

# CUMBERLAND COUNTY SCHOOLS **KINDERGARTEN** **REGISTRATION** **PACKET** **2023-2024**

*Committed to making sure  
each child gets personal  
attention, keeping families  
informed and seeking their  
input as partners in their  
child's education.*







2465 Gillespie St  
Fayetteville, NC 28306  
(910) 678-2300

# ENROLLMENT PACKET

FOR NEW STUDENTS ENTERING K-12<sup>TH</sup> GRADE  
2023-2024







## Instructions

Welcome to Cumberland County Schools. Please follow the steps below to register your student.

**1. You are required to have ALL of the following materials:**

1. A certified copy of your child's birth certificate
2. Two forms of proof of residency in the name of the parent/court appointed custodian in the attendance area of enrolling school
  - Current Utility Bill (electric/gas/water) – no more than 30 days old, and
  - Mortgage/Lease Agreement – no more than 60 days old
    - If renting from a Rental Agent, lease must be on letterhead
    - If renting from an individual, lease must be notarized with contact information of person renting property
    - If living with an individual, the individual with whom you are residing must provide the proof of residency listed above and complete the CCS Residency Affidavit.
      - Additionally, parent/court appointed custodian must provide proof of residency in their name at the address provided.
3. Proof of Vacating Previous Address
  - proof of sale
  - utility disconnect
  - written verification from property manager
4. Photo ID of Parent/Court Appointed Custodian
5. Any custody documents (if applicable)
6. Immunization Records
7. Health Assessment\* (Kindergarten and Transfer Students New to North Carolina Only)
8. School Records
  - Transcript
  - Most recent report card
  - Discipline records (if applicable)
9. Special Education Records (if applicable)
  - IEP
  - 504

**2. Complete all of the required forms in the packet, and review supplemental forms to complete if they apply to your student.**

**3. Turn completed packet and required forms into school personnel to finish the registration process.**





## Enrollment Packet Forms Checklist

Each new enrollment packet for Cumberland County Schools should include the following forms:

- ☐ NC Immunizations Requirements (for informational purposes)
- ☐ Letter regarding School Meal Programs (for informational purposes)
- ☐ Cafeteria Charge Policy – 6220-R (for informational purposes)

### **New Enrollment Required Forms – Complete all forms in their entirety.**

- ☐ Student Data Sheet
- ☐ McKinney-Vento Residency Form
- ☐ Annual Notification of Rights under Family Educational Rights and Privacy Act (for informational purposes)
- ☐ Student Directory Information/Photo Consent Form
- ☐ Cumberland County School Confidential School Health Form
- ☐ North Carolina Health Assessment Transmittal Form
- ☐ Home Primary Language Survey
- ☐ Consent for Technology and Digital Resource Use
- ☐ Military Connected Students

### **New Enrollment Supplemental Forms – Complete any that are applicable to your family.**

- ☐ Title IV – Indian Education 506 Federal Form
- ☐ CCS Pesticide Use Notification Request
- ☐ NC Occupational Survey
- ☐ Physician's School Medication Form
- ☐ Medical Statement for Students with Special Nutritional Needs for School Meals
- ☐ Guidance for Completing the Medical Statement for Students with Special Nutritional Needs for School Meals



# NC IMMUNIZATION REQUIREMENTS 2023-2024

Pre-kindergarten	Grades K-6	Grade 7 - 8	Grades 9-11	Grade 12
<b>(4) DTP/DTaP</b>	<b>*(5) DTP/DTaP</b> with booster on/after 4 <sup>th</sup> birthday	<b>*(5) DTP/DTaP</b> with booster on/after 4 <sup>th</sup> birthday	<b>*(5) DTP/DTaP</b> with booster on/after 4 <sup>th</sup> birthday	<b>*(5) DTP/DTaP</b> with booster on/after 4 <sup>th</sup> birthday
		<b>(1) Tdap</b> Required if an individual had not previously received it and is entering the 7 <sup>th</sup> grade or by 12 years of age whichever comes first. Effective 7-1-2015	<b>(1) Tdap</b> Required for individuals who entered 7 <sup>th</sup> grade or reached 12 years of age on or after 7-1-2015	<b>(1) Tdap</b> Required for individuals who entered 7 <sup>th</sup> grade or reached 12 years of age on or after 7-1-2015
<b>(3) Polio</b>	<b>** (4) Polio</b> 4 <sup>th</sup> dose is required on/after the 4 <sup>th</sup> birthday and before entering school for the first time. Effective 7-1-2015	<b>** (4) Polio</b> 4 <sup>th</sup> dose is required on/after the 4 <sup>th</sup> birthday and before entering school for the first time. Effective 7-1-2015	<b>*** (4) Polio</b>	<b>*** (4) Polio</b>
<b>**** (1) MMR</b> On/after 1 <sup>st</sup> birthday	<b>**** (2) MMR</b> (1 <sup>st</sup> dose on/after 1 <sup>st</sup> birthday) at least 28 day interval needed between doses	<b>**** (2) MMR</b> (1 <sup>st</sup> dose on/after 1 <sup>st</sup> birthday) at least 28 day interval needed between doses	<b>**** (2) MMR</b> (1 <sup>st</sup> dose on/after 1 <sup>st</sup> birthday) at least 28 day interval needed between doses	<b>**** (2) MMR</b> (1 <sup>st</sup> dose on/after 1 <sup>st</sup> birthday) At least 28 day interval needed between doses
<b>(3) Hepatitis-B</b> Third dose shall NOT be given prior to 24 weeks of age if born on/after 11-17-2001	<b>(3) Hepatitis-B</b> Third dose shall NOT be given prior to 24 weeks of age if born on/after 11-17-2001	<b>(3) Hepatitis-B</b> Third dose shall NOT be given prior to 24 weeks of age if born on/after 11-17-2001	<b>(3) Hepatitis-B</b> Third dose shall NOT be given prior to 24 weeks of age if born on/after 11-17-2001	<b>(3) Hepatitis-B</b> Third dose shall NOT be given prior to 24 weeks of age if born on/after 11-17-2001
<b>(1) Varicella</b> On/after 1 <sup>st</sup> birthday	<b>(2) Varicella</b> (1 <sup>st</sup> dose on/after 1 <sup>st</sup> birthday) at least 28 day interval needed between doses. (As of 7-1-2015, historical documentation of disease must include approximate date or age of infection and a health care provider signature.)	<b>(2) Varicella</b> (1 <sup>st</sup> dose on/after 1 <sup>st</sup> birthday) at least 28 day interval needed between doses. (As of 7-1-2015, historical documentation of disease must include approximate date or age of infection and a health care provider signature.)	<b>(1) Varicella</b> (1 <sup>st</sup> dose on/after 1 <sup>st</sup> birthday) Required if no varicella disease documentation. Parent or health care provider may provide written history of disease but must include approximate date or age of infection.	<b>(1) Varicella</b> (1 <sup>st</sup> dose on/after 1 <sup>st</sup> birthday) Required if no varicella disease documentation. Parent or health care provider may provide written history of disease but must include approximate date or age of infection.
<b>(1-4) Hib</b> Hib vaccine is not given after 5 years of age. If the first dose is given on/after 15 months of age, series is complete. If 4 <sup>th</sup> dose is given on/after 12 months of age, series is complete. (Dosage requirement may vary depending on the vaccine type and the age when received first dose.)	<b>Hib</b> Hib vaccine is not required after 5 years of age. If not yet 5 years of age, same requirements as for Pre-K.			
<b>(1-4) Pneumococcal Conjugate</b> Pneumococcal vaccine is not given after 5 years of age. If the first dose is given on/after 24 months of age, series is complete. (Dosage and interval requirements may vary depending on the age when first dose was received.)	<b>Pneumococcal Conjugate</b> Pneumococcal Conjugate vaccine is not required after 5 years of age. If not yet 5 years of age, same requirements as for Pre-K.	<b>(1) Meningococcal conjugate</b> Required for individuals born on/after 1-1-2003 and entering the 7 <sup>th</sup> grade or by 12 years of age, whichever comes first (Effective 7-1-2015)	<b>(1) Meningococcal conjugate</b> Required for individuals born on/after 1-1-2003 and entering the 7 <sup>th</sup> grade or by 12 years of age, whichever comes first (Effective 7-1-2015)	<b>(2) Meningococcal conjugate</b> Required for individuals born on/after 1-1-2003 and entering the 12 <sup>th</sup> grade or by 17 years of age, whichever comes first. (2nd dose not required if entered 12 <sup>th</sup> grade before 8-1-2020 or if 1st dose received on or after 16 <sup>th</sup> birthday.)

