

For School  
Use Only

<b>Student ID</b>	
<b>Teacher</b>	<b>Grade</b>

Please Print

School	
Last Name	Has student ever attended a North Carolina public school? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	
Middle Name	
Nickname	
Date of Birth (Please submit birth certificate, passport, or other valid proof of date of birth.)	
Home Phone	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Race Choices
Ethnicity Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/>	White <input type="checkbox"/> Black <input type="checkbox"/>
Driver's License #	American Indian <input type="checkbox"/> Asian <input type="checkbox"/>
Country of Birth	Hawaiian/Pacific Islander <input type="checkbox"/>
City of Birth	
State of Birth	

**911 Address**

PO Box	
Street Name	
City	
State	Zip Code

**Mailing Address**  Same as 911 Address

PO Box	
Street Name	
City	
State	Zip Code

**Internet Access Information**

May have internet access  Yes  No



Student Information and Consent  
Student Health Information (Insert)  
Bus Rider Information (Insert)