



Forest Hills High School

100 Forest Hills School Road, South
Marshville, North Carolina 28103
704-233-4001 FAX: 704-233-4003

We are very pleased to welcome you and your student to our high school and to our community. To make this process quick and easy, listed below are the items you must have to register your child. Please check the list and locate the missing items and get them to us as soon as possible. We cannot enroll your child without all of the required items. After filling out our enrollment forms, we will attempt to get any records from the previous school. However, what we are unable to acquire, it will be your responsibility to provide.

Thank You

The Counseling Staff

Registration Process at FHHS – What you will need:

1. Withdrawal paper from your student's previous school.
2. Birth Certificate
3. Immunization Records
4. Name, Telephone Number and Address of previous school attended
5. Report Card or Grade Placement Information (current schedule)
6. Two proofs of residence
(Acceptable documents to prove residence :)
 - Notarized rental/purchase agreement
 - Utility bills (electric, telephone, gas, etc.)
 - Driver license and automobile registration
 - Car insurance and property insurance policies
 - Income tax W-2 form and property tax bill
7. Legal proof of custody if you are not the student's birth mother or father.
8. Current IEP if your student receives special services. Again, we will help to acquire this from the previous school, but your child cannot be enrolled without the necessary paperwork.

STUDENT ENROLLMENT FORM
UNION COUNTY PUBLIC SCHOOLS

For Office Use Only:

Student ID _____	Enrollment Date _____ Grade _____
Registration completed _____	School _____
Need <input type="checkbox"/> Immunization Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> POR	Transportation _____
School Receiving Packet _____	Teacher's Name _____
Date Received _____	Packet received by _____

Please indicate the student's academic placement:

New Kindergartener for the _____ school year

New Pre-Kindergartener for the _____ school year

New student entering grade _____ for the _____ school year

Student Information

Birth certificate or other satisfactory evidence of age and official record of immunizations must be presented at time of enrollment. Copies of these documents are to be placed in folder and originals returned to parent/guardian.

Legal Name _____ / _____
Last First Middle Nickname

Physical address _____
House/Apt. Number Street City State Zip

Mailing Address(if different) _____
House/Apt. Number Street City State Zip

Home Phone _____

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

Child resides with _____ Relationship to Student _____

Legal Custodian _____ Legal paperwork provided to school Yes No

Family Information

Father's Full Name _____

Place of Birth (City/State/Country) _____ Deceased Yes No

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Highest Education level completed _____ E-mail address _____

Mother's Full Name (include maiden name) _____

Place of Birth (City/State/Country) _____ Deceased Yes No

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Highest Education level completed _____ E-mail address _____

Stepparent's, Legal Guardian's, or Sponsor's information (if applicable) Relationship to student _____

Name _____ Address _____

Home/Cell Phone _____ Employer _____ Business Phone _____

E-mail address _____

STUDENT ENROLLMENT FORM
UNION COUNTY PUBLIC SCHOOLS

Other Information

Emergency Contact _____ (Other than parent)	Name _____	Relationship _____	Phone _____	Pick up Child <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact _____ (Other than parent)	Name _____	Relationship _____	Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact _____ (Other than parent)	Name _____	Relationship _____	Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If someone does not have your permission to pick up your child, please list name and relationship.

Other children in the family (please note if the sibling is a stepsibling)

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

Give pertinent health or medical information and instructions (including any medicines prescribed and any physical restrictions)

Permission to obtain medical attention Yes No

Medical Provider _____	Name _____	Address _____	Phone _____
Dentist _____	Name _____	Address _____	Phone _____

Please indicate the student's previous academic placement (if applicable)

<input type="checkbox"/> Private School _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Charter School _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Public School _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Group Home/Institution _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Home School		

Date last attended previous placement _____ Grade ____ Homeroom teacher _____
Month/Year

Has the student ever been enrolled in Union County Public Schools? Yes No

If yes, School Name _____ School Year _____

Is the student identified as a student with special needs and being served with a(n):