NOTE: Four day rule applies to all required minimum ages.

\* Children receiving #4 DTP/DTaP on or after 4<sup>th</sup> birthday are not required to have #5.

\*\* Children receiving #3 Polio on or after 4<sup>th</sup> birthday and at least 6 months after the 2<sup>nd</sup> dose are not required to have #4.

\*\*\* Children receiving #3 Polio on or after their 4<sup>th</sup> birthday are not required to have #4. Children 18 years or older are not required to receive a polio vaccine.

\*\*\*\* If given separately: Two measles doses, two mumps doses, and one rubella dose required. First dose must be on or after first birthday and at least a 28 day interval is needed between the first and second doses. Second mumps dose only required if entered school on or after 7-1-2008.





## SCHOOL MEAL PROGRAMS

The Cumberland County Board of Education recognizes that it is important for students to receive proper nutrition so that they are ready and able to take advantage of educational opportunities. Therefore, Cumberland County Schools participates in the USDA National School Breakfast and Lunch Programs to ensure all students have access to nutritious meals. Through these programs, students who are economically disadvantaged may be eligible to receive free or reduced priced meals at school. Parents must apply on an annual basis to determine their child's eligibility for meal benefits. Children who were enrolled in CCS and qualified for free or reduced meal benefits in the previous school year will be allowed to carry over that status up to 30 days or as soon as a new application is submitted, whichever comes first, at the beginning of each new school year.

## FREE OR REDUCED MEAL BENEFITS APPLICATIONS

There are 2 methods available for submitting = Free and Reduced-Priced Meal Application.

**Option 1:** Applications can now be filled out online. To fill out the form visit [www.LunchApplication.com](http://www.LunchApplication.com).

**Option 2:** Fill out a paper application. The completed form must be returned to your child's school cafeteria or mailed to Cumberland County Schools, Child Nutrition Services, 810 Gillespie St., Fayetteville, NC 28306.

Only one application per family is required but all students and household members should be listed on the application.

A new application must be completed each year, and families may complete an application at any time during the school year. Students who were approved for benefits last year must complete a new application at the beginning of the new school year. Students may eat on last year's status for either thirty (30) days or until a new application is processed whichever occurs first. Those students who do not have an approved meal application on file will need to pay for meals after the first 30 days of school.

If you received a letter that your child is directly certified to receive meals, you do not need to complete an application for meal benefits. However, if your letter does not include the names of all students in the household, please call 910-678-2595 to let us know.

## MEAL PRICES

School meal prices are available on the CCS website. If your child attends a school that is part of the Community Eligibility Provision (CEP) program, then breakfast and lunch will be provided at no charge. A list of schools enrolled in CEP is available on the Child Nutrition Services Website [cn.ccs.k12.nc.us](http://cn.ccs.k12.nc.us).

## PREPAY OPTIONS

Student cafeteria accounts are identified by the student's PowerSchool number. Parents may pay for student meals and a la carte items in advance by adding funds to the student's account. Prepayment can be made in the cafeteria or online at [www.k12paymentcenter.com](http://www.k12paymentcenter.com). Upon request from the parent within 60 days from the date of student withdrawal, positive balances will be refunded to the parent by Child Nutrition Services.







## CAFETERIA CHARGE POLICY – 6220-R

Students who are required to pay for meals are expected to provide payment at the time of service using one of the approved pre-payment methods on their individual account or a cash payment at the time of purchase. In situations where students are unable to pay for a meal on a particular day due to a lack of money, the following charge policies shall be followed:

- Students in grades preK-8 may acquire a negative balance up to \$15.00 in meals due to forgotten money for their meals. Students with a negative balance may not purchase a la carte items, with the exception of milk (purchased with cash). If a student's meal will exceed the negative balance limit of \$15.00, that student will be offered an alternative breakfast/lunch tray.
- High school students will need to have money to purchase meals/a la carte items. If a high school student does not have money for their meal, they will be offered an alternative breakfast/lunch tray. Charging is not permitted in high school cafeterias, with the exception of the first week of the school year as authorized by the superintendent.
- Adults must have money at the time of purchase. Charging is not permitted in school cafeterias for adults.

### Alternative Meals

- Breakfast: The alternative breakfast tray will consist of a milk and cereal selected by the manager.
- Lunch: The alternative lunch tray will consist of the option of two vegetables, a fruit, a milk, and a cold sandwich selected by the manager. Cafeteria managers may provide (based on product availability) a cold cheese, ham or turkey sandwich.
- Special Diets: An appropriate alternative breakfast/lunch tray will be provided to students who have a completed Medical Statement for Students with Special Nutritional Needs for School Meals on file in the cafeteria.

### Negative Balances:

Once a student acquires a negative balance the cafeteria manager will check to see if the student has a free or reduced application on file. If the student does not have an application on file, the cafeteria manager will give one to the teacher for the student to take home and their caregiver to complete. A free/reduced lunch application can also be completed online.

The parent/guardian will be contacted if a student's account has a negative balance. Cafeteria managers will periodically identify students with low and negative balances and place ParentLink calls to the respective students' homes to inform parents of the students account balance. Parents can add money to their student's account via K12PaymentCenter.com or by providing funds to the school cafeteria.

Negative balances on student accounts should be paid in the school cafeteria as soon as possible to prevent the student being subject to alternative meals. The CNS office at 810 Gillespie Street (910-678-2502) will accept payment for negative balances remaining on the account after the last day of school. Positive balances on student accounts shall be carried forward to the following school year.

