

## Registration Checklist

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ NCWise #: \_\_\_\_\_

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 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)
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FIRST DAY IN ATTENDANCE:  _____
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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 3<sup>rd</sup> through 8<sup>th</sup> 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	MI	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: \_\_\_\_\_

CUMBERLAND COUNTY

NORTH CAROLINA

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
<b>Student Name</b>		
<b>Address</b>		
<b>Mailing Address</b>		
<b>Home Phone</b> (for automated calls)		
<b>Date of Birth / Gender</b>		
<b>Race / Ethnicity</b>		
<b>Student E-mail</b> (optional, for teacher use)		
<b>Custody</b>		

Parent/Guardian Information	Corrections
<b>Mother:</b>	<b>Home Phone:</b>
Living With: YES NO    Can Pick Up: YES NO	<b>Day Phone:</b>
<b>Employer:</b>	<b>Cell Phone:</b>
Home Address (if not living with student):	
Email:	
<b>Father:</b>	<b>Home Phone:</b>
Living With: YES NO    Can Pick Up: YES NO	<b>Day Phone:</b>
<b>Employer:</b>	<b>Cell Phone:</b>
Home Address (if not living with student):	
E-mail:	
<b>Legal Guardian:</b>	<b>Home Phone:</b>
Living With: YES NO    Can Pick Up: YES NO	<b>Day Phone:</b>
<b>Employer:</b>	<b>Cell Phone:</b>
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	
<b>Transportation</b>	AM: BUS RIDER    CAR RIDER    DAYCARE    WALKER    STUDENT DRIVER (Plate#: _____ ) PM: BUS RIDER    CAR RIDER    DAYCARE    PRIMETIME    WALKER    STUDENT DRIVER
<b>Military Connected?</b>	FATHER    MOTHER    OTHER FAMILY MEMBER (Specify) _____
<b>HIGH SCHOOL ONLY:</b>	Do you allow College recruiting? YES NO                      Do you allow Military recruiting? YES NO

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

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
<b>Name:</b> _____ <b>Relationship:</b> _____ Living With: YES NO    Can Pick Up: YES NO    Day Phone: _____	
<b>Name:</b> _____ <b>Relationship:</b> _____ Living With: YES NO    Can Pick Up: YES NO    Day Phone: _____	
<b>Name:</b> _____ <b>Relationship:</b> _____ Living With: YES NO    Can Pick Up: YES NO    Day Phone: _____	
<b>Name:</b> _____ <b>Relationship:</b> _____ Living With: YES NO    Can Pick Up: YES NO    Day Phone: _____	

*Additional Information:*

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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'**  
**CONFIDENTIAL SCHOOL HEALTH FORM**  
(PLEASE UPDATE AS CONDITIONS OR INFORMATION CHANGES)

Rev. 6/2017

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 physician diagnosed health information. Place a check in the appropriate block below.

**My Child Has:**

- |  |  |
|--|--|
| <input type="checkbox"/> No known health concerns  | <input type="checkbox"/> Endocrine/Metabolic Conditions: Not otherwise listed                              |
| <input type="checkbox"/> ADD/ADHD  | <input type="checkbox"/> Fetal Alcohol Syndrome  |
| <input type="checkbox"/> Allergies (Severe) List: _____  | <input type="checkbox"/> Gastrointestinal Disorder: Crohn's, Celiac disease, IBS, gluten intolerante, etc. |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Hearing Loss  |
| <input type="checkbox"/> Autistic Disorders (ASD) including Asperger's Syndrome, PDD   | <input type="checkbox"/> Hemophilia  |
| <input type="checkbox"/> Blood Disorders not listed elsewhere: Chronic Anemia, Thalassemia   | <input type="checkbox"/> Hydrocephalus   |
| <input type="checkbox"/> Cancer, including Leukemia  | <input type="checkbox"/> Hypertension  |
| <input type="checkbox"/> Cardiac Condition   | <input type="checkbox"/> Hypo/Hyperthyroidism  |
| <input type="checkbox"/> Cerebral Palsy  | <input type="checkbox"/> Integumentary (skin)  |
| <input type="checkbox"/> Chromosomal Conditions (Genetic): including Down Syndrome, Fragile X, Trisomy 18  | <input type="checkbox"/> Migraine Headaches  |
| <input type="checkbox"/> Chronic Encopresis  | <input type="checkbox"/> Multiple Sclerosis  |
| <input type="checkbox"/> Chronic infectious diseases: including: Toxoplasmosis, Cytomegalovirus, Hepatitis B, Hepatitis C, HIV, Syphilis, Tuberculosis, etc. | <input type="checkbox"/> Muscular Dystrophy  |
| <input type="checkbox"/> Concussion  | <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"/> Renal/Adrenal/Kidney conditions including Addison's                               |
| <input type="checkbox"/> Diabetes Type II  | <input type="checkbox"/> Rheumatological conditions including Lupus, JRA, etc.                             |
| <input type="checkbox"/> Eating Disorder: Anorexia or Bulimia  | <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   | <input type="checkbox"/> Sickle Cell Trait (only)  |
| Mobility: ___ Ambulatory or ___ Non-Ambulatory   | <input type="checkbox"/> Spina Bifida (myelomeningocele)   |
|  | <input type="checkbox"/> Substance Abuse   |
|  | <input type="checkbox"/> Traumatic Brain Injury  |
|  | <input type="checkbox"/> Visually Impaired (uncorrectable)   |
|  | <input type="checkbox"/> Other Neurological Condition: _____   |

