

Welcome to Hayesville Elementary School!

❖ Please print and fill out the following registration forms.
Doing this before coming in to register will speed up the process.

❖ Items to bring for each child being registered:

Copies can be made in our office

- Birth Certificate
- Shot Record
- Social Security Card
- Proof of Residency

Along with the [Proof of Residency form](#), you must also present a utility bill addressed to you at your current Clay County address.

If you rent and all utility bills go to your landlord, then the landlord will need to sign a letter stating that you rent a home at that Clay County address. This letter must be presented at the Clay County Schools Central Office where it must be notarized at the front desk.

❖ If registering for Kindergarten, all Kindergarten students must have a current medical physical. This form must be filled out by a doctor or at the local Health Department and can be obtained from the HES website under “New Student Registration Forms”. *Please print out and have this form when taking your child to have the physical.*

Thank you and we look forward to having your child(ren) attend Hayesville Elementary School!

THIS IS TO CERTIFY THAT MY CHILD AND I ARE LEGAL RESIDENTS OF CLAY COUNTY, NORTH CAROLINA.
(PROOF OF RESIDENCY MAY BE REQUIRED)

SIGNATURE DATE

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE _____

CHILD'S NAME _____

GRADE THIS YEAR _____ SEX M F BIRTHDATE ____/____/____

STUDENT'S HOME PHONE NUMBER (____)____-_____

STUDENT MAILING ADDRESS _____
(STREET, APT#, PO BOX) CITY, STATE, ZIP

911 ADDRESS (IF DIFFERENT) _____
(STREET, APT#, PO BOX) CITY, STATE, ZIP

STUDENT LIVES WITH: (PLEASE CIRCLE & FILL IN NAMES)

FATHER/STEPFATHER _____
(DR, REV, MR) NAME

MOTHER/STEPMOTHER _____
(DR, REV, MRS, MS) NAME

GUARDIAN _____
(DR, REV, MR, MRS, MS) NAME

RACE: WHITE (WHT) BLACK (BLCK) HISPANIC (HISP) ASIAN (ASIA) AMERICAN INDIAN (AMIN)

NAME OF FAMILY DOCTOR _____

DOCTOR'S ADDRESS _____
(STREET, APT#, PO BOX) CITY, STATE, ZIP

EMERGENCY CONTACT OTHER THAN YOURSELF: _____

RELATIONSHIP _____ PHONE NUMBER _____

ADDRESS OF CONTACT _____
(STREET, APT#, PO BOX) CITY, STATE, ZIP

(Please continue on next page...)

MOTHER'S NAME _____

HOME PHONE _____ WORK PHONE _____

ADDRESS _____
(STREET, APT#, PO BOX) CITY, STATE, ZIP

EMPLOYER'S NAME _____

FATHER'S NAME _____

HOME PHONE _____ WORK PHONE _____

ADDRESS _____
(STREET, APT#, PO BOX) CITY, STATE, ZIP

EMPLOYER'S NAME _____

EMERGENCY MEDICAL INFORMATION (Note physical disabilities, convulsive disorders, allergies, sensitivities, diabetes, etc)

SIZE OF FAMILY

NUMBER OF OLDER BROTHERS _____ SISTERS _____

NUMBER OF YOUNGER BROTHERS _____ SISTERS _____

Number of persons living in home other than those already listed on this sheet _____

Hayesville Elementary School

72 Elementary School Drive
Hayesville, NC 28904
828-389-8586
FAX: 828-389-3243

Date: _____

School Name _____
& Address _____

To Whom It May Concern:

The following student(s) have enrolled in our school. Please forward transcripts of grades, test scores, attendance, special education records, physical*, immunization records**, a copy of the birth certificate and social security card, and any other pertinent information available.

Student	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Thank you for your prompt attention to this request.

Sincerely,

Tommy Hollingsworth
Principal, HES

AUTHORIZATION TO RELEASE STUDENT'S RECORDS

I have enrolled my child(ren) in the above school and authorize you to release a copy of the school records to this school.

