

# THE ACADEMY OF MOORE COUNTY

<b>For office use only:</b>	
NCWise ID # _____	Enrollment Date _____ Grade _____
___ Registration Completed ___ Photo ID ___ Cust Documents	Transportation AM _____ PM _____
___ Immunization Records ___ Birth Cert ___ KHA ___ POR	Teacher's Name _____
Date Received _____	Date Records Received From Previous School _____
Allergies/Medical Conditions _____	Medications _____ EC _____

## Student Enrollment Form

**Student Name:** \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Nickname

**Street Address:** \_\_\_\_\_  
Street City Zip Code County

**Mailing Address:** \_\_\_\_\_  
Street City Zip Code County

\_\_\_ Male \_\_\_ Female **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
Month/Day/Year City/State/Country

**Ethnicity:** \_\_\_ Hispanic \_\_\_ Non Hispanic

**Race (select all that apply):** \_\_\_ American Indian \_\_\_ Black \_\_\_ Asian \_\_\_ Hawaiian/Pacific Islander \_\_\_ White  
\_\_\_ Other (please specify): \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Living with student:** \_\_\_ Yes \_\_\_ No **Custody (if applicable):** \_\_\_\_\_

**Address (if different):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work/Daytime Phone:** \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Work/Daytime Phone:** \_\_\_\_\_

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## Emergency Information

*Persons whom you give permission to pick up your child in case of emergency.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Permission to obtain medical information? \_\_\_ Yes \_\_\_ No

Please list any allergies, medical conditions, health factors, or medications: \_\_\_\_\_

\_\_\_\_\_

*In case of emergency, students will be transported to FirstHealth Moore Regional Hospital by Moore County EMS.*

## Siblings

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

## Home Language Survey

In what country was your child born? \_\_\_\_\_

**Please answer the following questions. Circle English or write the name of the language used most often.**

1. What language does your child speak when he or she first began to talk? English Other \_\_\_\_\_

2. What language does your child speak most often at home with parents? English Other \_\_\_\_\_

3. What language does your child speak most often with his or her friends? English Other \_\_\_\_\_

4. What language do **YOU** use most often when speaking to your child? English Other \_\_\_\_\_

**Previous School Attended:** \_\_\_\_\_ **City, State** \_\_\_\_\_

**Special Needs:** \_\_\_ IEP \_\_\_ 504 Plan \_\_\_ Speech \_\_\_ Other (please specify): \_\_\_\_\_

**Morning Transportation:** \_\_\_ Bus \_\_\_ Car **Afternoon Transportation:** \_\_\_ Bus \_\_\_ Car \_\_\_ After School Care

***I certify that all of the above information is correct and complete to the best of my knowledge.***

\_\_\_\_\_

Parent/Guardian Signature

Date