Per the requirements of OMB A-87 (Federal Office of Management and Budget): “Bad debts including losses (whether actual or estimated) arising from uncollectible accounts and other claims, related collection costs, and related legal costs, are unallowable.” In order to clear the outstanding charges, the caregiver has to issue a payment to Child Nutrition.

The Child Nutrition website will contain current links to the online Free/Reduced Lunch Application, the online pre-payment site, and the policy and procedures for handling students without money.

Approved by Superintendent: June 12, 2017.

Revised July 11, 2022.



# NEW ENROLLMENT REQUIRED FORMS



# STUDENT DATA SHEET

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## INSTRUCTIONS

Complete this form for each child you are enrolling. For assistance, contact your base school or the CCS Office of Student Assignment at (910) 678-2616.

### STUDENT INFORMATION

Student's Legal Last Name		Student's Legal First Name	Student's Legal Middle Name	Student's Legal Suffix
Date of Birth (mm/dd/yyyy)	Country of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone Number (     )     -	
Current Grade		Is the student Hispanic/Latino?(This information is used for US. Census data.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which category best describes the student's race? You may choose more than one. (This information is used for US. Census data). <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African America <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander				

### FAMILY INFORMATION

List names, date of birth, and grades of siblings attending CCS:		List names and dates of birth of non-school age siblings:	
Family's Property Address			Apartment or Suite Number
City	State	Zip Code	
Mailing Address (if different from family's home address)			Apartment or Suite Number
City	State	Zip Code	
With who does the student reside? (Choose only one) <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both parents <input type="checkbox"/> Legal Guardian/custodian <input type="checkbox"/> Other (please specify) _____			

### VERIFICATION OF CHILD CUSTODY

Complete the information below. I, _____ am the [ <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian ] of the above named child.	
Are there any custody issues involving the student of which the school needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have custody papers been presented to the school for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A copy of custody papers is requested by the school, when applicable, to ensure that the school contacts the person who has legal custody of the student concerning school matters. We appreciate your cooperation in this matter.
Signature of person completing this form	Date (mm/dd/yyyy)

### FOR OFFICE USE ONLY

Registering School – School Number	
Entry date (mm/dd/yyyy)	Entry Code E1    E2    R2    R3    R5    R6
PowerSchool #	Teacher

CONTINUED ON NEXT PAGE

# STUDENT DATA SHEET

## PARENTS/LEGAL GUARDIAN AND EMERGENCY CONTACTS

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### PARENT/LEGAL GUARDIAN INFORMATION

Include names of birth or legal parents only or other legal guardians below.

<b>1. First Name</b>		<b>Last Name</b>	
Email		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can Check Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -
Address			Apartment or Suite Number
City	State		Zip Code
<b>2. First Name</b>		<b>Last Name</b>	
Email		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can Check Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -
Address			Apartment or Suite Number
City	State		Zip Code
<b>3. First Name</b>		<b>Last Name</b>	
Email		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can Check Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone ( ) -	Day Phone ( ) -	Cell Phone ( ) -
Address			Apartment or Suite Number
City	State		Zip Code

### EMERGENCY CONTACT

1. Emergency Contact's First Name	Emergency Contact's Last Name	Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No Can Check Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact's Home Number ( )	Emergency Contact's Cell Number ( )	Emergency Contact's Relationship to Child
2. Emergency Contact's First Name	Emergency Contact's Last Name	Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No Can Check Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact's Home Number ( )	Emergency Contact's Cell Number ( )	Emergency Contact's Relationship to Child
3. Emergency Contact's First Name	Emergency Contact's Last Name	Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No Can Check Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact's Home Number ( )	Emergency Contact's Cell Number ( )	Emergency Contact's Relationship to Child
4. Emergency Contact's First Name	Emergency Contact's Last Name	Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No Can Check Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact's Home Number ( )	Emergency Contact's Cell Number ( )	Emergency Contact's Relationship to Child
5. Emergency Contact's First Name	Emergency Contact's Last Name	Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No Can Check Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact's Home Number ( )	Emergency Contact's Cell Number ( )	Emergency Contact's Relationship to Child

CONTINUED ON NEXT PAGE

# STUDENT DATA SHEET

## SCHOOL HISTORY AND SCHOOL DISCIPLINE STATUS

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SCHOOL HISTORY			
Has the student been identified in the AIG (Academically Gifted) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What language is spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Other			
Does the student have an IEP? (if yes indicate the area of identification below) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check all that apply: ___ AU - Autistic    ___ SED - Socially/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    ___ HI - Hearing Impaired    ___ Other: _____			
Has your child ever been enrolled in a Cumberland County School? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" which school did your child attend? School name: _____			
Has your child ever been enrolled in a school within North Carolina? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" which school did your attend? School name: _____			
Which school did your child last attend? School name: _____			
Phone Number: _____ Enrollment date: _____ Withdrawal date: _____			
Address of last school your child attended		Type of school last attended: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home	
City	State	Zip Code	
CURRENT SCHOOL DISCIPLINE STATUS			
Complete the appropriate section:			
<input type="checkbox"/> The student is NOT currently suspended or expelled from any school or does not have a pending suspension or expulsion.			
<input type="checkbox"/> The student is/has been recommended for a long-term suspension of more than ten days or expulsion (permanent removal from school) from _____ and that recommendation is currently pending. School Name			
Describe the offense for which the recommendation is being made and the proposed beginning and ending dates of the suspension/expulsion. _____ _____ _____			
Please include any suspension/expulsion documentation pertaining to this incident.			
<input type="checkbox"/> The student is/has been long-term suspended for more than ten days or expelled and is currently serving the term of suspension or expulsion from _____. School Name			
Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion. _____ _____ _____			
Please include any suspension/expulsion documentation pertaining to this incident.			

CONTINUED ON NEXT PAGE

# STUDENT DATA SHEET

## FELONY CONVICTIONS AND TRANSPORTATION

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### FELONY CONVICTIONS

Has this student been convicted of a felony?

☐ Yes ☐ No

If yes, what was the conviction?

City/Town (where conviction occurred)

State (where conviction occurred)

Date of Conviction (mm/dd/yyyy)

Description of Offense

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Probation Officer:

Phone Number: (     )     -

Court Counselor:

Phone Number: (     )     -

### TRANSPORTATION INFORMATION

Will your student need bus transportation? ☐ Yes ☐ No, If Yes: ☐ AM/PM (round-trip) ☐ AM only ☐ PM only

If No, will your child be a car rider? ☐ AM ☐ PM Day Care? ☐ AM ☐ PM Prime Time? ☐ AM ☐ PM

### INCLEMENT WEATHER TRANSPORTATION INFORMATION

In the event of inclement weather and early school closures, an automated call will go out from the county office to inform parents/guardians of the early dismissal. The school will not make individual phone calls home nor can the school accept any transportation changes over the phone. Note: If your private daycare closes, it is your responsibility to pick your student up from school at the dismissal time.

In the event of an early dismissal, my student will go home: ☐ School Bus ☐ Car Rider ☐ Daycare ☐ Primetime

### DITRICT AND SCHOOL NOTIFICATIONS

Cumberland County Schools provides important district and school updates to families via multiple communication channels. To receive timely notifications about inclement weather, school closings, and other important news, provide your contact information below.

