



in Cabarrus County Schools.				

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**NOTE:** Parents are already listed as Contact 1 and 2. Contacts listed here are other than the parent(s) contacted in case of an emergency when the school is unable to contact the parent.

	Contact Name	Relation to Student	Home Phone	Day/Work Phone	Cell Phone
1					
2					
3					

**Emergency Medical Information:** Identify and explain any specific health problems the student may have:

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We are required to ask each parent /guardian to provide language information so that we may better serve English as a Second Language students. Where was the student born? \_\_\_\_\_

**What language does the student speak most often? (Other than those learned in school) (Circle one)**

- |         |         |          |            |         |             |
|---------|---------|----------|------------|---------|-------------|
| English | Spanish | French   | Vietnamese | Korean  | Russian     |
| Arabic  | German  | Japanese | Portuguese | Chinese | Other _____ |

**What is the first language the student learned to speak? (Circle One)**

- |         |         |          |            |         |             |
|---------|---------|----------|------------|---------|-------------|
| English | Spanish | French   | Vietnamese | Korean  | Russian     |
| Arabic  | German  | Japanese | Portuguese | Chinese | Other _____ |

**What language is most used in the student's home? (Circle one)**

- |         |         |          |            |         |             |
|---------|---------|----------|------------|---------|-------------|
| English | Spanish | French   | Vietnamese | Korean  | Russian     |
| Arabic  | German  | Japanese | Portuguese | Chinese | Other _____ |

**Immunization Requirements:** Every parent/guardian shall ensure a child has received the required immunizations at the age required by law. It is the responsibility of the parent/guardian to provide the immunization record no later than 30 days after the child enters school or the child shall be suspended until a valid immunization record can be provided to the school. (G.S. 130-A 152-157).

**Initial:** \_\_\_\_\_

Your initial means that you have read and understand the immunization requirements.

**Effective July1, 2016 - Health Assessment Requirement:** Every parent, guardian, or person standing in loco parentis shall submit proof of a health assessment for each child in this state who is presented for admission into kindergarten or higher grade in the public schools for the first time. The health assessment shall be made no more than 12 months prior to the date the child enter a NC public school. The health assessment must be completed on the state health assessment form and returned to the school within 30 calendar days of the child's first day of attendance, or the child will not be permitted to attend school (G.S. 130-A-440).

**Initial:** \_\_\_\_\_

Your initial means that you have read and understand the health assessment requirements.

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**Certificate of Domicile:** A student is enrolled in the school that serves his/her domicile or within the guidelines set forth by the Board of Education as in the event of a magnet school or open enrollment school. To establish a new domicile, one must actually move to a new location intending to abandon one's prior domicile and remain in the new location as a permanent home for an indefinite period. In contrast, a residence is an established home, but it need not be one's exclusive home. A person may have more than one residence, but only one domicile.

Pursuant to G.S. 14-209, if it is found that a person willfully and knowingly provided false information in this sworn affidavit, the student will be removed from school and the maker of the affidavit shall be guilty of a Class F felony and shall pay the local board an amount equal to the cost of educating the student during the period of enrollment (if the student is not a domiciliary of the local administrative unit). Repayment shall not include state funds. Offenders will be prosecuted to the full extent of the law.

**Falsifying any information about a student's domicile will result in:**

1. The student's immediate withdrawal from his/her current school and enrollment at the correct school and,
2. The student losing his/her athletic eligibility for up to the remainder of his/her tenure in the Cabarrus County School System.

**Initial:** \_\_\_\_\_

Your initial means that you have read and understand Certificate of Domicile.

**Suspension, expulsion and felony conviction information:** North Carolina General Statute 115C-366 (a4): When a student transfers into the public school of a local administrative unit (school district), that local board shall require the student's parent, guardian or custodian to provide a statement made under oath or affirmation before a qualified official indicating whether the student is, at the time, under suspension or expulsion from attendance at a private or public school or has been convicted of a felony in this or any other state.

**Is this student currently under suspension or expulsion?** No  Yes

If yes, please explain and provide documentation: \_\_\_\_\_

**Has the student ever been convicted of a felony?** No  Yes

If yes, please explain and provide documentation: \_\_\_\_\_

**I, the undersigned parent or legal guardian of the child named above, certify that all of the information provided on this form is true to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of the Parent/Guardian

\_\_\_\_\_  
Date

**Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_**

**Notary Public:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

In compliance with Federal Law, Cabarrus County Schools administers all educational programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.

