEY CARD, PLEASE FAX A COPY OF THIS CARD TO THE ENGLISH AS A SECOND LANGUAGE (ESL) DEPARTMENT AT 910-483-6865 OR HAND IT TO YOUR DESIGNATED ESL TEACHER. THIS PROCESS IS ESSENTIAL TO DETERMINE IF THE STUDENT IS IN NEED OF ESL SERVICES. AFTER THE STUDENT'S LANGUAGE HAS BEEN ENTERED IN POWERSCHOOL, THE LANGUAGE SURVEY CARD SHOULD BE FILED IN HIS/HER CUMULATIVE FOLDER AND REMAIN AS PART OF HIS/HER PERMANENT RECORD.



Cumberland County Schools

P.O. Box 2357
Fayetteville, North Carolina 28302
910-678-2300

Photographic/Videotaping Permission

The Cumberland County Schools uses photographs, slides, videos, or illustrations of students for many purposes. Some examples include, but are not limited to, newsletters, annual reports, print media, presentations, videos, news stories produced by the school system onto our Website and other news media, or in other similar forms of communication.

This form allows you as a parent or guardian to choose whether your child may be in a video, photograph, or other illustration used by the Cumberland County Schools or other news media sources.

CHECK ONE:

- I give permission to the Cumberland County Schools or other news media to make photographs, videos, or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.
- I do not give permission for my child to be included in presentations by the Cumberland County Schools or the news media.

Parent/Guardian Name

Student's Name

Date of Signature

Student's School

Street Address

Student's Grade

City State Zip Code

Student's Teacher

Gray's Creek High School



Special Education Information for Registration

Date: _____ Student's Name: _____

Has this student ever been identified in the exceptional children's/special education program?

Yes No

Is this student currently identified in the exceptional children's/special education program?

Yes No

If yes, please check the area of identification:

- AG-Academically Gifted
- AU-Autistic
- BED-Behaviorally Emotionally Disabled
- MD-Mentally Disabled (EMD, S/PMD, TMD)
- OI-Orthopedically Impaired
- OHI-Other Health Impaired
- SLD-Specific Learning Disabled
- S/L-Speech/Language Impaired
- VI-Visually Impaired
- Other: _____

Do you have a copy of the student's IEP? Yes No

Where ever there is a "blank box", "option box", or "check box", please key in the requested information. When the task is completed, please print and bring it with you at your appointment.

_____ Parent/Guardian Signature



Cumberland County Schools

SUSAN B. WILLIAMS, CHAIR
CARRIE SUTTON, VICE CHAIR
ALICIA S. CHISOLM
MACKY HALL

P.O. Box 2357
Fayetteville, North Carolina 28302
910-678-2300

JAMES MCLAUCHLIN
JUDY MUSGRAVE
RUDY TATUM
DONNA VANN
GREGORY WEST

DR. FRANK TILL
SUPERINTENDENT

August 29, 2016

Dear Parent or Guardian,

Public schools in North Carolina are required, annually, to collect information on military-connected students. The information will be used to ensure that the unique needs of military-connected students are met. All information collected will be kept confidential. A copy of the general statute can be accessed at:

<http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>.

Use the table on the following page to report the information for each immediate family member of your child that is connected to the U. S. Military or a foreign military. An *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. This includes Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service Employee, Veteran, Foreign Military, Active Reserve/Guard, Deceased, Deceased-Killed in Action.

Please complete the form in its entirety and return it to your student's homeroom teacher by (date).

The collection of military-connected student data is not to be confused with the Federal Impact Aid survey that will be conducted in October 2016. If you have any questions, please call the Military Family & Youth Liaison at 910-678-7008.

Student Race and Ethnicity Collection Form

Directions: Please complete Sections 1, 2, and 3.

Section 1

Student's Name _____ NCWISE # _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date: _____

Section 2: Student's Ethnicity

You must select one (1) from the following choices (circle one only):

- a. Hispanic/Latino

Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic/Latino or Latino."

Or

- b. Not Hispanic/Latino

Section 3: Student's Race

You must select one (1) or more races from the following five racial groups.
(Circle all that apply):

- a. *American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.*
- b. *Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- c. *Black or African American. A person having origins in any of the Black racial groups of Africa.*
- d. *Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.*
- e. *White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart I

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

STUDENT INTERNET USE AGREEMENT

User's Full Name (please print): _____

Home Address: _____

Home Phone: _____
I understand and will abide by the Cumberland County Schools Technology Acceptable Use Policy and understand that if I violate this policy my Internet access privileges may be revoked and school disciplinary and/or legal action may be taken against me. I further understand that any violation that constitutes a criminal offense will be reported to law enforcement authorities.