Name \_\_\_\_\_

Mobile Phone (Text/Voice Message Alerts)\* \_\_\_\_\_

Email Address: \_\_\_\_\_

Child(ren)'s Grade Level(s) Check all that apply:

- ☐ Elementary
- ☐ Middle
- ☐ High

*\*Wireless carrier's standard messaging rates apply.*



# McKinney-Vento Residency Form

## INSTRUCTIONS

- Answers below will be used to determine if the student is eligible to receive services under the McKinney-Vento Act 42 U.S.C. 11435.
- If you believe that your child may be eligible for these services, please contact the school social worker or the CCS McKinney-Vento District Liaison at (910) 678-2621.
- All answers provided on this form will remain confidential.

## RESIDENCY INFORMATION

- ☐ YES - The student lives with a parent or legal guardian in a residence owned or leased by the parent or legal guardian  
[If yes, you may stop here and skip to FAMILY INFORMATION]

Is your family residing in any of the following situations? (You may choose more than one option.)

- ☐ Doubled up with, or sharing the housing of others, due to loss of housing or economic hardship – Proof of residency in the form of a *Residency Affidavit* may be required by the school depending on your circumstances.
- ☐ In a place not designated for ordinary sleeping accommodations (car, park, tent, abandoned building, etc.)
- ☐ In a motel or hotel (due to economic hardship or natural disaster)
- ☐ In a shelter or transitional housing
- ☐ Moving from place to place due to lack of permanent housing

### Residency and Educational Rights

A student without a fixed, regular, and adequate living situation that is eligible for McKinney-Vento has the right to:

- Immediate enrollment to the CCS school he/she was attending when permanently housed or last enrolled;
- Or, immediate enrollment in the school assigned to the address where he/she is currently residing;
- Immediate enrollment even if he/she does not have all of the documents normally required at the time of enrollment;
- Receive educational services comparable to those provided to other students according to your child's needs;
- Receive transportation upon request.

## FAMILY INFORMATION

I am a (please choose one): ☐ Parent ☐ Legal Guardian ☐ Relative or Caregiver ☐ Student enrolling myself ☐ Foster Parent

Name of Person Enrolling Student	Cumberland County school(s) student attended in current school year		Student PowerSchool #, if known
Student's Last Name	Student's First Name		Date of Birth (mm/dd/yyyy)
Street Address	Apt./Rm./Suite #	City	Zip Code
Do you rent or own this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this address temporary because of financial or other hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Number ( ) -	Alternate Phone Number ( ) -	Email Address	





## **Annual Notification of Rights under Family Educational Rights and Privacy Act (FERPA)**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that affords parents the right to have access to their children's education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records. When a student turns 18 years old, or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student ("eligible student"). The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99. For more detailed information, visit the U.S. Department of Education's web site at: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> , or see Cumberland County Board of Education Policy Code 4700, "Student Records," at [www.ccs.k12.nc.us](http://www.ccs.k12.nc.us) .

FERPA requires that the Cumberland County Schools (CCS), with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, CCS may disclose appropriately designated "directory information" without written consent, unless you have advised CCS to the contrary in accordance with district procedures.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require school systems like CCS which receive assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories – name, addresses, and telephone listings. – unless parents have advised the school system that they do not want their student's information disclosed without their prior written consent.

If you do not want the Cumberland County Schools to disclose directory information from your child's education records without your prior written consent, you must notify CCS in writing within ten (10) days of receiving an opt-out form, on an annual basis. The Cumberland County Schools has designated the following information as directory information:

1. Student's name
2. Parents' /guardians' addresses
3. Student's age
4. Student's photograph, including photograph/pictorial representations, student's name, and any audio or video of a student transmitted during a virtual class session via a CCS-sponsored online video conference platform. This virtual classroom directory information will be disclosed without parent's/guardian's consent only to students currently enrolled in the given course/class in the format of an audio/video recording of the virtual class session.
5. Student's participation in officially recognized activities and sports
6. Weight and height of members of athletic teams
7. Dates of the student's attendance
8. Grade Level
9. Diplomas, degrees credentials, certificates, recognitions, or awards received by the student

10. Most recent previous educational agency or institution attended by the student

In addition, in accordance with the Uninterrupted Scholars Act (Public Law 112-278), school systems are allowed to disclose a student's educational records, without parental consent, to a caseworker or other representative of a State or local child welfare agency or tribal organization authorized to access a student's case plan when such an agency or organization is legally responsible, in accordance with State or tribal law, for the care and protection of the student. In specified types of judicial proceedings in which the parent is involved, the Act also allows school systems to disclose a student's education records pursuant to a judicial order without requiring additional notice to the parent by school systems.

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

- (1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the School principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

- (2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate.

Parents or eligible students may ask the School to amend a report that they believe is inaccurate. They should write the School principal [or appropriate school official] and clearly identify the part of the record they want changed, and specify why it is inaccurate. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

- (3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school system as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the school system has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

- (4) The right 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 office which administers FERPA is the following:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-5901

## **STUDENT DIRECTORY INFORMATION/PHOTO CONSENT FORM**

The Family and Educational Rights and Privacy Act (FERPA), a federal law, requires that the Cumberland County Schools ("CCS") with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information contained in your child's education records. However, CCS may disclose appropriately designated "directory information" without prior written consent, unless you have specifically advised CCS that you opt out of disclosure of your student's directory information.

The primary purpose of directory information is to allow CCS to include information from your child's education records in certain school publications, such as honor rolls, and graduation programs. Directory information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks, or military recruitment offices. The content of virtual classes is also included in the definition of directory information.

**Pursuant to Board Policy Code 4700, CCS has designated the following information as directory information:** Student's name; Parents'/guardians' addresses; Student's age; Student's photograph/any audio or video of a student transmitted during a virtual class session via a district-sponsored online video conference platform; Student's participation in officially recognized activities and sports; Weight and height of members of athletic teams; Dates of the student's attendance; Grade level; Diplomas, degrees, credentials, certificates, recognitions, or awards received by the student; and Most recent previous educational agency or institution attended by the student.

The school system and its schools use photographs and audio, digital, video, and other recordings of students to publicize school activities in a variety of outlets, such as school newsletters, brochures, district publications, social media, yearbooks, annuals, and district and school websites. Your child may also appear in photographs, audio recordings or video recordings that appear in local media outlets, such as newspapers, television news and their affiliated websites, as well as other digital and print media advertisements.

Please complete and sign this form to designate your preferences for your child's directory information and photo consent. Please return it to your child's school within ten (10) days. **IF YOU DO NOT EXPRESS YOUR PREFERENCES IN WRITING, YOU ARE GIVING CCS AND ITS SCHOOLS PERMISSION TO MAKE AND SHARE PHOTOGRAPHS AND RECORDINGS OF YOUR CHILD.**

### **Directory Information/Photo Consent:**

**Yes** \_\_\_\_ I consent to the release of my child's directory information as described above and agree to allow my child to be filmed, videotaped and/or photographed for use by my school, CCS/its partners and the media. I also allow my child's work product to be featured by CCS (this will include the school yearbook).