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: \_\_\_\_\_

Does your child have a 504 Plan?  Yes  No

Has your child experienced a head injury of any kind (e.g., concussion) in the past year?  Yes  No

**CUMBERLAND COUNTY SCHOOLS'**  
**CONFIDENTIAL SCHOOL HEALTH FORM**  
(PLEASE UPDATE AS CONDITIONS OR INFORMATION CHANGES)

Rev. 6/2017

**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

<b>CURRENT MEDICATIONS:</b> 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 a CCS 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 CCS Physician's School Medication Form.
3. A CCS Over-the-Counter Medication Form must accompany 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 a CCS 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:

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

2<sup>nd</sup> 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:** \_\_\_\_\_







## 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



## Cumberland County Schools

P.O. Box 2357

Fayetteville, North Carolina 28302

910-678-2300

MR. TIM KINLAW  
INTERIM SUPERINTENDENT

August 28, 2017

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 2017. If you have any questions, please call the Military Family & Youth Liaison at 910-678-7008.*

### Military Identification

STUDENT NAME: \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_

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Is the student military connected?

YES                  NO

If yes, use the following options when filling out the table:

“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.

Relationship:            Father, Mother, Stepfather, Stepmother, Guardian, Sibling, Other

Branch:                    Air Force, Army, Coast Guard, Marine Corps, Navy

Status:                    Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service Employee, Veteran, Foreign Military, Active Reserve/Guard, Deceased, Deceased-Killed in Action

Rank:                      E1-E9, O1-O10, W1-W5, Federal Service Employee

Installation:            Name the installation where you are stationed, or if you are no longer active duty, the installation where you reside closest.

Unit/Squadron:        Name the unit or squadron that you are attached, if applicable.

<i>Relationship</i>	<i>Branch</i>	<i>Status</i> <small>(More than 1 may be chosen)</small>	<i>Rank</i>	<i>Military Installation</i>	<i>Unit/Squadron</i>

Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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

# 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 1

**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

### PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.**

**Cumberland County Schools  
Student Information/Verification of Address**

<b>SCHOOL USE ONLY</b>	
School # _____	_____
Pupil# _____	_____
Grade Assigned _____	_____

<b>Student</b>  Pupil No. _____ Legal Last Name _____ Legal First Name _____ Middle Name _____ Birth Date _____ Race _____ Sex _____ Proof of Age _____	<b>Property Address</b>  Street # & Name _____ Apt. # _____ City _____ State/Prov. _____ Postal Code _____ Bus Rider _____ (Yes/No) Mailing Address _____ Same as Property Address _____ (Yes/No)
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**RELEASE OF STUDENT INFORMATION UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT AND CUMBERLAND COUNTY BOARD OF EDUCATION POLICIES 4700, 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.

- 1. 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).
- 2. 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.
- 3. 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 such as 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.).
- 4. 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. **You have a right to object in writing 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 the armed 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, 4705/7825, 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 Schools, 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, 4705/7825, 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)

04/2015



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(h)(5); Electronic Communications Privacy Act, 18 U.S.C. 2510-2522; Family Educational Rights and Privacy Act, 20 U.S.C. 1232g; 17 U.S.C. 101 et seq.; 20 U.S.C. 677f; G.S. 115C-325(f)-391  
Cross References: Curriculum and Instructional Guides (policy 2115), Technology in the Educational Program (policy 2220), Internet Safety (policy 2226), Copyright Compliance (policy 2226/230), Web Page Development (2227/232), Student Behavior Policies (all policies in the 4200 series), Public Records - Retention, Release and Disposition (policy 5070/230), Use of Equipment, Materials and Supplies (policy 6250), Network Security (policy 6520), Staff Responsibilities (policy 7200)  
Replaces: IFAE (in part) revised June 9, 2009; IFAP (in part) revised June 18, 2008  
Adopted: October 12, 2010



## Cumberland County Schools

GREGORY WEST, CHAIR  
DONNA VANN, VICE CHAIR  
ALICIA S. CHISOLM  
PEGGY HALL

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

PORCHA MCMILLAN  
JUDY MUSGRAVE  
CARRIE SUTTON  
RUDY TATUM  
SUSAN WILLIAMS

DR. FRANK TILL  
SUPERINTENDENT

Dear Parents/Guardians,

The Cumberland County School District utilizes G Suite for Education for all students and faculty. 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 G Suite for Education in the Cumberland County School District and are requesting your permission for your K-12 student to use this technology.

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.

G Suite 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

G Suite 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 G Suite 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 G Suite 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 G Suite 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 G Suite for Education account. This means my child will receive an email account, access to Google Drive, Calendar and Sites.

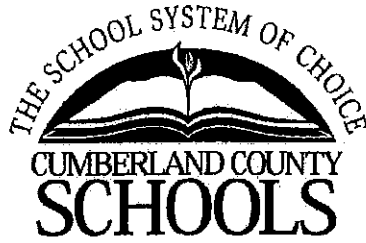
\_\_\_\_\_ NO, I do not give permission for my child to be assigned a Cumberland County School District G Suite for Education account. This means my child will **NOT** receive an email account or access to Google Drive, Calendar and Sites.

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 9<sup>th</sup> and 10<sup>th</sup> graders.
- Focus on Biology for 11<sup>th</sup> 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.