User Signature _____

Date: _____

PARENT or GUARDIAN (If you are under the age of 18 a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read the Cumberland County Schools Technology Acceptable Use Policy. I understand that access to the Internet is designed for educational purposes only. I also recognize that it is impossible to restrict access to all inappropriate materials and I will not hold the school system responsible for materials acquired on the network. I accept full responsibility for my child's compliance with the Technology Acceptable Use Policy and hereby give my child permission to use the CCS network.

Parent or Guardian's Name (please print): _____

Signature: _____

Date: _____

Legal References: U.S. Const. amend. I; Children's Internet Protection Act, 47 U.S.C. 254(b)(5); Electronic Communications Privacy Act, 18 U.S.C. 2510-2522; Family Educational Rights and Privacy Act; 20 U.S.C. 1222g; 17 U.S.C. 101 et seq.; 20 U.S.C. 677f; G.S. 115C-322(e), -321
Cross References: Curriculum and Instructional Guides (policy 3115), Technology in the Educational Program (policy 2220), Internet Safety (policy 3226), Copyright Compliance (policy 2230/7330), Web Page Development (2237/7322), Student Behavior Policies (all policies in the 4500 series), Public Records - Retention, Release and Duplication (policy 5070/7350), Use of Equipment, Materials and Supplies (policy 6510), Network Security (policy 6524), Staff Responsibilities (policy 7300)
Replaces: IFAE (in part) (revised June 3, 2009), IFAE (in part) (revised June 18, 2008)

Adopted: October 12, 2010



Cumberland County Schools

GREGORY E. WEST, CHAIR
JAMES A. MCLAUCHLIN, VICE CHAIR
MICHAEL C. BOOSE
ALICIA S. CHISOLM
KIMBERLY P. FISHER

P.O. Box 2357
Fayetteville, North Carolina 28302
910-678-2300

MACKY HALL
LARRY LANCASTER
CARRIE SUTTON
SUSAN B. WILLIAMS

DR. FRANK TILL
SUPERINTENDENT

Dear Parents/Guardians,

The Cumberland County School District utilizes Google Apps for Education for students, teachers and staff. As with any educational endeavor, a strong partnership with families is essential to a successful experience. With this letter we are sharing information regarding the use of Google Apps for Education in the Cumberland County School District and are requesting your permission for your K-12 student to use Google Apps.

The following core services are available to each student:

Drive – a word processing, spreadsheet, drawing, form, and presentation toolset similar to Microsoft Office

Calendar – an individual calendar providing the ability to organize schedules, daily activities, and assignments

Sites – an individual and collaborative website creation tool

Mail - an individual email account for school use - managed, monitored, and filtered by the Cumberland County School District.

Using these tools, students collaboratively create, edit, and share files and websites for school related projects and communicate via email with other students and teachers. These services are entirely online and available 24/7 from any Internet connected device.

Google Apps for Education use in the Cumberland County School District is governed by federal laws and local board policies.

If you have any questions, please contact the Technology Department at 910-678-2549.

Sincerely,

Kevin Coleman

Executive Director of Technology
Cumberland County School District

Fully Accredited School System

Google Apps for Education Parent/Guardian Permission Form

By signing below, I confirm that I have read and understand the following:

Under FERPA and corresponding North Carolina law, a student's education records are protected from disclosure to third parties. With regards to COPPA, I understand that my student's education projects, documents, email, files, username and password stored in Google Apps for Education may be accessible to persons acting on behalf of Google by virtue of this online environment. I also understand that my student's use of Google Apps for Education is governed by Technology Responsible Use (Cumberland County School District Board Policy Code: 3225/4312/7320).

My signature below confirms my consent to allow my student's projects, documents, email, files, username and password to be stored by Google. I understand that I may ask for my child's account to be removed at any time and that I am allowed to have full access to my child's account. I also understand that if I choose to allow my child to have a Google Apps for Education account, I have the right to request that any one portion of the suite of tools can be disabled, leaving the other portions of the suite fully operational.

_____ YES, I give permission for my child to be assigned a full Cumberland County School District Google Apps for Education account. This means my child will receive an email account, access to Google Drive, Calendar and Sites.

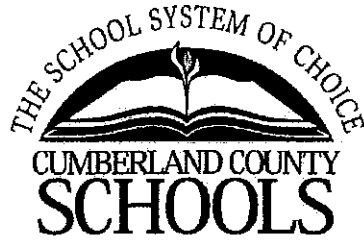
_____ NO, I do not give permission for my child to be assigned a Cumberland County School District Google Apps for Education account. This means my child will **NOT** receive an email account or access to Google Drive, Calendar and Sites.