**No** \_\_\_\_ I do NOT consent to the release of my child's directory information as described above nor to allow my child to be filmed, videotaped and/or photographed for use by my school, CCS/its partners and the media (this will include the school yearbook). **NOTE:** Checking "NO" MAY INTERFERE WITH THE FOLLOWING: school recognition of your child's achievements, inclusion of your child in the yearbook, your receipt of information from school, community-based organizations, the PTA, scholarship programs, and vendors (i.e. class ring manufacturer), and virtual instruction.

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Child's Name

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Parent's/Guardian's Signature

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Date



# CUMBERLAND COUNTY SCHOOLS CONFIDENTIAL SCHOOL HEALTH FORM

(PLEASE UPDATE AS CONDITIONS OR INFORMATION CHANGES)

## TRANSPORTATION TO AND FROM SCHOOL

- ☐ Walker: a.m. \_\_\_\_ p.m. \_\_\_\_ ☐ Car rider: a.m. \_\_\_\_ p.m. \_\_\_\_  
☐ Bus rider: a.m. Bus No. \_\_\_\_ p.m. Bus No. \_\_\_\_  
☐ Prime Time: a.m. \_\_\_\_ p.m. \_\_\_\_

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

School: \_\_\_\_\_ 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"/> Gastrointestinal disorder Crohn's or Celiac disease, IBS, gluten intolerance, other: _____ |
| <input type="checkbox"/> ADD/ADHD  | <input type="checkbox"/> Hearing loss   |
| <input type="checkbox"/> Allergies (severe) list: _____  | <input type="checkbox"/> Hemophilia   |
| <input type="checkbox"/> Asthma: date of last severe attack: _____<br>was rescue medication used? <input type="checkbox"/> Yes <input type="checkbox"/> No         | <input type="checkbox"/> Hydrocephalus  |
| <input type="checkbox"/> Autistic disorders (ASD) including, PDD, Asperger syndrome, other: _____  | <input type="checkbox"/> Hypertension   |
| <input type="checkbox"/> Blood disorders not listed elsewhere: chronic anemia, thalassemia, other: _____   | <input type="checkbox"/> Hypo/Hyperthyroidism   |
| <input type="checkbox"/> Cancer, including leukemia  | <input type="checkbox"/> Immunocompromising conditions not listed: _____  |
| <input type="checkbox"/> Cardiac conditions: _____   | <input type="checkbox"/> Integumentary (skin)   |
| <input type="checkbox"/> Cerebral Palsy  | <input type="checkbox"/> Migraine headaches   |
| <input type="checkbox"/> Chromosomal conditions (genetic) including, Down syndrome, Fragile X, Trisomy 18, etc.  | <input type="checkbox"/> Multiple sclerosis   |
| <input type="checkbox"/> Chronic infectious diseases including toxoplasmosis, cytomegalovirus, hepatitis B, hepatitis C, syphilis, HIV, tuberculosis, other: _____ | <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: <input type="checkbox"/> Type I or <input type="checkbox"/> Type II diabetes  | <input type="checkbox"/> Renal/Adrenal/Kidney conditions including Addison's  |
| <input type="checkbox"/> Insulin pump or <input type="checkbox"/> Insulin injections   | <input type="checkbox"/> Rheumatological conditions including lupus, JRA, etc.                                      |
| <input type="checkbox"/> Oral medication or <input type="checkbox"/> Monitor blood sugar   | <input type="checkbox"/> Seizure disorder/epilepsy type: _____  |
| Other: _____   | The frequency of seizures? _____  |
| <input type="checkbox"/> Dietary: unique mealtime needs for school meals   | Date of last seizure _____ and was emergency  |
| <input type="checkbox"/> Eating disorder: Anorexia nervosa or bulimia  | medication administered? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| <input type="checkbox"/> Emotional/Behavior/Psychiatric disorders other than ADD/ADHD list: _____  | <input type="checkbox"/> Sickle cell anemia and date of last crisis: _____  |
| <input type="checkbox"/> Encopresis, chronic   | <input type="checkbox"/> Sickle cell trait (only)   |
| <input type="checkbox"/> Endocrine metabolic conditions: not otherwise listed  | <input type="checkbox"/> Spina bifida (myelomeningocele)  |
| <input type="checkbox"/> Fetal alcohol syndrome  | <input type="checkbox"/> Substance abuse  |
|  | <input type="checkbox"/> Traumatic brain injury and date of injury: _____   |
|  | <input type="checkbox"/> Visually impaired (uncorrectable)  |
|  | <input type="checkbox"/> Other neurological conditions: _____   |
|  | <input type="checkbox"/> Other neuromuscular conditions: _____  |
|  | Mobility: ____ ambulatory or ____ non-ambulatory  |
|  | <input type="checkbox"/> Any other conditions: _____  |

Provide a detailed description of your child's health concern(s) and how it may affect your child's school performance:

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**CUMBERLAND COUNTY SCHOOLS  
CONFIDENTIAL SCHOOL HEALTH FORM**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child have a 504 Plan? ☐ Yes ☐ No

Does your child have an IEP? ☐ Yes ☐ No

**Concussion Information**

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

If yes, is your child under doctor's care? ☐ Yes ☐ No If yes, Physician's name: \_\_\_\_\_

Has your child been released by the doctor to participate in the regular school curriculum to include athletics? ☐ Yes ☐ No

Are there any restrictions? ☐ Yes ☐ No If yes, list: \_\_\_\_\_

**Emergency Medications**

Does your child require emergency medication at school? ☐ Yes ☐ No

➤ Was your child prescribed an allergy kit? ☐ Yes ☐ No If yes, name of medication: \_\_\_\_\_

Does your child have an epinephrine pen? ☐ Yes ☐ No If yes, list the allergen(s): \_\_\_\_\_

➤ 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 If yes, date of last allergic reaction: \_\_\_\_\_

➤ Does your child use a rescue inhaler for asthma? ☐ Yes ☐ No If yes, last date administered: \_\_\_\_\_

➤ Does your child have diastat for seizures? ☐ Yes ☐ No If yes, last date administered: \_\_\_\_\_

➤ Does your child have glucagon for low blood sugar? ☐ Yes ☐ No If yes, last date administered: \_\_\_\_\_

CURRENT MEDICATIONS Please list all medications your child is currently taking.	DOSE/AMOUNT TAKEN	DAILY	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
		<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**

- Visit <http://healthservices.ccs.k12.nc.us/forms/> or your school office to obtain approved care plans to be completed by you and your child's physician.
- Prescription medications may be administered at school and must be in a pharmacy-labeled prescription bottle that matches the approved CCS medication form. Medication dosage, time and intervals, must be exact.
- 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.
- Emergency medications that need to be kept with children grade 4 or higher must have the approved CCS Emergency Self-Medication Authorization Form completed by a physician.
- I understand that it is my responsibility to provide any medication that my child needs at school. In the absence of emergency medication, school staff will call emergency services to meet the student's health needs.

