

Western Harnett High School



Counseling Center
10637 NC 27 West
Lillington, North Carolina 27546
Phone: 919) 499-5113
Fax: (919) 499-6930

Dear Parents or Guardians:

Welcome to our school! We want your child to receive any and all applicable services our school has to offer to enhance their education. There is some information we must have to enroll your child. We **must** have the following information.

1. **Proof of Residency**: Must be a home purchase agreement, rental lease agreement, current utility bill such as water, power, cable etc.
2. **Withdrawal Form, Last Report Card, or Unofficial Transcript** from the previous school. We will accept the last report card if you are enrolling during the summer as long as the report states the number of credits the student has received.
3. **Current Individualized Education Plan (IEP)**: This includes identification and goals / objectives if they were receiving any special services at the previous school.
4. **Proof of Custody**: If you are not the child's biological parent, we must have a court ordered agreement giving you custody.
5. **Official Immunization Records**: We must have an **official** copy of your child's immunization record. North Carolina State law allows a student to be enrolled in a school for 30 calendar days without proof of immunization. We will be requesting this information from the previous school; however, records may be delayed and we will be forced to suspend your child on the thirtieth day.
6. **Birth Certificate** or a copy of your child's birth certificate.

We appreciate your assistance with supplying the necessary information. Our school's phone and fax numbers are listed above. The previous school can fax us information that you may not have. They can send it to the attention of Michelle White, Registrar. We will look forward to working with your family this year.

Thank you!
Counseling Center

Harnett County Schools **Student Enrollment Form** **Lillington, N. C.**

Student's previous school name: _____ Address _____ City _____ State _____
 Has student ever attended a Harnett County school? Yes ___ No ___ If yes, where? _____
 If student has attended in another country, give the date of the student's first enrollment in the United States: Month: _____ Year: _____

Student Information

Student's Legal Name: _____ / _____ / _____
First Name Middle Name Last Name

Student's Preferred Name: _____ Home Phone: _____ - _____ - _____

Address: _____ PO Box: _____ City/State: _____ Zip: _____

Gender: Male ___ Female ___ Birth Date: ____/____/____ Grade: _____

Ethnicity: Must choose one: (Circle) Hispanic or Non-Hispanic

Race: Must choose one or more: (Circle) American Indian/Alaskan Asian Black Hawaiian/Pacific Islander White

If there is a custody issue with this child, please state below and provide the school a copy of the custody papers

Parent/Guardian Information *Parents/Guardians are contacted first in case of emergency. To be in the computer all information must be filled in.*

Name: _____ Relationship: _____ Lives with student? Yes No

Address (if different) _____ Speaks English? Yes No If no, list language: _____

Home phone: _____ - _____ - _____ Cell: _____ - _____ - _____ E-mail: _____ Military Employee? Yes or No

Needs copy of correspondence? Yes No Willing to volunteer? Yes No When available? _____

Employer: _____ Work Phone: _____ - _____ - _____ Can be contacted @ work? Yes No

Name: _____ Relationship: _____ Lives with student? Yes No

Address (if different) _____ Speaks English? Yes No If no, list language: _____

Home phone: _____ - _____ - _____ Cell: _____ - _____ - _____ E-mail: _____ Military Employee? Yes or No

Needs copy of correspondence? Yes No Willing to volunteer? Yes No When available? _____

Employer: _____ Work Phone: _____ - _____ - _____ Can be contacted @ work? Yes No

Special Needs:

Was your child in a special education class for all or part of the school day? -----Yes ___ No ___
 Does your child have a current IEP? -----Yes ___ No ___
 Does your child have a Medicaid card? -----Yes ___ No ___
 Does your child have a current gifted plan? -----Yes ___ No ___
 Does your child participate in English as a Second Language? -----Yes ___ No ___

Other Children in the Family

Name	Gender	Birth Date	Relationship (Sister/Brother, Etc)	STUDENT ID

Transportation: Bus Run # _____ Bus Stop # _____
 AM Transportation _____ AM Bus # _____ PM Transportation _____ PM Bus # _____
 Daycare Name _____ Daycare Phone # _____
 Directions to home _____