Signature of Parent/Guardian/School Official

*North Carolina Sate Law requires a Kindergarten health Assessment (form PPS-2K) for all Kindergarten students completed by a licensed physician within 3 calendar days of enrollment. Failure to comply will result in suspension of student.

**North Carolina State Law requires a complete immunization record, including all dates (m/d/y) along with a physician's or physician extender's signature or a Health Department stamp, within 30 calendar days of enrollment. Failure to comply will result in suspension of student.

Federal Register, Vol:41, Sec.99.31, states that a school may request student records without the written consent of the student's parent.

Clay County Schools Proof of Residency

I hereby certify that I am the parent and legal guardian or have obtained legal guardianship through the courts for _____.
(student's name)

I also certify that I have verified my address, _____

_____ to be a legal resident located within the Clay County School District.

I further understand that if at any time during the school year this residency changes, I must notify the school and produce new proof of residency.

I UNDERSTAND THAT A STUDENT ENROLLED UNDER FALSIFIED INFORMATION IS ILLEGALLY ENROOLED AND WILL BE WITHDRAWN UPON DISCOVERY. I ALSO UNDERSTAND THAT THE SCHOOL MAY TAKE LEGAL ACTION IF NECESSARY!

I certify that I have read all the statements above and the information provided is accurate.

Signature of Parent/Legal Guardian

Date

Note: If you do not own your home, please provide lease/rent contract or two current utility bills to verify this information.

CLAY COUNTY SCHOOLS
TIMS INFORMATION

STUDENT NAME

ADDRESS

HOME PHONE

SOCIAL SECURITY #

BIRTHDATE

PARENT'S NAME

PARENT'S WORK PHONE

IF THERE IS AN OLD ROAD NAME OR COMMUNITY OTHER THAN 911 ADDRESS – PLEASE LIST
HERE:

BROTHERS AND SISTERS OR STUDENTS IN WHICH YOU WILL HAVE SAME BUS STOP

BUS STOP ADDRESS (IF CHILD WILL BE GETTING ON OR OFF BUS IN MORNINGS OR
AFTERNOON OTHER THAN PLACE OF RESIDENCE LISTED)

HEALTH INFORMATION:

ALLERGIES

OTHER INFORMATION SCHOOL TRANSPORTATION DEPARTMENT SHOULD KNOW:

HOME (PRIMARY) LANGUAGE SURVEY

To the ADMINISTRATOR: This survey is to be administered once to every student enrolled in your local unit beginning September, 1994. The answer to each question should come from the list of languages which follows. If the answer to any one of the questions asked is a language other than English, the student will need to be reported on the Home Language Survey Summary and will need to be assessed further for appropriate placement and English Language Assistance. It is recommended that a copy of the Home Language Survey be placed with the student's permanent record. Home (Primary) Language Surveys in Vietnamese and Laotian are contained in Here They Are...What Do We Do?, which was previously distributed to each superintendent and is currently available from NCDPI Communications Services. If a student and teacher cannot complete this form, additional assistance may be needed from a translator.

DATE _____

STUDENT _____
(Family Name) (First Name) (Middle Initial)

GRADE _____ GENDER M F

SCHOOL _____

HOMEROOM TEACHER _____

1. What is the first language you learned to speak? _____
2. What language do you speak most often? _____
3. What language is most often spoken in your home? _____
4. Besides languages studied in school, do you speak any language other than English? **No** **Yes**

If yes, list the languages(s):

Hayesville Elementary School

72 Elementary School Drive

Hayesville, NC 28904

828-389-8586

Tommy Hollingsworth

Principal

NOTICE

ATTENDANCE POLICY

Students exceeding fifteen (15) absences in one school term (180 days) shall not be promoted o the next grade. The parent may appeal the decision to the school principal.

Parent Signature: _____

Date: _____