

Registering School Fuquay -Varina High School

 School # 428
FOR OFFICE USE ONLY

ENTRY DATE	<input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/>	ENTRY CODE:	E1	E2	R2	R3	R5	R6
NCWISE ID#/MF	<input style="width: 100%; height: 20px;" type="text"/>	TEACHER	_____				TRACK	<input style="width: 40px; height: 20px;" type="text"/>

STUDENT'S LEGAL LAST NAME _____ GRADE _____

STUDENT'S LEGAL FIRST NAME _____ MIDDLE NAME _____

SEX (check one) Male or Female

ETHNICITY (check one) Hispanic/Latino Not Hispanic/Latino

RACE (check all that apply)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

 Does your child have an **IEP?** Y N **or 504 Plan?:** Y N

 Does your child receive services through: **ESL?** Y N **or Title One?** Y N

 ADDRESS _____
Street
City
State
Zip

 BIRTH - - HOME PHONE (_____) _____
mm dd yyyy

WITH WHOM DOES STUDENT RESIDE? (circle one)
 Mother only
 Both Parents
 Father only
 Legal Custodian
 Other _____

 FATHER/STEPFATHER _____ CELL PHONE (_____) _____
 PLACE OF EMPLOYMENT _____ WORK PHONE (_____) _____
 E-MAIL: _____

 MOTHER/STEPMOTHER _____ CELL PHONE (_____) _____
 PLACE OF EMPLOYMENT _____ WORK PHONE (_____) _____
 E-MAIL: _____

 LEGAL CUSTODIAN _____ CELL PHONE (_____) _____
(if not parent)
 PLACE OF EMPLOYMENT _____ WORK PHONE (_____) _____
 E-MAIL: _____

 MAILING ADDRESS (If different from above) _____
Street
City
State
Zip

 What year did your child enter 9th grade, if applicable? _____

 Has your child ever been enrolled in a Wake County School? Y N Which school? _____ Dates: _____

 Has your child ever been enrolled in a North Carolina School? Y N Which school? _____ Dates: _____

Has your child attended any other school this school year? Yes No

Name of last school your child attended: _____ Dates: _____

 Address of last school attended: _____
Street
City
State
Zip

 Type of school last attended:
 Public
 Private
 Charter
 Home

List siblings attending WCPSS: _____ Grades _____

List non-school age siblings: _____

Emergency Medical Information – Note any unusual physical conditions, convulsion disorders, severe allergies, etc. - any condition for which the school should extend extraordinary care: _____

Doctor's Name _____ Phone _____

Emergency contact person: _____ Relationship _____ Phone: _____