**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 a medical emergency. All medications not picked up within two weeks of the end of the school year will be discarded.**

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: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work Number: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Home Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work 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(s) between school nurse/staff and physician. I authorize the school to call the physician or make whatever arrangements deemed necessary.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## 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)

**Birthdate (M/D/YYYY):**

**School Name:**

**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 required:**

**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 2016rev

**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):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



HOME PRIMARY LANGUAGE SURVEY  
IDIOMA PRINCIPAL QUE SE HABLA EN EL HOGAR

Date (Fecha): \_\_\_\_\_ School (Escuela): \_\_\_\_\_ Grade(Grado): \_\_\_\_\_  
Student (Estudiante): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Names (Apellido/s) First Name (Nombre) Middle Initial (Inicial 2o Nombre) (Fecha de Nacimiento) Mes Día Año  
Gender (Sexo): Male \_\_\_\_\_ Female \_\_\_\_\_ Student Number: : \_\_\_\_\_  
(Masculino) (Femenino) (Número de estudiante)

Cumberland County School System requires schools to determine the language(s) spoken at home by each student and the place of origin of those students born outside of the U.S.A. This information is essential in order to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form as soon as possible to the teacher.

*El sistema escolar del condado de Cumberland requiere que las escuelas determinen el idioma que habla cada estudiante en su casa y el lugar de origen del estudiante si nació fuera de los Estados Unidos (E.E.U.U.). Esta información es esencial para que las escuelas puedan proveer una instrucción apropiada para todos los estudiantes. Se requiere su cooperación para poder cumplir con este requisito. Favor de contestar las siguientes preguntas y devolver esta hoja a la maestra lo más pronto posible.*

1. What is the first language your son/ daughter learned when he/ she began to talk? \_\_\_\_\_  
¿Cuál es el primer idioma que su hijo(a) aprendió a hablar?

2. Name the language(s) your son or daughter MOST FREQUENTLY SPEAKS AT HOME. \_\_\_\_\_  
Escriba que idioma(s) habla su hijo más frecuentemente en la casa

3. What language is MOST OFTEN SPOKEN at home by the parents? \_\_\_\_\_  
¿Qué idioma hablan los padres más frecuentemente en la casa?

4. Where was the student born? City \_\_\_\_\_ Country \_\_\_\_\_  
Lugar de Nacimiento Ciudad País

If the student was born outside U.S.A., please indicate the approximate date of arrival of the student into the U.S.A.: \_\_\_\_\_  
Si el estudiante nació fuera de los E.E.U.U., favor de indicar la fecha aproximada cuando llegó a los E.E.U.U. (Fecha)

5. Has the student attended another school system in U.S.A. beside this one? YES (SI) \_\_\_\_\_ NO \_\_\_\_\_  
¿Ha asistido el estudiante a otro sistema escolar en los E.E.U.U. más que este? Where? (¿Dónde?) \_\_\_\_\_

How long? (¿Por cuánto tiempo?) \_\_\_\_\_ School Name (Nombre de la Escuela) \_\_\_\_\_

The WIDA ACCESS PLACEMENT TEST (W-APT/Screener) is administered to all Language Minority or National Origin Minority students who enroll in the Cumberland County School system and who demonstrate a possible non-native English language proficiency skills. This assessment was adopted by the NC Department of Public Instruction in July 2017 to determine if a student is limited English proficient (LEP). In compliance with federal and state policy, any student whose primary language is not English and who is insufficiently proficient in the English language to receive instructions 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.**

*Se le da el WIDA ACCESS Placement Tests (W-APT) a cualquier estudiante que hable un idioma diferente al inglés o que la nacionalidad de origen sea una minoría y que se presente al Sistema Escolar del Condado de Cumberland con posibles necesidades en el desarrollo del dominio del inglés. Esta prueba fue adoptada por el Departamento Público de Educación del Estado de Carolina del Norte (NCDPI) en julio del 2017 para determinar si el estudiante está limitado en su habilidad del inglés. Todo estudiante que indique que el inglés no es su primer idioma y que no podría funcionar académicamente a un nivel equitativo con sus compañeros debido a esta limitación, puede cualificar para servicios adicionales en la instrucción del inglés. **Usted será notificado solamente si su hijo/a cualifica para estos servicios adicionales.***

Parent Signature (Firma del padre) \_\_\_\_\_

Date (Fecha) \_\_\_\_\_

School and ESL Office Use ONLY

School staff member assisting parent (please print your name): \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

If a language other than English appears on this student language survey card, **please fax or email a copy of this card** to the English as a Second Language (ESL) department at (910) 483-6865 or nydziasmith@ccs.12.nc.us or share with your designated ESL teacher. This process is mandated by state policy and is essential to determine student(s) need for ESL services. Once the student's language information 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.



# CONSENT FOR TECHNOLOGY AND DIGITAL RESOURCE USE

## INSTRUCTIONS

Parental permission is required in order for your student to access technology and digital resources at school. The Cumberland County Public School System (CCS) uses a variety of technology and digital resources to enable and enhance instruction. CCS utilizes Google Workspace for students, teachers, and staff. As with any educational endeavor, a strong partnership with families is essential to a successful experience. The following core services are available to each student: Google Drive, Calendar, Sites, and Mail. 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.

## PERMISSION FOR GOOGLE WORKSPACE USE

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 Workspace 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 Workspace 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 Workspace 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 Workspace 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 Workspace account. This means my child will NOT receive an email account or access to Google Drive, Calendar and sites.

Student's Legal Last Name	Student's Legal First Name	Student ID (required)
Student's School:	Student's Grade:	Parent/Guardian Signature:
Date		

## 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.

Name of Parent/Guardian (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MILITARY CONNECTED STUDENTS

## INSTRUCTIONS

In accordance with the Code of North Carolina, local school divisions are **required** to identify students who have a parent in the United States uniformed services or have served in the uniformed services. Completing this form allows North Carolina localities to maintain reliable and accurate data for potential grant funding and to receive services to meet the needs of military-connected students. Your child's military-connected information will be entered into PowerSchool and will be accessible to student support staff. An icon will be present on your child's PowerSchool record indicating that they are military-connected. The information gathered by this form will not be placed in your child's cumulative folder.

N.C. General Statute 115C-12 (18) can be found at:

[www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_115C/GS\\_115C-12.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_115C/GS_115C-12.pdf)

## STUDENT INFORMATION

Student's Last Name	Student's First Name	Student's Middle Name
Student ID Number	Student Grade	Is the student military connected? (see below) <input type="checkbox"/> Yes <input type="checkbox"/> No

## FAMILY INFORMATION

**"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, Space Force

**Military Connected Status:** Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service (DoD or GS) Employee, Veteran, Foreign Military, Active Reserve/Guard, Deceased, Deceased-Killed in Action

**Grade:** E1 – E9, O1-O10, W1-W5, Federal Civil Service (DoD or GS) Employee

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

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

Relationship to Student	Branch	Military Connected Status More than one may be listed.	Grade	Military Installation	Unit/Squadron
1.					
2.					
3.					
4.					
5.					







