

# Warren County Schools

# Registration

## STUDENT INFORMATION

<b>School Name:</b>		<b>School Code:</b>	<b>Date of Enrollment:</b>	<b>Previous School:</b>	
<b>Student's Full Name:</b> (Last) (First) (Middle)			<b>Social Security Number:</b>		
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Home Phone:</b>
<b>Mailing Address (Include City, State &amp; Zip if not the same as Street Address):</b>					
<b>Directions to Home from School:</b>					
<b>Sex:</b> (circle) Male Female		<b>Grade:</b>	<b>PowerSchool Number:</b>	<b>Date of Birth:</b>	
<b>Birthplace City:</b>		<b>Birthplace County:</b>	<b>Birthplace State:</b>	<b>Checked Birth Certificate:</b> (circle) Yes No	
<b>Race:</b> (circle all that apply) American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pac Islander White					
<b>Is the student Hispanic or Latino?</b> Yes No					
<b>Student Resides With:</b> (circle) Parents Mother Father Legal Guardian			<b>Emergency Contact Person:</b>		<b>Emergency Contact Phone:</b>
<b>Name of Second Emergency Contact Person:</b>			<b>Second Emergency Contact Phone:</b>		
<b>Father's Name:</b>		<b>Home Phone:</b>	<b>Work Number:</b>	<b>Employer:</b>	
<b>Mother's Name:</b>		<b>Home Phone:</b>	<b>Work Number:</b>	<b>Employer:</b>	
<b>Legal Guardian's Name:</b>		<b>Home Phone:</b>	<b>Work Number:</b>	<b>Employer:</b>	
<b>Medical Information (Allergies, Disabilities, Seizures, Diabetes, Etc.)</b>			<b>Medication Information:</b>		
<b>Number of Older Brothers:</b>		<b>Names if Attending School:</b>		<b>Name of School:</b>	
<b>Number of Older Sisters:</b>		<b>Names if Attending School:</b>		<b>Name of School:</b>	
<b>Number of Younger Brothers:</b>		<b>Names if Attending School:</b>		<b>Name of School:</b>	
<b>Number of Younger Sisters:</b>		<b>Names if Attending School:</b>		<b>Name of School:</b>	
<b>Number of Persons Living in the Home Other Than Those Listed Above:</b>					
<b>Will your child be riding a bus in the morning?</b> (circle) Always Sometimes Never					
<b>Will your child be riding a bus in the afternoon?</b> (circle) Always Sometimes Never					
<b>Will your child be getting off the bus at the same location that he/she got on the bus?</b> (circle) Yes No					



## WARREN COUNTY SCHOOLS

109 Cousin Lucy's Lane  
Post Office Box 110  
Warrenton, North Carolina 27589

Phone: (252) 257-3184  
Fax: (252) 257-5357  
[www.warrenk12.org](http://www.warrenk12.org)

April 20, 2016

Dear Parent or Guardian:

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 requires the North Carolina State Board of Education/North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career.

The data collection is a mandatory requirement starting in the 2015-16 school year. The Session Law 2014-15 that describes this requirement can be accessed at: <http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>.

To ensure compliance with Session Law 2014-15, please complete the information on the reverse side of this letter and return to your child's school as soon as possible. Thank you.

Sincerely,

Dr. Frank Polakiewicz, Assistant Superintendent of Administration  
Warren County Schools

Office Use Only:

Completed forms should be forwarded to the school's data manager.

4/13/16



**Warren County Schools  
Military-Connected Students  
Data Collection Form**

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

School Name: \_\_\_\_\_

Is an *“immediate family member”* of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Veteran or Disabled Veteran, Foreign Military or Federal Civil Service Employee? (NC G.S. 115C-12 (18)(f).

*“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.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If you answered “No” to the question, please skip the portion below and submit this form to your child’s school. If you answered “Yes” to the question, please provide the information below and submit this form to your child’s school.

Relationship	Branch	Status	Grade (Optional)	Military Installation (Optional)
<i>Father</i>	<i>Army</i>	<i>Active Duty</i>	<i>E-4</i>	<i>Fort Bragg</i>

example

*(Please return a form for each child in your household).*

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

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

**Installation:** The facility where the service member fulfills their duty role in the military. (e.g. Fort Bragg, NG Raleigh Armory, Knightdale Reserve Center etc.) [Optional]

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

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4/13/16