For office use only

Student # _____ Admit Date: _____ Entry Code: _____ Registration Date: _____
 School Name: _____ School Year: _____ HR Te: _____ Te Code: _____
 Invalid Address Reason: (Circle) Special Assignment School of Choice Homeless Out of LEA Parent Working at School Self-Contained EC
 (Student living out of district) (revised 8/2013) Page 1 of 2

Emergency Contact Information

Parents are notified first, and then contacts will be called in the order given.

First Contact: Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Unlisted? Yes No Cell Phone: _____ - _____ - _____

Employer: _____ Work #: _____ - _____ - _____ Ext: _____ Pager# _____

Permission to pick up student from school: Yes No Speaks English? Yes No If No list language: _____

E-mail address: _____

Second Contact: Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Unlisted? Yes No Cell Phone: _____ - _____ - _____

Employer: _____ Work #: _____ - _____ - _____ Ext: _____ Pager# _____

Permission to pick up student from school: Yes No Speaks English? Yes No If No list language: _____

E-mail address: _____

Federally Connected:

Does parent/guardian work for any federally connected service? _____ Yes No

Does a parent/guardian work on a military base? _____ Yes No

Does a parent/guardian serve in an uniformed service? _____ Yes No

**If yes, check one: Air Force _____ Army _____ Marines _____ Navy _____

Medical

Does your child have any of the following medical conditions? (Please circle all that apply)

Asthma / Diabetes / Seizures / High Blood Pressure / Hemophilia / Shunt / Nosebleeds / ADD/ADHD

Allergic to: _____

Other Health Concerns: _____

Will this student need to take medications at school for any reason? Yes ___ No ___

If yes, what is the name of the medication? _____

This medication is taken for what condition? _____

Please note that no medication can be given or taken at school without a "Request for Medication Administration at School" form completed and signed by the child's parent/guardian and physician.

I give permission for the release and / or transfer of any information, regarding the above listed medical condition my child has, between agents of Harnett County Schools and the treating physician and/or hospital. In the event of a medical emergency, for which I or the emergency contacts cannot be reached, I hereby authorize school personnel to seek medical attention for my child and, if necessary, provide transportation to a health care facility for evaluation. I will assume responsibility for all cost arising from transportation, emergency care and treatment.

Signature of Parent/Guardian: _____ Date: _____

I affirm or attest that this student is not, at this time, under suspension or expulsion from attendance at a private or public school in this or any other state, nor has this student been convicted of a felony in this or any other state. If this statement can not be signed, please provide a separate statement with information pertaining to reason it cannot be signed. (G.S 115C-366)

Signature of Parent/Guardian: _____ Date: _____

WESTERN HARNETT HIGH SCHOOL

10637 NC 27 West

Lillington, North Carolina 27546

Phone: (919) 499-5113

Fax: (919) 499-6930



Records Request

Date: _____

Student Name:	
Student DOB:	
Student Grade:	
Previous School Name:	
Address:	
Phone:	
Fax:	

- Transcript
- Report Card
- Final/Withdrawal Grades
- Test Card (EOC scores)
- Attendance
- Discipline
- Immunization Records
- Health/Medical Records
- Birth Certificate
- IEP/504 Plan/ESL Needs
- Other _____

Michelle Freitas – Registrar

Parent/Guardian Signature

According to the final regulations of the Family Education Rights and Privacy Act(Buckley Ammendments to P.L. 93-38) ,school officials including teachers, within the educational institution and officials of other schools in which the student expects to enroll, may receive a student's entire school record without consent from the parent/guardians.

Western Harnett High School
 10637 HWY 27 W
 Lillington, NC 27546
 (919) 499-5113

Student Testing Information
 3rd grade through current grade level

*Please list the school name, city, and state the student attended for each grade listed below in the box below the grade level.