Individualized Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Academically Gifted (AIG or TD) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No

Has the child ever been retained? Yes No If yes, what grade? _____

Has the student ever left any school due to a Suspension or Expulsion? Yes No If yes, explain: _____

Transportation Morning-student will arrive by Bus Car Walk Afternoon-student will leave by Bus Car Walk

Military Information

Does your child have any member of their immediate family serving in the US Armed Forces? Yes No

If yes, _____

Name _____	Relationship _____	Branch of military service _____
Name _____	Relationship _____	Branch of military service _____

Parent/Legal Guardian _____ Signature _____ Date _____



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_____ Is not under suspension, has not been expelled from school and has not been convicted for a felony in North Carolina or any other state.

Parent Signature: _____

Date: _____

I have been given a Forest Hills parent-signature handbook. I agree that I will read this and will ask someone in administration to explain any part of it that I do not understand.

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

I have been given a copy of the North Carolina student accountability standards. I agree that I will read this and will ask someone in administration to explain any part of it that I do not understand.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Has your son or daughter ever received special education services? Yes _____ No _____

Parent Signature: _____

Date: _____



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The following guidelines must be followed in order to register a student at Forest Hills.

1. Union County Schools' policy states that a student must live within our school district in order to attend Forest Hills high School. A student must attend the school which is within the district they live in with their parents or legal guardian.
2. A copy of the original immunization records and the parent's signature on the change of residence form is required at time of registration. In lieu of immunization record a call can be made to previous school to verify record. If an immunization record is not received with thirty days, the student cannot remain in school. Parents should be present to sign change of residence form.
3. "I understand that if I must take temporary housing outside Union County before I locate permanently inside the boundary of Union County, I must pay tuition charge per child and provide transportation until I obtain permanent residence inside Union County."

Parents Signature: _____

Date: _____



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Date _____

If you would like free and reduced lunch please sign and date this below.

Thank You
Guidance Staff

Parent Signature: _____

Date: _____



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Year	Grade	Full Name of School	City	State
	K			
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			

Please respond
in English



English
Home Language
Survey

HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Has the student ever attended a U.S. school before? yes no _____
If yes Date of Entry _____

Student's Name _____ DOB _____
First Name Middle Initial Last Name M/D/Y

Address _____
Street City State Zip

Phone Number _____ Student's _____
Home Work S.S. No.

Parent or Guardian's Name _____
First Name Middle Initial Last Name

What is the student's country of origin and ethnicity? _____ / _____
Origin Ethnicity

1. Is the student's first-learned or home language anything other than English? Yes (Please continue survey)
 No (Stop here and sign below)
2. Which language did your son/daughter learn when he/she first began to talk? _____
3. What language does your son/daughter speak most often? _____
4. What language is most often spoken in your home? _____
5. Other than languages studied in school, what Language(s) does your son/daughter speak? _____

** If the answer to questions 2-5 is a language other than English, the student will be assessed with the State-designated English language proficiency test to ensure appropriate placement and English language assistance if needed.*

Parent or Guardian Signature

Date

***All modifications in seating or restraint must be determined in consultation with a physical therapist and must be addressed on the DEC 4 (IEP) under the section which documents transportation as a related service. Measurements are only needed for students requesting a harness.**

Student Name: _____ NCWISE #: _____

Residence Street Address: _____
(NO PO BOX #'S) _____

Transportation Needs: AM only _____ PM only _____ Both _____

Daily Bus Rider _____ Occasional Bus Rider _____

Please record the address in which the student will be picked up and dropped off if different from the residence street address. Three to five (3-5) business days are needed for processing unless an existing stop is available. Each school should review Everyinfo software for transportation start date.

Address for Morning Stop: _____

Address for Afternoon Stop: _____

Fax to Mandy Benton (TIMS Office) during the school year as students receive transportation as a related service or as the school learns of medical issues which would impact transportation AND at the end of the school year for transition.

Fax Number: 704-283-9873