Student's Full Name:

(Please Print) _____

School: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____



Cumberland County Schools

P.O. Box 2357
Fayetteville, North Carolina 28302
910-678-2300

April 26, 2016

As of May 2014, North Carolina created a State Board of Education policy stating, "Students should be enrolled in school immediately and should not be denied access to school while schools validate documents required to register." Therefore, we are enrolling your child _____ on _____ at _____ High School for the _____ school year.

The items indicated below should be submitted to Guidance:

Transcript/Final Report Card _____	Date provided to counseling office _____
Current school year schedule _____	Date provided to counseling office _____
Birth Certificate _____	Date provided to counseling office _____
Shot Records _____	Date provided to counseling office _____
Custody Paperwork _____	Date provided to counseling office _____
Proof of Address _____	Date provided to counseling office _____
Discipline Records _____	Date provided to counseling office _____
Attendance Records _____	Date provided to counseling office _____

I, _____ understand that I must **submit the materials indicated above, no later than 30 calendar days after enrollment.** I also recognize that the **missing materials might impact my child's grade placement, class schedule, ability to participate in athletic activities, and/or career progression.**

(Parent Signature)

(Counselor/Registrar/Principal Signature)

Date Missing Paperwork is Due to Counseling Office

Test Reason Code Entry

For EOG Reason Codes:

- Look at the blank areas on your audits for students who transferred in from a non-NC public school.

Navigation:

>Start Page, >Select Student, >Academics, >Test Results, >Enter New Test, >Submit

- Enter the test date 5/1/XX
- Enter the grade level the student would have been in at that time
- Enter Test School Name – “Non Public”
- Enter H as the exemption code.
- Leave all other fields blank.
- Click Submit.
- Enter H for test score in all fields. Click Submit.

For EOC Reason Codes:

- Look at students who transferred in from a non-NC public school.
- If they received credit for Biology, Math I, or English II in a private, homeschool, or out-of-state school, they must have a reason code for the EOC entered in PowerSchool.
- Focus on Math I and English II for 9th and 10th graders.
- Focus on Biology for 11th graders.
- All EOC Reason Codes should be entered for ALL subject areas. The 2 bullets above main focus is Accountability.
- Failure to enter reason codes will result in the student counting against the participation rate.

Navigation:

>Start Page, >Select Student, >Academics, >Test Results, >Enter New Test, >Submit

- Enter the date as 1/1/XX for first semester; 6/1/XX for second semester. Use the year the student took the course.
- Enter the grade level the student took the course.
- Enter Test School Name – “Non Public”
- Enter S as the exemption code.
- Enter “Yes” to show on transcript.
- Leave all other fields blank.
- Click Submit.
- Enter S for test score in all fields. Click Submit.

Data Managers must have official approval documentation that the student has been given credit for the course before entering reason/exemption codes in the file.

SCHOOL NAME: _____ SCHOOL CODE: _____

STUDENT NAME: _____ GRADE: _____ POWERSCHOOL ID: _____

TEST TO BE ENTERED:			EXAMPLE:		
PowerSchool TEST	TEST DATE	REASON CODE	PowerSchool TEST	TEST DATE	REASON CODE
READING 08	05/01/		READING 08	5/1/2014	H
MATH 08	05/01/		MATH 08	5/1/2014	H
SCIENCE 08	05/01/		SCIENCE 08	5/1/2014	H
MATH I			MATH I	6/1/2014	S
BIOLOGY			BIOLOGY	1/1/2015	S
ENGLISH II			ENGLISH II	6/1/2015	S

Completed by: _____ Date: _____

Entered in Reason Code file by: _____ Date: _____

NOTES:

The date you will use for the EOG will be 05/01/YYYY. This will be the year they should have taken the EOG.

The date you will use for the Fall EOC will be 01/01/YYYY.

The date you will use for the Spring EOC will be 06/01/YYYY.

Reason Code List for the 2015-16 School Year Only

Reason codes identify the reason or other special circumstance a test score is not included in a student's record. Some reason codes will be exported via ACCTEST and may be used by the NCDPI/Accountability Services software. Use the 1st day of the month as the test date.

A = Absent from the test.

B = First year limited English proficient (LEP 1st Year).

G = Student was approved by the NCDPI for a medical exception. Code G must be manually entered into PowerSchool for the student's historical record.

H = Transfer without an end-of-grade (EOG) assessment score (e.g., grade 8 ELA/reading and math EOG scores). This reason code must not be used for end-of-course (EOC) assessments.

M = Student participated in an alternate assessment (i.e., **NCEXTEND1**).

S = Student transferred from out of state or from a non-public school, and the principal authorized course credit as having participated in the test.