Student Name _____ Grade _____ NC Wise # _____

3 rd Grade	4 th Grade	5 th Grade	6 th Grade	7 th Grade

8 th Grade	9 th Grade	10 th Grade	11 th Grade	12 th Grade

HOME LANGUAGE SURVEY

Harnett County Schools

- All students—Complete HLS and file in Cum Folder.
- If the answer to any question is a language other than English, put a copy in the ESL teacher's box.
- Complete everything within 5-7 days.

NCWISE# _____
(School Office Use Only)



For Office Use Only

- Administer to all newly enrolled students in Harnett County. It is the principal's responsibility to make sure the Home Language Survey is administered to all K-12 students regardless of the language they speak at the time of enrollment.
- Administer the survey in person when possible to be sure parent/guardian understands the questions. Obtain the signature of the person who completed the survey.
- Designate personnel responsible for administering the survey at the time of student registration. Familiarity with the process insures greater accuracy. Please make sure the information on the form is complete and legible.
- Place the original copy in the student's cumulative folder.

These students are considered language minority students. They will be assessed to determine if they are limited English proficient and require English as a Second Language services.

DATE	SCHOOL	GRADE	MALE	FEMALE	RACE
STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME	
COUNTRY OF BIRTH/ORIGIN	DATE OF BIRTH	<input type="checkbox"/> YES <input type="checkbox"/> NO MILITARY	HOMEROOM TEACHER		

QUESTIONS FOR PARENTS OR GUARDIANS*

1. Is your child's first-learned or native language anything other than English? YES NO
2. Which language did your child learn when he/she first began to talk? _____
3. What language does your child most frequently speak in the home? _____
4. What language does your child most frequently speak at school? _____
5. What language do you most frequently speak to your child? (Father) _____
(Mother) _____

** If a language other than English is determined to be the home language, the student will be administered a test to determine English language proficiency- unless an academic record review provides evidence that the student is not LEP.*

If you responded with a language other than English to question 1-4, please answer the following questions:

6. Please describe the language understood by your child. (Check only one)
 - A. Understands only the native language and no English.
 - B. Understands mostly the native language and some English
 - C. Understands the native language and English equally.
 - D. Understands mostly English and some of the native language.
7. How many years has the student attended school in the United States? _____
8. What month and year did the student enroll for the first time in US schools? Month ____ Year ____
9. Has the student ever attended a school in Harnett County?

School(s)	Grade(s) Attended	Year(s)
-----------	-------------------	---------
10. What school did the student attended last?

School	State/Country	County
--------	---------------	--------

Signature of person completing survey

ESL 1

- All students—Complete HLS and file in Cum Folder.
- If the answer to any question is a language other than English, put a copy in the ESL teacher's box.
- Complete everything within 5-7 days.

NCWISE# _____
(School Office Use Only)



SPANISH HOME LANGUAGE SURVEY
ENCUESTA DEL LENGUAJE DEL HOGAR
Escuelas del Condado de Harnett

FECHA	ESCUELA	GRADO	MASCULINO	FEMENINA	RAZA
APELLIDO DEL ESTUDIANTE		PRIMER NOMBRE		SEGUNDO NOMBRE	
PAIS DE NACIMIENTO/ORIGEN	FECHA DE NACIMIENTO	<input type="checkbox"/> Si <input type="checkbox"/> No DE FAMILIA MILITAR	MAESTRO (A) OFICIAL		

PREGUNTAS PARA LOS PADRES O ENCARGADOS

1. ¿Es el idioma que primero aprendió su hijo(a) o el idioma del hogar otro que no sea el inglés Sí No
2. ¿Qué idioma aprendió su hijo(a) cuando el/ella comenzó a hablar? _____
3. ¿Qué idioma habla su hijo(a) con mas frecuencia en su hogar? _____
4. ¿Qué idioma habla su hijo(a) con mas frecuencia en la escuela? _____
5. ¿Qué idioma usted habla con su hijo(a) con mas frecuencia? (Padre) _____
(Madre) _____

