

Teacher's Name _____

Kindergarten 2018

School _____



Rutherford County Schools Kindergarten Registration / Student Information Sheet

To assist us in keeping our records accurate, please notify the school as soon as possible if any of the following information is changed.

Student's Name: _____
First Middle Last
(Please circle the name he/she goes by)

Sex _____ Place of Birth _____ Ethnicity: Hispanic/Latino _____ Yes _____ No
(County and State) (Please select one)

Race: (Check ✓ one or more) _____ American Indian _____ Asian _____ Native Hawaiian
_____ White _____ Black or African American

Parent/Guardian Name: _____

Parent/Guardian Home Phone #: _____ Parent/Guardian Cell Phone #: _____

Student's Mailing Address: _____

Student's Street Address: (If different from mailing address) _____

Please provide brief directions to your home: _____

Student's Birthday: Month _____ Day _____ Year _____ Age _____

Transportation to School: (Check ✓)

Car Rider AM / PM Bus Rider AM / PM

Email Address Where Parent/Guardian Can Be Contacted: _____

For Office Use Only
SIS #: _____
Bus #: _____

Student Lives With:

Father / Stepfather / Grandfather (Name) _____
(Circle One)

Works at _____ Work Phone _____

Mother / Stepmother / Grandmother (Name) _____
(Circle One)

Works at _____ Work Phone _____

State length of time student has lived with the above person(s) _____

In Case of Emergency (We will try to contact parents first. List someone other than the parent.)

Contact _____ Phone _____ Relationship _____

Contact _____ Phone _____ Relationship _____

Contact _____ Phone _____ Relationship _____

OVER

Emergency Medical Information:

(Please list any information that would be helpful for us to know. Include medications, hospitalizations, chronic illnesses, etc.) _____

Doctor Preference and Telephone Number:

Hospital Preference:

In the Event School is Dismissed Early, I Need My Child to:

(This plan for early dismissal will be followed exactly. If a change is required, it must be by letter or a visit to the school. In the event of emergency dismissal, there is no time for last minute changes.)

_____ Ride their regular bus home (bus is listed on front).

_____ Ride a different bus. Please explain: _____

_____ Remain at school for me to pick them up

Educational Level of Parents: (Please check ✓ one)

Mother:

- _____ Did not complete high school
- _____ High School Graduate
- _____ 2 Year Community College
- _____ 4 Year College – Bachelor’s Degree
- _____ Graduate School

Father:

- _____ Did not complete high school
- _____ High School Graduate
- _____ 2 Year Community College
- _____ 4 Year College – Bachelor’s Degree
- _____ Graduate School

List Brothers and Sisters in a Rutherford County School or Still Living at Home:

_____	Grade _____	Age _____
_____	Grade _____	Age _____
_____	Grade _____	Age _____
_____	Grade _____	Age _____

Is there special custody information that we should know about? If so, is legal paperwork filed in office? _____

Is there anyone (by law) who may not pick up your child? If so, is legal paperwork filed in office?

_____ Relationship to child _____

_____ Relationship to child _____

Field Trip Permission Signature (By signing below, you are giving your permission for your child to participate in any school field trip(s) his/her classroom may take.)

Parent/Guardian Signature

School Last Attended (If possible, list the address and/or phone number of the last school your child attended)

All of the above information is correct as of _____ (date).

Parent/guardian Signature



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 requirements:

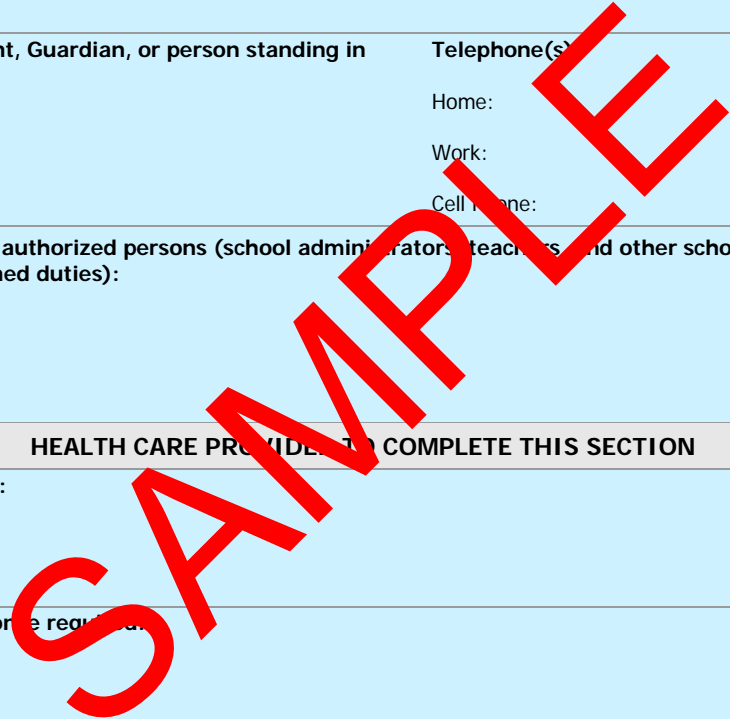
Special diet instructions:

