



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

Telephone(s)

loco parentis:

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:



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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:



HOBGOOD CHARTER SCHOOL EDUCATIONAL SERVICES FOR HOMELESS STUDENTS SURVEY

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 D.S.C.11435. The answers to this residency information help determine the services the student may be eligible to receive. This form should be completed annually at the beginning of school and at any time the Homeless status of the student changes.

Name of Student: _____

Last First Middle Current Address:

City: _____ State: _____ Zip: _____

Is your current address a temporary living arrangement due to a loss of housing?

_____ **YES** _____ **NO**

Name of Parent(s)/Legal Guardian(s): _____

Signature of Parent/Legal Guardian(s): _____

Date: _____

If you answered yes, please complete the remainder of the form below.

_____ **Where is the student presently living? (check one)**

_____ In a motel

_____ In a shelter

_____ With more than one family in a house or apartment

_____ Moving from place to place

_____ In a place not designed for ordinary sleeping accommodations for humans such as a car, park, or campsite

Please return this form to your child's school.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition and other costs. TEC Sec. 25.002(3)(d).

HOBGOOD CHARTER SCHOOL
Registration/Residency Verification

Students entering Hobgood Charter School are required to have an enrollment form and a residency form completed by the parent/guardian of the enrolling student.

1. Parent/guardian must provide verification of the student age/parentage, immunization record, and appropriate proof of domicile (residency). The family has 30 days to provide the immunization record.

2. VERIFICATION OF STUDENT AGE/PARENTAGE

One of the following should be provided as proof of a student's age:

- a. Certified copy of a birth certificate
- b. Physician statement verifying student age
- c. Photocopy of birth certificate
- d. Life insurance policy
- e. State-issued identification document
- f. Immunization records
- g. Driver's license (if applicable)
- h. Entry in family Bible
- i. Passport
- j. Baptismal or church certificate

3. If a parent produces DSS documentation for proof of domicile, please verify the address with the Family Caseworker.

4. What is a Statement of Domicile?

Sometimes a family must live with someone else because they are not able to live in their own domicile (residence). Situations may include separation, eviction, damage by fire, moving to a new county without a place of their own, etc. Typically a Statement of Domicile is a short-term solution to a housing situation – usually 30 calendar days. The school must monitor the situation to ensure we are accommodating a valid housing situation. The Statement of Domicile is handled at the school level.

5. Residence Certification

I certify that _____ resides with me at the identified address.
(Student Name)

Signed: _____
(Parent/Court-Awarded Guardian)

Address: _____

Hobgood Charter School Student - Parent - Teacher Compact Agreement

Hobgood Charter School is committed to a holistic approach to excellence: academically, physically, emotionally, and socially. Through rigorous small group instruction, multi-age collaboration, and community involvement students will establish patterns for healthy, lifelong learning. We know that learning takes place optimally when there is a combination of effort, interest, and motivation. As a school family, we are committed to each child's progress in academic and life skills to insure optimal achievement.

This agreement is a promise to work together. We believe that this agreement can be fulfilled by a team effort. Together we can improve the educational experience for each member of our school family – students, parents, and staff leading to a positive impact on society.

As a student I pledge to:

- Be willing to learn and try new things even if they are challenging.
- Discuss with my family what I am learning in school.
- Follow the Student Code of Conduct.
- Ask my teacher questions when I don't understand something.
- Limit screen time and focus on reading something that interests me.
- Work hard to do my very best at all times.

Student Signature _____

As a parent I pledge to:

- Reinforce that learning is a process that comes with challenges and working hard allows us to overcome such challenges.
- Provide a quiet study time at home and encourage good study habits. •
Talk with my child about their school activities every day.
- Reinforce the Code of Student Conduct.
- Find out how my child is progressing by attending conferences, reviewing schoolwork, and contacting the school when I have concerns.
- Encourage my child to spend time reading at home by reading to him/her and by modeling reading myself.
- Limit my child's screen time and help select worthwhile programs.

Parent Signature _____

As a teacher I pledge to:

- Provide motivating, interesting, and challenging learning experiences. • Explain my expectations, instructional goals, and grading system to students and parents.
- Explain the Code of Student Conduct to the student and his/her parent(s). •
Communicate and cooperate with each parent to ensure the best education possible. •
Find out what techniques and materials work best for the student and utilize them to promote optimal learning experiences.

Teacher Signature _____

North Carolina Public Schools
Home Language Survey Form/*Encuesta del Idioma del Hogar*

First Name/ <i>Nombre</i>	Last Name/ <i>Apellido</i>	Middle name/ <i>Inicial:</i>
Country of Birth/ <i>Lugar de Nacimiento</i>	Date first enrolled in any U.S. school (Private or Public, but not PreK)/ <i>Fecha de Matricula en E.U.</i>	Date of Birth/ <i>Fecha de Nacimiento</i>
Current School/ <i>Escuela Actual:</i>	School Enrollment Date/ <i>Fecha de Matricula en la Escuela:</i>	Current Grade/ <i>Grado actual:</i>

Questions for Parents/ <i>Guardians/Padres o Encargados</i>	Parent Response/ <i>Respuestas</i>
What is the first language the student learned to speak? ? <i>?Que idioma aprendio a hablar primero el estudiante?</i>	
What language does the student speak most often? <i>?Que idioma habla el estudiante con mas frecuencia?</i>	
What language is most often spoken in the home? <i>?Qhe idioma se habla en el hogar con mas frecuencia?</i>	

Parent/ Guardian **Fecha:**
Signature/*Firma:* _____ **Date:** _____

*****For Office Use Only/*Sección Para Uso Interno******

Person Reviewing this Survey: _____

Directions:

1. Parents/guardians of **ALL** new students must complete this form at the time of enrollment and record all information requested. *Provide interpreting services whenever necessary.*
2. Ensure that all questions on the form are completed. If any of the above questions have a language other than English listed in the response column, make a copy of the original and forward it on immediately to your ESL teacher. Once received, the ESL Program staff will review the responses, interview the parent as necessary, and/or the student to determine the home language. If the parent lists more than one language other than English, the reviewer must determine which one is the child's home language for data collection purposes and document it on this form below.
3. Place the original form in the student's cumulative folder.

