

# APPLICATION FOR STUDENT ADMISSION SIS-F002

## ANSON COUNTY SCHOOLS

As per the policy of the Anson County Board of Education, this form shall be completed by the parent or legal guardian upon a student being presented for admission to the Anson County Public School System. The parent or legal guardian shall personally present the student to the school system upon initial entry into the system.

### STUDENT INFORMATION

LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE (If different)		SEX (circle one) M <input type="checkbox"/> F <input type="checkbox"/>	
BIRTH DATE	GRADE	ETHNICITY (Select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			HOME PHONE <input type="checkbox"/> Unlisted		
		RACE (Select one or more) - <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaskan Native					
		<input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White					
911 ADDRESS		APT #	CITY		STATE	ZIP	
MAILING ADDRESS		APT #	CITY		STATE	ZIP	
<input type="checkbox"/> Check if same as 911 address							
OFFICE USE ONLY	STUDENT #	ENROLLMENT CODE <input type="checkbox"/> E1 <input type="checkbox"/> E2 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R5 <input type="checkbox"/> R6			ENROLLMENT DATE		HOMEROOM TEACHER
PREVIOUS SCHOOL(S) ATTENDED		YEAR	GRADE	PREVIOUS SCHOOL ADDRESSES			
HAS STUDENT EVER ATTENDED AN ANSON COUNTY SCHOOL?				DATES ATTENDED		NAME OF SCHOOL	
<input type="checkbox"/> YES <input type="checkbox"/> NO							

### SPECIAL PROGRAMS

Check if your child has been served in any of the following programs: ☐ Academically Gifted ☐ Special Education ☐ 504 ☐ LEP

### HAS YOUR CHILD BEEN RETAINED?

### IN WHICH GRADE?

### PARENT INFORMATION

CHILD RESIDES WITH: _____ (Check One for Relationship):	
Relationship: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> OTHER List _____	
<p>FATHER'S NAME _____</p> <p>Deceased _____</p> <p>Address (if different from student) _____</p> <p>City _____ State _____ Zip <input type="text"/></p> <p>Employer _____</p> <p>Work Phone _____ Ext. <input type="text"/></p> <p>Home Phone _____ Cell <input type="text"/></p> <p>E-mail Address _____</p>	<p>MOTHER'S NAME _____</p> <p>Deceased _____</p> <p>Address (if different from student) _____</p> <p>City _____ State _____ Zip <input type="text"/></p> <p>Employer _____</p> <p>Work Phone _____ Ext. <input type="text"/></p> <p>Home Phone _____ Cell <input type="text"/></p> <p>E-mail Address _____</p>

**LEGAL GUARDIAN** If Guardian, are legal custody papers on file in the office of the Principal? ( ) Yes ( ) No

NAME OF PERSON OR AGENCY WHO HAS LEGAL CUSTODY OF STUDENT _____	
ADDRESS _____	EMPLOYER _____
City _____	WORK PHONE _____ EXT. <input type="text"/>
Signature of parent or legal guardian _____ Date _____	

### SIBLINGS

Pupil #	1. _____	2. _____	3. _____	4. _____
Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Age	_____	_____	_____	_____
Grade	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	_____ (M/F)	_____ (M/F)	_____ (M/F)	_____ (M/F)

### HOME LANGUAGE SURVEY

Student's country of birth _____	
Which language did your son or daughter learn when he or she first began to talk?	
ENGLISH _____	OTHER _____

continued on reverse.....

**HOME LANGUAGE SURVEY (continued)**

What language does your son or daughter speak most often at home?

ENGLISH \_\_\_\_\_

OTHER \_\_\_\_\_

What language do you use most often when speaking with your son or daughter?

ENGLISH \_\_\_\_\_

OTHER \_\_\_\_\_

What language is most often used by the adults at home?

ENGLISH \_\_\_\_\_

OTHER \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

**STATUS OF TRANSFER**

My child, \_\_\_\_\_, is not, at this time, under suspension or expulsion from attendance at a private or public school in this or any other state or has not been convicted of a felony in this or any other state.

**NOTE:** If a student is under suspension or expulsion or has been convicted of a felony, please give an explanation. You must include the length of this suspension or expulsion.

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

Signature of parent or legal guardian \_\_\_\_\_ Date: \_\_\_\_\_

If signed by guardian, please state relationship to child: \_\_\_\_\_

**IMPORTANT:** NC Immunization Law allows only 30 days from date of enrollment to have current immunizations and/or immunization records on file. Student will be suspended from school or required to begin the vaccine series again if records are not received within 30 days. Likewise if the child is a kindergartener they must have a Kindergarten Health Assessment on file within 30 days of enrollment or will be suspended until form is on file. I have been told of this and will comply within 30 days of enrolling.

**MILITARY INFORMATION**1. Is student military connected? ☐ Yes ☐ No *If yes, please complete items 2 - 2e.*

2. Which immediate family member? Check all that apply

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Guardian ☐ Sibling ☐ Other

2a. Which branch of service?

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

2b. What is the current status?

☐ Active Duty ☐ National Guard ☐ Reserves ☐ Retired Military ☐ Disabled Veteran ☐ Civil Service Employee

2c. What military grade?

☐ E1 ☐ E2 ☐ E3 ☐ E4 ☐ E5 ☐ E6 ☐ E7 ☐ E8 ☐ E9  
☐ O1 ☐ O2 ☐ O3 ☐ O4 ☐ O5 ☐ O6 ☐ O7 ☒ O8 ☐ O9 ☐ O10  
☐ W-1 ☐ W-2 ☐ W-3 ☐ W-4 ☐ W-5  
☐ Civil Service Employee

2d. Installation

☐ Camp Lejeune ☐ MCAS Cherry Point ☐ Fort Bragg ☐ MCAS New River ☐ Pope Army Air Field  
☐ Seymour Johnson Air Force Base ☐ Coast Guard Station-Elizabeth City ☐ Coast Guard Station-Fort Macon  
☐ Coast Guard Station-Wilmington ☐ Coast Guard Station-Special Missions Training Center ☐ Other

2e. Unit or Squadron \_\_\_\_\_