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:

SAMPLE





DO NOT PURGE

For Office Use Only	
School:	_____
Grade:	_____
Teacher:	_____
Student ID #:	_____

Notice to School Staff: This form is a permanent part of the student's cumulative record. DO NOT PURGE.

Home (Primary) Language Survey

Rutherford County Schools

Date: ____/____/____

Student's Name: _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: ____/____/____ Gender: M ___ F ___

Birthplace: _____
(State) (If North Carolina list County also)

Date of Entry in U.S.: ____/____/____

Date of Entry in U.S. Schools: ____/____/____

1. What is the first language the student learned to speak? _____
2. What language does the student speak most often? _____
3. What language is most often spoken in the student's home? _____
4. Please describe the language understood by your child. (check only one)
 - ___ Understands only the home language and no English.
 - ___ Understands mostly the home language and some English.
 - ___ Understands the home language and English equally.
 - ___ Understands mostly English and some of the home language.
 - ___ Understands only English.

Parent Notification

As required by law, school staff will administer a language proficiency test to any student whose Home Language Survey indicates a language other than English. Test results will be sent to you.

5. If available, in what language would you prefer to receive communication from the school?

6. Has the student been enrolled in Rutherford County Schools before?
___ Yes ___ No

If yes: School _____ Date _____

Rutherford County Schools 382 West Main Street, Forest City NC 28043
Phone: 828-288-2200

Rutherford County Schools Transportation Request Form

REG ED
SN
PM Program

SCHOOL NAME _____ GRADE _____ DATE _____

*****Please complete this form ONLY if your child desires to ride the bus*****

You can get a copy of this form from your school office if your child desires to ride the bus in the future!

We are required to physically locate a child's residence (home) address for verification of attendance and ridership eligibility. Thank you for your cooperation.

SIS Student ID# _____

Telephone Number: _____

STUDENTS NAME _____ (LEGAL NAME, NOT NICKNAME)

(LAST)

(FIRST)

(MIDDLE)

WRITE BELOW STUDENTS PHYSICAL HOME ADDRESS, NOT A POST OFFICE BOX, APARTMENT OR LOT NUMBER

911 HOUSE NUMBER _____

STREET NAME _____

(RD, LN, ST, AV, ETC.) _____

CITY _____

STATE _____

ZIP CODE _____

SIS DATA MANAGER Please verify address with segments list, confirm match to SIS address for student and forward copy to Transportation Depart.

WILL STUDENT RIDE THE BUS IN THE:

MORNING? _____ YES/NO _____ AFTERNOON? _____ YES/NO _____

Please answer by circling YES or NO for both Morning and Afternoon above!!

**WRITE BELOW ONLY IF STUDENT WILL--BOARD(AM)--OR--DEPART(PM)--{circle what applies}
THE BUS AT A STOP LOCATION OTHER THAN THE HOME ADDRESS LISTED ABOVE (such as
grandparents, daycare, babysitters, etc.) "WRITE BELOW ONLY IF APPLIES"**

911 HOUSE NUMBER _____

STREET NAME _____

(RD, LN, ST, AV, ETC.) _____

CITY _____

STATE _____

ZIP CODE _____

PARENT SIGNATURE _____ PRINT NAME _____

TRANSPORTATION REQUESTS CAN TAKE UP TO TEN(10) DAYS FOR PROCESSING AND APPROVAL

ADDITIONAL COMMENTS:

(TRANSPORTATION DEPARTMENT USE ONLY BELOW THIS LINE)

BUS STOP # _____

Approximate Stop Times: _____ AM _____ PM

BUS RUN # _____

Bus Number: _____ Right Hand Stop Only _____

Corner Stop at: _____

APPROVED _____ DENIED _____

REASON DENIED: _____