Determination (ESL Teacher ONLY)	ESL Teacher Name:
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<p>If the student's first or home language is other than English, the ESL Teacher will investigate to make sure that the form was filled out properly and that the student does not speak English regularly at home.</p> <p>If the HLS is found to be accurate, the English language proficiency test should be administered unless proper documentation is found that the child was tested in a previous school district (if a transfer) and that testing medium complies with NC testing standards for LEP students.</p>	<p>First/Home Language:</p> <p>Administer the English language proficiency test?</p> <p>Circle: Yes or No</p>
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HOBGOOD CHARTER SCHOOL ENROLLMENT FORM

SCHOOL USE ONLY

Student ID _____ Certified Copy of Birth Certificate _____

Homeroom _____ Proofs of Residence _____

_____ Records Requested (if applicable) _____ Immunization Record _____

_____ Health Assessment _____

DATE: _____ **GRADE ENROLLING:** _____

STUDENT INFORMATION

First Name _____ Middle _____ Last _____

Birthdate _____ Gender _____ (M/F) Race _____

PARENT/GUARDIAN INFORMATION

Child lives with: _____ Mother _____ Father _____ Both Parents _____ Guardian (must have legal order)

Home address _____ City _____ Zip _____

POBox or mailing address (if different) _____

Full Name _____ Full Name _____

Relationship _____ Relationship _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Employer Phone _____ Employer Phone _____

CUSTODY: Please indicate ONLY if you have legal custody orders.

Who has custody: ___ Mother ___ Father ___ Joint ___ Guardian

If you have indicated custody, you are required to provide copies of any custody agreements or court-ordered guardianship documents.

SIBLINGS (Please indicate brother, sister, half brother, half sister, step brother, step sister, etc.) 1.

_____ Birth Date _____ Relationship _____ 2.

_____ Birth Date _____ Relationship _____ 3.

_____ Birth Date _____ Relationship _____ 4.

_____ Birth Date _____ Relationship _____

STUDENT MISCELLANEOUS

Child's	Previous	School
_____	_____	_____
_____	School	Address
_____	_____	If school is
out of state, has your child been in a NC school? Where?	_____	_____
Permission to release student information?	_____ (Y/N)	
Has your child been expelled or placed on long-term suspension previously?	_____ (Y/N)	

Does your child have any of the following?

___ IEP – Individualized Education Plan ___ 504 – Accommodation Plan

___ IHP – Individual Health Plan ___ - EAP – Emergency Action Plan

Any special services received by previous school: _____

I am aware that I must provide (within 30 calendar days) my child's immunizations and/or health assessment to avoid suspension of my child.

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

Parent/Legal Custodian Signature

Date

Parent Alert!
New NC Health Assessment/Physical Requirement
Students enrolling who have *never* attended a public school in North Carolina

- I. **Do you have a student enrolling who has never attended a public school in NC?** • If yes, a completed health appraisal/physical must be submitted to the school within 30 calendar days of attendance.
- If a physical has been done one (1) year prior to the first day of school attendance, you may submit it. E.g., Physical done on/after August 29, 2015.
 - If a physical has not been done within a calendar year prior to first day of attendance, one must be completed on the state-required form.
 - Click [here](#) for the form.
 - The 30-day rule (described below) applies.

- II. **Do you have a student going into 7th grade for the first time?** Click for [English](#) and [Spanish](#). • If yes, two (2) immunizations are required: 1) [Meningococcal](#) and 2) [Tdap](#)
- The 30-day rule (described below) applies.

- III. **Do you have a student going into Kindergarten?** Click for [English](#) and [Spanish](#). An up-to-date immunization record (meeting state requirements below) **and** a current health assessment/physical form must be provided to the school nurse within 30 calendar days of attendance.
- **Health Assessment Form** – Click [here](#) for the form.
 - **Immunization requirements** – Click [here](#) for more details.
 - **The following vaccinations are required for entry into Kindergarten:**
 - 1) [MMR](#) and [Varicella](#) – 2 doses of each.
 - 2) [Polio](#) – 4th dose on/after the 4th birthday.
 - 3) [Diphtheria, Tetanus, and Pertussis \(DTaP\)](#) or [Tdap](#) – 5 doses, if the 4th dose was not given on/after the 4th birthday.
 - 4) [Hepatitis B](#) – 3 doses.
 - 5) [Haemophilus influenzae type b \(Hib\)](#) – 4 doses.
 - The 30-calendar day rule (described below) applies.

IV. **Do you know about the 30-day rule, a North Carolina law?**

- The parent/legal guardian is responsible for submitting **all** required documents (listed above) to the school within 30 calendar days of school attendance.
- If the first day of attendance is August 29th (Day 1), documents must be received before school starts on September 27th (30th calendar day).
- Students who do **not** meet the requirements **are** not allowed to attend school. • Students will be re-admitted/allowed to return when the required documents are received.



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