# NEW ENROLLMENT SUPPLEMENTAL FORMS



# TITLE VI – INDIAN EDUCATION 506 FEDERAL FORM

## INSTRUCTIONS

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: “The Secretary shall require that, as part of an application for a grant under the subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establish the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection(b).”

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA’s school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, a membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirement described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 of October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child’s parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to with the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior’s list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized** – an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized** – an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe** – a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group** – 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child’s eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**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., LJB/Room 3W203, Washington, D.C. 20202-6335.

OMB Number: 1810-0021 Expiration Date: 02/29/2020

U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)

Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual names must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual about claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

\_\_\_\_\_ Federally Recognized

\_\_\_\_\_ State Recognized

\_\_\_\_\_ Terminated Tribe (Documentation required. Must attach form).

\_\_\_\_\_ 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. (Documentation required. Must attach form).

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

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

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of the tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided about is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

# CCS PESTICIDE

## INSTRUCTIONS

The 2006 School Children's Health Act (SCHA) requires each school district to notify parents, guardians, and staff annually of pesticides the district expects to apply during the year. We have adopted an integrated pest management (IPM) policy and have a thoughtful pest management program in place in which we use pesticides only as a last resort. You will be notified 72 hours in advance of the application. Exceptions are made only for emergency circumstances that warrant immediate response.

If you would like to be notified, please fill out the information below. For information about integrated pest management, pesticide use reduction, and pesticides visit the Department of Pesticide Regulation's website at <http://www.cdpr.ca.gov> and click "School IPM Program." If you would like more information about our pest management program, please contact (910) 829-4497.

## REQUEST FOR NOTIFICATION

### REQUEST FOR INDIVIDUAL PESTICIDE APPLICATION NOTIFICATION

I would like to be notified every time a pesticide application is to take place at my child's school (this is in addition to annual notification). I understand that the notification will be sent home with my child at least 72 hours before application.

Child's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Name of Parent/Guardian/Staff \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_





# PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, *Superintendent of Public Instruction*

WWW.NCPUBLICSCHOOLS.ORG



## Occupational Survey

Student Name : \_\_\_\_\_  
Last Name First Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The Migrant Education Program, through the North Carolina Department of Public Instruction, provides support and instructional services to children and families who have moved in the past three years and who have done agriculture or fishing work. We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.

1. Have you or someone in your family worked in any of the following areas below in the last three years?

☐ No

☐ Yes (Select all that apply and continue to question number 2)

2. Have you or your family moved to another school district or to another city or county in the last three years?

☐ No

☐ Yes



Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards

☐

Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant

☐

Working in a dairy

☐

Working in a fishery or on a shrimp or catfish farm

☐

Working in a slaughter house (chicken, cow, or pig)

☐

Working on a poultry or hog farm

☐

Working in a plant nursery or orchard; growing or harvesting trees

☐

Other similar work in agriculture, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long ago did you arrive to this county? Month \_\_\_\_\_ Year \_\_\_\_\_

4. Parent(s) Name(s) \_\_\_\_\_

5. What is your current address?

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

6. Phone Number(s): \_\_\_\_\_

### FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER





**CUMBERLAND COUNTY SCHOOLS  
PHYSICIAN'S SCHOOL MEDICATION FORM**

Rev. 05/2018

**TO BE COMPLETED BY MEDICAL PROVIDER**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

The above named person is a patient currently under my medical care. Due to a medical condition the medication listed below must be (given/taken/injected) during regular school hours according to the following protocol:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

**Dose must be exact; ranges will not be accepted.**

☐ Routine/Daily Medications: exact time to be given \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

☐ As needed (p.r.n.) medication for: \_\_\_\_\_ give every \_\_\_\_\_ hour(s).

Directions for administering medication: \_\_\_\_\_

Please indicate any special storage requirements such as room temperature, refrigeration, etc. \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ MD Stamp Below

Physician's Printed Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**This order will expire one year from the date the physician signed.**

**TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

**I understand that:**

- 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. Medication dosage, time and intervals, must be exact.
- the school nurse is available one day a week.
- non-medical personnel administer medications daily.
- prior to school administration, the parent/guardian is required to sign the check-in/check-out log for medication.
- students are not permitted to transport medication to or from school.
- medication may only be administered as ordered on the approved CCS medication forms.
- if medication is not available at the school, 911 will be called for emergencies.
- the parent/guardian is responsible for notifying coaches or supervising staff of before and/or after-school activities of the child's health status and/or the need for medication.
- I may contact the Primary Medication Clerk or school nurse if assistance is needed to ensure medication meets CCS Protocol for Medication Administration.
- **medication not picked up within two weeks of the last day of school will be discarded.**

**RELEASE OF LIABILITY FORM**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ enrolled at \_\_\_\_\_ school realizing the importance of administering medication to my child as prescribed by the child's physician, do hereby agree to relieve designated school personnel, the Cumberland County Schools, and the Cumberland County Board of Education of and from any liability from any potential ill effects as a result of their injecting or giving my child medication prescribed by the child's physician. I have discussed this with my physician and/or legal counsel (lawyer) and realize its ramifications and thoroughly understand the meanings of these statements. I consent for the medical provider to disclose health or medical information regarding medication prescribed. I understand that I may revoke this consent at any time, except to the extent action has been taken in reliance on it. This consent is valid until I revoke it in writing or for the term of one year.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** This order will expire one year from the date the physician signed. This form will expire on \_\_\_\_\_  
**DISPOSITION OF MEDICATION:** Date medication was picked up \_\_\_\_\_ or date medication was discarded \_\_\_\_\_  
by Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Witness: \_\_\_\_\_



## Guidance for Completing the Medical Statement for Students with Unique Mealtime Needs for School Meals

### PART A - PARENT/GUARDIAN

The *Medical Statement for Students with Unique Mealtime Needs for School Meals* helps schools provide meal modifications for students who require them. **Schools cannot change food textures, make food substitutions, or alter a student's diet at school without proper documentation from the healthcare providers.** Completion of all items will allow your child's school to create a plan with you for providing safe, appropriate meals and snacks to your child while at school.

Your participation in this process is very important. The sooner you provide this signed and completed form to your child's school, the sooner the School Nutrition Program and their staff can prepare the food your child needs. Your signature is required for your school to take action on the Medical Statement.

#### Follow these steps to get started:

- 1) Complete all sections of PART A of the Medical Statement.
- 2) Take the Medical Statement to your child's pediatrician or family doctor/nurse practitioner/physician's assistant and have him/her complete and sign PART B.
- 3) **RETURN THE FULLY COMPLETED MEDICAL STATEMENT WITH SIGNATURES FROM BOTH PARENT/GUARDIAN AND MEDICAL AUTHORITY, TO YOUR CHILD'S TEACHER, PRINCIPAL, NURSE, SPECIAL EDUCATION CASE MANAGER, OR SECTION 504 CASE MANAGER, SCHOOL NUTRITION ADMINISTRATOR, OR THE SCHOOL STAFF PERSON WHO GAVE YOU THE BLANK FORM.**
- 4) Ask the school when a team, including you, the school system's School Nutrition Administrator and others, will meet to consider the information provided on the form. You may also invite people from the community who are knowledgeable about your child's feeding and nutrition issues to the meeting. These would be people who could help school staff design a school mealtime plan for your child, like your child's pediatrician, nurse, speech-language pathologist, occupational therapist, registered dietitian or personal care aide.

