

CRAVEN COUNTY SCHOOLS HIGH SCHOOL ENROLLMENT FORM

April 5, 2011

FOR OFFICE USE ONLY School: _____ Enrollment Date: _____ Enrollment Code: _____

Student NC WISE # _____

Grade: _____ Bus#: _____ Homeroom #: _____ Locker #: _____
Teacher

Proof of Immunizations: _____ Copy of Birth Certificate: _____ Custody Documents: _____

Diploma Type: _____ Career Pathway: _____

****Please note that only a legal parent or guardian may enroll a student****

STUDENT INFORMATION

PLEASE PRINT

Name as it appears on birth certificate _____
Last Name First Name Middle Name

Address where student lives _____
House number Street Name Apartment number

_____ City State Zip Code

Mailing address if different _____
P.O. Box/House # Street Name Apartment number

Gender: Male Female Date of Birth _____

Home Phone Number: () _____ Cell Phone Number: () _____

Ethnicity Choice

Race Choice

Please check one: Hispanic Non-Hispanic
 Please check one: White Black Asian
 American Indian Hawaiian/Pacific Islander

Last school attended: _____
Name of school student last attended State

What school did the student attend in 8th grade? _____

Was the student receiving any Exceptional Education Services at this school? yes no

If yes, please list the exceptionality: _____ Was the student self-contained? yes no

Circle all the student had in the last school: 504 AIG IEP

Has the student ever attended a school in Craven County? _____
Name of school(s) in Craven County student attended

Student Medical Information:

Doctor's Name _____ Doctor's Phone Number: () _____

Preferred Hospital _____ Allergies: _____

Other Life Threatening Conditions: _____

Other Health Factors: _____