**Si se determina que un idioma distinto al inglés es el idioma del hogar, se le dará un examen al estudiante para determinar su habilidad de hablar inglés – con la excepción que una revisión del expediente académico provea evidencia de que el estudiante no tiene habilidad limitada del idioma inglés (LEP).*

Si usted respondió con otro idioma que no fuera inglés en las preguntas 1-4, por favor conteste las siguientes preguntas:

6. Por favor describa el lenguaje que su hijo(a) entiende (Marque solamente una respuesta)
 - A. Entiende solamente el idioma del hogar y no el inglés.
 - B. Entiende mayormente el idioma del hogar y algo de inglés.
 - C. Entiende el idioma del hogar y el inglés igualmente.
 - D. Entiende mayormente inglés y algo del idioma del hogar.
7. ¿Por cuantos años ha asistido el estudiante a la escuela en los Estados Unidos? _____
8. ¿En qué mes y año el estudiante entró a la escuela de los Estados Unidos por primera vez? Mes ____ Año ____
9. ¿Ha asistido a alguna escuela en el Condado de Harnett anteriormente?

Escuela	Grado(s) que asistió	Año(s)
---------	----------------------	--------

10. ¿Cual fue la última escuela que el estudiante asistió?

Escuela	Estado/Pais	Condado Escolar
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Firma de la persona completando esta forma

Name of Student Date of Birth	Parent Legal Guardian
School : School Year: <input type="checkbox"/> Bus _____ Grade _____ Homeroom Teacher:	Cell Phone Work Phone Home Phone Alt. Contact: _____ Ph. No.: _____
Health Insurance for Student: <input type="checkbox"/> Medicaid <input type="checkbox"/> HealthChoice <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Health Insurance	
Please check any/all boxes below for your child's health condition(s). This information will be shared with appropriate school staff to help us care for your child during the school hours.	
<input type="checkbox"/> My child does not have a current medical condition.	
Please check medical condition(s) your child has NOW:	List all medications your child takes NOW:
<input type="checkbox"/> ADHD	Medication(s) to be given at school this year
<input type="checkbox"/> Allergic to: Wasp Beesting Mosquito	<input type="checkbox"/> Epinephrine <input type="checkbox"/> antihistamine
<input type="checkbox"/> Allergic to: _____ Food	<input type="checkbox"/> Epinephrine <input type="checkbox"/> antihistamine
<input type="checkbox"/> Allergic to Latex	<input type="checkbox"/> Epinephrine <input type="checkbox"/> antihistamine
<input type="checkbox"/> Allergic to _____ Medicine	_____
<input type="checkbox"/> Allergic to Seasonal / Environmental: pollen dust cat dog smoke	<input type="checkbox"/> Zyrtec <input type="checkbox"/> Claritin <input type="checkbox"/> Allegra <input type="checkbox"/> Nasal Spray
<input type="checkbox"/> Asthma	Inhaler: <input type="checkbox"/> Preventive <input type="checkbox"/> Rescue <input type="checkbox"/> Nebulizer Used: _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> diet <input type="checkbox"/> oral med. <input type="checkbox"/> insulin <input type="checkbox"/> pump
<input type="checkbox"/> Heart Condition, describe:	
<input type="checkbox"/> Sickle Cell <input type="checkbox"/> Trait Only	_____
<input type="checkbox"/> Seizures / Epilepsy Date of last seizure: _____	<input type="checkbox"/> Diastat <input type="checkbox"/> Midazolam <input type="checkbox"/> Oral Medication: _____
<input type="checkbox"/> Stomach Problems <input type="checkbox"/> Reflux <input type="checkbox"/> IBS <input type="checkbox"/> Crohn's Other: _____	_____
<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Deaf: R L <input type="checkbox"/> Hearing Aid: R L <input type="checkbox"/> FM System
<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Glasses <input type="checkbox"/> Best Correction <input type="checkbox"/> Contacts <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Blind: R L <input type="checkbox"/> Color Blind
Other Medical Conditions: _____	
Special Diet Needs at School See school nurse for required Diet Order form (to be signed by healthcare provider) Diet modifications: _____ Reason for modifications: _____	Special Devices <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walking Aid –describe: _____ <input type="checkbox"/> Special lift device (bathroom assistance) <input type="checkbox"/> Other: _____
Skilled Procedures See school nurse for Skilled Procedure(s) Form (to be signed by Healthcare provider) <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Catheterization ___ Self ___ Staff <input type="checkbox"/> Tracheostomy Care ___ Suction Mach. <input type="checkbox"/> Ileostomy <input type="checkbox"/> Colostomy <input type="checkbox"/> Other, please describe: _____	
Parent/Legal Guardian Signature: _____ Date: ___/___/___	

Reviewed by: _____ Date: ___/___/___ EAP/IHP sent: ___/___/___ Date Received: ___/___/___

FORWARD TO SCHOOL NURSE

Nombre del Estudiante Fecha de Nacimiento		Padre/Madre Guardián Legal	
Escuela Año Escolar <input type="checkbox"/> Bus _____ Grado _____ Maestro/a del Salón		Celular Teléfono –Trabajo Contacto Alterno Tel: _____	
Seguro Medico del Estudiante: <input type="checkbox"/> Medicaid <input type="checkbox"/> HealthChoice <input type="checkbox"/> Seguro Privado <input type="checkbox"/> No tiene seguro			
<p><i>Por favor marque cualquiera/todas las casillas abajo que representen la(s) condición(es) medica(s) de su niño(a). Esta información será compartida con el personal apropiado de la escuela para ayudarnos a cuidar de sus niños en horas de escuela.</i></p>			
<input type="checkbox"/> Mi niño(a) no sufre de ninguna condición médica en el presente.			
Por favor Indique las condiciones medicas de su niño/a EN EL PRESENTE:		Anote todas las medicinas que su niño/a esta tomando AHORA:	
<input type="checkbox"/> ADHD			
<input type="checkbox"/> Alergia a: Avispas/Abejas/Mosquito		<input type="checkbox"/> Epinefrina <input type="checkbox"/> antihistamínico	
<input type="checkbox"/> Alergia: _____ Alimentos		<input type="checkbox"/> Epinefrina <input type="checkbox"/> antihistamínico	
<input type="checkbox"/> Alergia al Látex		<input type="checkbox"/> Epinefrina <input type="checkbox"/> antihistamínico	
<input type="checkbox"/> Alergia a _____ Medicina			
<input type="checkbox"/> Alergias al Medio ambiente/ Estaciones: polen polvo gatos perros humo		<input type="checkbox"/> Zyrtec <input type="checkbox"/> Claritin <input type="checkbox"/> Allegra <input type="checkbox"/> Spray Nasal	
<input type="checkbox"/> Asma		Inhalador: <input type="checkbox"/> Preventivo <input type="checkbox"/> de Rescate <input type="checkbox"/> Nebulizador Uso: _____	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> dieta <input type="checkbox"/> med. oral <input type="checkbox"/> Insulina <input type="checkbox"/> pump	
<input type="checkbox"/> Enfermedad Cardiaca, describa:			
<input type="checkbox"/> Sickle Cell <input type="checkbox"/> Trait Only			
<input type="checkbox"/> Convulsiones / Epilepsia Fecha del último ataque: _____		<input type="checkbox"/> Diastat <input type="checkbox"/> Midazolam <input type="checkbox"/> Medicina Oral:	
<input type="checkbox"/> Problemas Estomacales - <input type="checkbox"/> Reflujo <input type="checkbox"/> IBS <input type="checkbox"/> Crohn's Otro: _____			
<input type="checkbox"/> Problemas Auditivos		<input type="checkbox"/> Sordera: D I <input type="checkbox"/> Audífonos (Hearing Aid): D I <input type="checkbox"/> Sistema FM	
<input type="checkbox"/> Problemas de la Vista		<input type="checkbox"/> Lentes <input type="checkbox"/> Mejor Corrección <input type="checkbox"/> Lentes de Contacto <input type="checkbox"/> Discapacidad Visual <input type="checkbox"/> Ciego/a: D I <input type="checkbox"/> Daltonismo	
Otros Problemas Médicos:			
Dieta Especial en la Escuela <i>Vea a la enfermera de la escuela para pedir el formulario de Orden de Dieta (debe firmarlo en medico)</i> Modificaciones en la Dieta: _____ _____ Motivo de las modificaciones: _____ _____		Dispositivos Especiales <input type="checkbox"/> Silla de Ruedas <input type="checkbox"/> Ayuda para caminar –describa: _____ <input type="checkbox"/> Dispositivo para levantar (ayuda en el baño) <input type="checkbox"/> Otro: _____	
		Procedimientos Calificados <i>Vea a la enfermera de la escuela para pedir formulario de Procedimientos Calificados (debe firmarlo el médico)</i> <input type="checkbox"/> Alimentación por Tubo <input type="checkbox"/> Cateterizacion ____ Si mismo ____ Empleado <input type="checkbox"/> Cuidado de Traqueotomía ____ Maq. de Succión <input type="checkbox"/> Ileostomía <input type="checkbox"/> Colostomía <input type="checkbox"/> Otro, describa: _____	
Firma del Padre/Guardián Legal: _____		Fecha: ____/____/____	
<input type="checkbox"/> Mi niño/a tiene una condición médica que lo/la limita sustancialmente una o más funciones del cuerpo que pueden afectar alguna función mayor de la vida. Quiero solicitar acomodaciones por elegibilidad 504 para mi niño/a. La Sección 504 de la Ley de Rehabilitación de 1973 y la Ley de Americanos con Discapacidades, prohíben discriminación contra cualquier individuo basada en discapacidad			
Reviewed by : _____ Date: ____/____/____ EAP/IHP sent: ____/____/____ Date received: ____/____/____ N/A ____			

A Note from the Nurse...

The faculty and staff of Harnett County Schools will put forth every effort to ensure your child's well being while at school. Please inform school staff of any health concerns your child may have at the time you enroll them by completing your child's health history form. All information regarding your child's health will be held in confidence and used only in the creation of an individual or emergency health care plan to be shared with relevant staff on a "need to know" basis. There are standard forms for emergency health care plans addressing potential needs of students with: **Asthma, Anaphylaxis, Allergies, Sickle Cell, Diabetes, and Seizures**. There is also a **Miscellaneous** form used to address other health concerns. You may request a copy of these forms from your child's school nurse, office personnel or teacher. If you feel you need to meet with your child's school nurse to develop a more individualized health care plan, please visit the nurse directory page on our web site to send an email or you may call the school secretary and leave a message for the nurse to contact you. Each school nurse is assigned more than one school and schedules visits based upon known student needs and the demographics of each school. If you feel your child's health condition warrants additional accommodations at school, please notify your school's guidance counselor, teacher or school nurse.

Your child may participate in screenings in an effort to identify suspected barriers to learning. Screenings may include vision, dental, hearing, blood pressure, height/weight and health status as deemed appropriate by your child's school nurse. If, after a screening, your child is identified to need further evaluation by another medical professional, you will be notified by means of a written referral. You may request your child not be screened by submitting a written request to your child's teacher and/or school nurse.

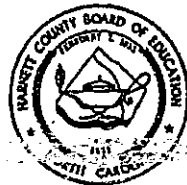
Harnett County School's Medication Administration Policy requires a completed "Request for Medication Administration at School" form to be completed and on file prior to the administration of any medication to students by school staff. A physician must complete and sign this form and parents/guardians must also sign this form. Medication(s) must be delivered to school by a parent or other responsible adult in the manufacturer's original label or in a container labeled by a pharmacist. If a physician allows a student to carry and self-administer emergency rescue medication(s) at school, this must be indicated by the physician in writing on the "Request for Medication Administration at School" form. Emergency rescue medications may include asthma inhalers, epinephrine auto-injectors, insulin or glucagon. The school nurse will meet with the student to evaluate the student's ability to comply with the use and instructions of the prescribed medication. If the student proves to be independent with the self-administration directions, a contract will be signed by the student, school nurse and principal. It will be maintained with the medication administration log at school. If the student is found to be non-compliant in using the medication as prescribed, disciplinary actions may be imposed. However, no student will be denied access to any emergency rescue medication as a result of disciplinary actions.

North Carolina law mandates every student attending our schools must meet the minimum immunization requirements. Students are allowed thirty calendar days from their first date of attendance to become compliant with this requirement. Principals must suspend any student not in compliance with this law upon the end of the thirtieth calendar day. Please contact your child's school nurse, health care provider or our local health department if you have questions or concerns regarding immunizations.

Garrett's Law was enacted in an effort to inform parents about the availability of influenza, meningococcal meningitis and human papilloma vaccines as well as general information about each of these diseases and the vaccinations available to aid in the prevention of each of these diseases. Please seek more information from your personal health care provider, local health department or your school nurse about these diseases and the vaccinations available for each.

Please contact your child's school nurse with any questions or concerns regarding the above information. Our goal is to assure a healthy and successful educational experience for your child(ren) while at school.

HARNETT COUNTY BOARD OF EDUCATION
 William H. Morris, Chairman
 Eddie Jagers, Vice-Chairman
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Aaron L. Fleming, Superintendent
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 Monica J. Thompson, Assistant Superintendent
 P. O. Box 1029
 Lillington, NC 27550
 Phone: 910-893-8151 / Fax: 910-893-4279

HARNETT COUNTY SCHOOLS
 OFFICE OF SUPERINTENDENT

Dear Parent or Guardian,

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

The collection of such information is a mandatory collection that began in the 2015-16 school year. The Session Law 2014-15 that describe this requirement can be accessed at:

<http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>.

To ensure compliance with Session Law 2014-15, please complete the following information if there are immediate family members of your child connected to U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or Civil Service Employee. "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. If no such person exists for your student, there is no need to return this form to the school. If you have more than one student, please return a separate form for each student to their school.

STUDENT NAME:				
Relationship	Branch	Status	Grade	Military Installation

Branches: Air Force, Army, Coast Guard, Marine Corps, Navy
 Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Civil Service Employee
 Grade: Enlisted (E1 through E9), Officer (O-1 through O10), Warrant Officer (W-1 through W-5)
 Military Installation: The facility where the service member fulfills their duty role in the military. (i.e. Camp Lejeune, MCAS Cherry Point, Fort Bragg, MCAS New River, Pope Army Air Field, Seymour Johnson Air Force Base Coast Guard Station-Elizabeth City, NG Raleigh Armory, Knightdale Reserve Center, etc)

Please return this form to the school by September 08, 2017. If you have any questions, please call your child's school.

Thank you and most of all, a special thanks to our military and their family for your service and sacrifice for our country!

Aaron L. Fleming
 Superintendent

Western Harnett High School
Frequently Asked Policy Questions

Cell Phone Policy:

- Not allowed in classrooms under any circumstances, Allowed in Commons areas and cafeteria
- No audible music
- Electronic devices used with in classrooms may be confiscated by the teacher, to be returned at the end of the day. Should a student have the device confiscated a second time a parent may be required to come retrieve the item from school.
- Full policy can be found on 15

Dress Code:

- All clothing must meet 3 inch rule. Skin and under layers more than 3 inches above the knee should always remain covered.
- Leggings, jeggings, yoga pants, or other skin tight pants can only be worn if other clothing covers to 3 inches above the knee. Long tops, skirts, etc. are acceptable to cover leggings if the top extends to the 3 inch rule.
 - No Sagging. The outer most layer of pants or shorts should completely cover all under layers of clothes above the 3 inch rule. Wearing shorts or additional pants as an under layer, does not permit students to sag. A general rule is to wear belt loops even with upper hip.
 - Any tops should cover from collar bone to shoulder bone. Sleeveless tops may be worn if they meet this rule, however tanks tops and spaghetti straps are not acceptable.
 - No headgear of any kind should be worn in the building. This includes ladies hair wraps and scarves as well as bandannas worn in any fashion.
 - This policy, and all policies, applies to males and females.
 - Full policy can be found on page 15

Tobacco Policy:

- All schools in the state of NC are tobacco free campuses.
- No tobacco product should be consumed or in the possession of a student at any time, including extracurricular activities and athletics.
- This policy applies to cigarettes, cigars, smokeless tobacco, e-cigarettes, vapor cigarettes and any other substance in this family of products.
- Full policy can be found on page 50

Attendance Policy:

- There is significant correlation between student attendance and academic success.
- Any student that accumulates more than 7 absences in a course is in danger of losing credit for the course due to attendance.
- The attendance waiver process will be thoroughly explained to students and posted on the schools website.
- Documentation will be required for all excused absences. Significant absences may require doctor's notes and or medical documentation to be excused.
- Any student who's total absences, excused or unexcused, exceed the limit of 7 will be expected to complete the attendance waiver process by attending after school make up sessions.
- Full policy may be found on pages 10-11

Athletic Eligibility:

- Students who participate in athletics must meet the following requirements.
- Maintain a current physical
- Have passed at least 3 classes in the previous semester
- Meet 85% attendance rule, no more than 13 absences in the previous semester.
- Full policy can be found on page 9

Early Dismissal/Sign Out:

- Notes for early dismissal should be brought to the attendance staff before school starts
- Students cannot be dismissed from school through phone calls. Parents should report to school to sign a child out.
- Students cannot sign themselves out of school, even if they are 18. We need permission from legal guardians to dismiss a student.
- Students leaving campus without permission may face suspension from school.
- When 60 minutes of class time, including SOAR, has been missed due to signing out, an absence can be recorded.

Parent Portal:

- The parent portal allows parents to view student grades, assignments, and attendance in real time. Parents are highly encouraged to sign up for the Parent Portal.
- To receive an access code complete the required forms, available from the school or on our website, return the form to Guidance and present picture ID.

WESTERN HARNETT HIGH SCHOOL

10637 NC HWY 27 W

Lillington, North Carolina 27546

Telephone: (919) 499-5113

Guidance Department

Fax: (919) 499-6930

I acknowledge that I received a copy of the dress code and school policies in the enrollment packet.

Parent/Guardian

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)

PADRES COMPLETEN ESTA SECCIÓN

Nombre de Estudiante: (Apellido)	(Nombre)	(2 do nombre)	<input type="checkbox"/> M <input type="checkbox"/> F
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Fecha de nacimiento (mm/dd/yyyy)	Escuela:
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Hispano/Latino: <input type="checkbox"/> Si <input type="checkbox"/> No	Raza: <input type="checkbox"/> Otro No-Blanco <input type="checkbox"/> Blanco <input type="checkbox"/> Negro <input type="checkbox"/> Nativo Americano <input type="checkbox"/> Chino <input type="checkbox"/> Japonés <input type="checkbox"/> Hawaiano <input type="checkbox"/> Filipino <input type="checkbox"/> Otro Asiático <input type="checkbox"/> No Se
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Dirección:	Ciudad:	Estado:	Condado:
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Información de los Padres: (Nombre de padre, tutor, o persona en lugar de padres)

Las preocupaciones de salud para compartir con las personas autorizadas (administradores de la escuela, maestros y otro personal escolar que requieren dicha información para realizar sus tareas asignadas):

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:



PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction January 2016

Hearing screening
information:

Passed hearing Yes

screening:

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: _____
Signature: _____

Title: _____
Date (m/d/yyyy): _____

Practice/Clinic Name:		Practice/Clinic Address:		
Practice/Clinic City:	State:	Zip:	Phone:	Fax:

Provider Stamp Here: _____