### PART B – RECOGNIZED MEDICAL AUTHORITIES *(Licensed physician, physician assistant, and nurse practitioner)*

A Recognized Medical Authority's signature is *required* for students with a disability. Schools cannot change food textures, make food substitutions, or alter a student's diet at school without proper documentation from the healthcare providers. Meal modifications are implemented based on medical assessment and treatment planning and *must be ordered by a recognized medical authority.*

Please consider the following as you complete **PART B** of the Medical Statement:

- 1) Complete all sections of **PART B**. Completion of all items will streamline efficient care of the student at school.
- 2) Be as specific as possible about the nature of the student's physical or mental impairment, its impact on the student's diet and major life activities that are affected. In the case of food allergy, please indicate if the student's condition is a food intolerance, an allergy that would affect performance and participation at school (e.g., severe rash, swelling, and discomfort), or a life-threatening allergy (e.g., anaphylactic shock).
- 3) If your assessment of the child does not yield sufficient data to make a determination about food substitutions, consistency modifications, or other dietary restrictions, please refer the child/family to the appropriate health care professional for completion of the assessment. Schools do not routinely have instrumentation and/or staff trained for a comprehensive nutrition and feeding assessment and must partner with community providers to meet a student's unique feeding and nutrition needs.
- 4) Attach any previous and/or existing feeding/nutrition evaluations, care plans, or other pertinent documentation housed in the student's medical records to the Medical Statement for parent/guardian delivery to the school.
- 5) Consider being available to consult with the student's mealtime planning team as it implements the feeding/nutrition care plan.

### PART C – SCHOOL NUTRITION ADMINISTRATOR and IEP/504 REPRESENTATIVE

Please consider the following as you complete **PART C** of the Medical Statement:

Signature of the School Nutrition Administrator and 504 Coordinator or IEP Case Manager/EC Program representative indicates the medical statement has been received, reviewed, and a plan to address the student's unique mealtime needs is being developed/implemented.

<b>USDA Nondiscrimination Statement</b>	<p>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:</p> <p>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</p> <p>(2) fax: (202) 690-7442; or</p> <p>(3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</p> <p>This institution is an equal opportunity provider.</p>
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## Medical Statement for Students with Unique Mealtime Needs for School Meals

When completed fully, this form gives schools the information required by the U.S. Department of Agriculture (USDA), U.S. Office for Civil Rights (OCR), and U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at school. See *"Guidance for Completing Medical Statement for Students with Unique Mealtime Needs for School Meals"* (previous page) for help in completing this form.

PART A (To be completed by PARENT/GUARDIAN)				
STUDENT INFORMATION	Last Name:		First Name:	Middle Name:
	Date of Birth			
	School:		Grade	Student ID#
SELECT the school-provided meals and/or snacks in which this student will participate:	<input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Afterschool Snack Program <input type="checkbox"/> Afterschool Supper Program <input type="checkbox"/> Fresh Fruit & Vegetable Program			
PARENT/GUARDIAN CONTACT INFORMATION	Printed Name of PARENT/GUARDIAN:			
	Mailing Address:		City:	State:    Zip Code:
	Work Phone:	Home Phone:	Mobile Phone:	Email:
Please describe the concerns you have about your student's nutritional needs at school:				
Please describe the concerns you have about your student's ability to safely participate in mealtime at school?				
Does the student already have an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>NOTE:</b> Unique mealtime needs for students without an IEP, 504 or disability, but with general health concerns, are addressed within the meal pattern at the discretion of the School Nutrition Administrator and policies of the school district.	
Does the student already have a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PARENT/GUARDIAN Consent	<i>I agree to allow my child's health care provider and school personnel to communicate as needed regarding the information on this form.</i>  <div style="display: flex; justify-content: space-between;"> <span>Parent/Guardian Signature</span> <span>Date</span> </div>			
<b>Please return this fully completed Medical Statement with signatures from both parent/guardian and medical authority, to your child's teacher, principal, nurse, Special Education case manager, or Section 504 case manager, School Nutrition Administrator, or the school staff person who gave you the blank form.</b>				

STUDENT NAME:

STUDENT ID#:

**PART B** (To be completed by a **RECOGNIZED MEDICAL AUTHORITY**, i.e., Licensed physicians, physician assistants, and nurse practitioners)

Describe the student's physical or mental impairment:

Explain how the impairment restricts the student's diet:

Major life activities affected:

Select all that apply.

- ☐ Walking    ☐ Seeing    ☐ Hearing    ☐ Speaking    ☐ Performing manual tasks  
☐ Learning    ☐ Breathing    ☐ Self-Care    ☐ Eating/Digestion

☐ Other (please specify):

Is this a Food Allergy?

☐ YES☐ NO

If student has life threatening allergies\* check appropriate box(es):

\*Students with life threatening food allergies must have an emergency action plan in place at school.

Is this a Food Intolerance?

☐ YES☐ NO☐ Ingestion☐ Contact☐ Inhalation

Specify any dietary restrictions or special diet instructions for accommodating this student in school meals:

For any special diet, list specific foods to be omitted and the recommended substitutions. (You may attach a separate care plan)

Check all food items to be Omitted

Recommended Substitutions:

**DAIRY:**

- ☐ Fluid Milk  
☐ Recipes with fluid milk as an ingredient  
☐ Yogurt    ☐ Cheese    ☐ Ice Cream  
☐ Recipes/food products with any dairy listed.

**EGG:**

- ☐ Whole egg such as scrambled or boiled  
☐ Food with any egg listed as an ingredient.

**SOY:**

- ☐ Soybean  
☐ Food with any soy listed as an ingredient.

**WHEAT:**

☐ Food with any wheat listed as an ingredient (this includes white bread).

Other foods to be Omitted:

Designate safest consistency requirement for FOOD:

Designate safest consistency requirement for LIQUIDS:

- ☐ Pureed    ☐ Mechanical Soft    ☐ Other (please specify):  
☐ Ground    ☐ Chopped

- ☐ Clear Liquid    ☐ Nectar-thick    ☐ Other (please specify):  
☐ Full Liquid    ☐ Honey-thick  
☐ Pudding-thick

Other comments about the child's eating or feeding patterns, including tube feeding if applicable:

**\*NOTE\*** If your assessment of the child does not yield sufficient data to fully complete the above sections applicable to the student's mealtime needs, please refer the child/family to the appropriate health care professional for completion of the assessment.

Signature of Recognized Medical Authority\*

Printed Name

Phone Number

Date

(    )

\* A recognized medical authority in N.C. includes licensed physicians, physician assistants and nurse practitioners.

**PART C** (To be completed by **SCHOOL DISTRICT ADMINISTRATORS**)**NOTES:** (School Nutrition or other School Program staff)

School Nutrition Administrator's Signature:

Date:

IEP/504 Coordinator Signature:

Date: