



Enrollment Documentation Checklist

Welcome to RTHS! We are looking forward to a great school year.

The documentation in the check list below must be submitted, as a complete package (items 1 – 17), by the parent/guardian, at the front desk at RTHS in order for your student's enrollment to be complete.

Student Name: _____ Date: _____

Required Documentation and Forms

Each document listed below is required in order for enrollment to be complete.

- _____ 1. Copy of student's birth certificate along with the original for verification. Original will be returned to parent.
- _____ 2. Copy of parent/legal guardian photo ID along with original for verification. (driver's license or passport)
- _____ 3. Proof of address.
 - Gas, water, or electric bill dated in the last 30 days. Provide the entire bill (showing the service address), not just the payment stub. If the parent's name is not on the proof of address, further documentation will be required. In that case, please call the front office for details.
 - If you have moved recently and have not yet received a gas, water or electric bill, you may provide a current (dated within the last 30 days) signed lease agreement or a signed closing statement or construction agreement with closing date within 45 days of student enrollment date.
- _____ 4. Student's complete and up-to-date immunization record.
- _____ 5. Copy of student's most recent report card.
- _____ 6. Custody/Legal Guardianship documentation, if applicable.
- _____ 7. North Carolina Health Assessment Transmittal Form
- _____ 8. Student Data
- _____ 9. Emergency Contact and Student Release Authorization
- _____ 10. Enrollment Confirmation/Permission to Release Student Records
- _____ 11. Loaner Laptop Agreement (*Requires both student and parent signatures.*)
- _____ 12. Policy/Release Signature Page (*Requires both student and parent signatures.*)
- _____ 13. Field Trip Information (*Car insurance policy information is needed to fill out this form.*)
- _____ 14. Field Trip Medical Information (*Medical insurance policy information is needed to fill out this form.*)
- _____ 15. Home Language Survey
- _____ 16. EDS Data Collection
- _____ 17. Course Registration (*The course guide is on the website.*)

Optional Form

- _____ Free and Reduced Lunch Qualification (*Please fill out this form if you feel your student qualifies for the free and reduced lunch federal program.*)



January 2016

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:

☐ M ☐ F

(Last)

(First)

(Middle)

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: ☐ 1 Yes ☐ 2 No

Race:

☐ 1 Other Non-White ☐ 2 White ☐ 3 Black ☐ 4 American Indian ☐ 5 Chinese
☐ 6 Japanese ☐ 7 Hawaiian ☐ 8 Filipino ☐ 9 Other Asian ☐ 10 Unknown

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

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:





PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

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):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health
HEALTH AND HUMAN SERVICES

Student Information

Legal First Name	Legal Middle Name	Legal Last Name
Preferred Name or Nickname	Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Street Address	City	State Zip Code
Home Phone Number	School District	Country of Birth (ex. United States)
Language Spoken at Home	U.S. Census Data: Hispanic/Latino ___ yes ___ no	
Race (check all that apply)	American Indian or Alaska Native	Asian White
	Black or African American	Native Hawaiian or other Pacific Islander
Does the student have internet access at home? ___ Yes ___ No		

Parent/Legal Guardian Contact Information

Student Lives With (circle one): Both Parents Joint Custody Mother only Father only Legal Guardian

Parent/Legal Guardian

Parent/ Legal Guardian

First and Last Name	First and Last Name
Relation to Student (mother, father, step-parent, guardian, etc.)	Relation to Student (mother, father, step-parent, guardian, etc.)
Same Address as Student ___ yes ___ no	Same Address as Student ___ yes ___ no
If no, provide address	If no, provide address
Do you speak English? ___ yes ___ no	Do you speak English? ___ yes ___ no
Employer/Position	Employer/Position
Home Phone Number	Home Phone Number
Cell Phone Number	Cell Phone Number
Work Phone Number	Work Phone Number
Email Address	Email Address

School History

Does the student have an IEP? _____ yes _____ no

Does the student have a 504 plan? _____ yes _____ no

Is the student currently under a long-term suspension from a North Carolina public school? Yes ☐ No ☐

If so, when will the student's suspension end? _____

Notwithstanding any law to the contrary, a charter school may refuse admission to any student who has been expelled or suspended from a public school under G.S. 115C-391 until the period of suspension or expulsion has expired.

List All Schools Attended (from Kindergarten through 8 th grade)	Grades Attended (ex. K-5)

Emergency Medical Information

Provide information only if your child has a condition that requires extraordinary care. Include the condition and any pertinent information. Note any unusual physical conditions, convulsion disorders, severe allergies, etc.

Verification of Child Custody

Only parents or legal guardians may register students for school.
You will be asked to provide a driver's license or other form of photo identification.

I, _____, certify that I am the
Parent/Legal Guardian Name

____ Father ____ Mother ____ Legal Guardian (You must present Legal Guardianship papers to the school.)

of _____ (name of student enrolling).

Are there custody issues involving this student of which the school needs to be aware? _____ yes _____ no

Have custody papers been presented to the school for this student? _____ yes _____ no

Parent/Legal Guardian Signature

The information provided is accurate. I will contact the school if there are any changes in the above information.

Parent/Legal Guardian Signature

Date



Emergency Contact Student Release Authorization

Student Name (first and last) _____

Emergency Contact Information

Please provide two non-parent contacts. In case of illness, injury, or other emergency, we will attempt to contact parents first. The contacts below will be used if the parents cannot be reached in a reasonable amount of time. These contacts are authorized to pick your student up at any time.

First and Last Name

First and Last Name

Relationship to Student

Relationship to Student

Address

Address

Employer/Position

Employer/Position

Daytime Phone Number

Daytime Phone Number

Alternate Phone Number

Alternate Phone Number

Student Release Authorization

In addition to the emergency contacts above, parents/legal guardians can authorize other individuals (relatives, carpool drivers, etc.) to take their student out of class, prior to school dismissal. Parents/legal guardians should send in a signed note with the student upon his/her return to school.

The following individuals have my permission to take my child out of class, prior to school dismissal:

First and Last Name

First and Last Name

First and Last Name

First and Last Name

Please note: RTHS will release a student to other individuals during the school day if a parent/legal guardian sends a signed note to that effect, naming the individual, in advance.

Parent/Legal Guardian Signature

The information provided is accurate. I will contact the school if there are any changes in the above information.

Parent/Legal Guardian Signature

Date



**Enrollment Confirmation
Permission to Release Student Records**

We are enrolling our child, _____, in
Research Triangle High School.

Research Triangle High School has our permission to request and receive the above-named student's school records from:

Middle School Name: _____

Middle School Address: _____

Student SSN: _____

Student Address: _____

Records should be mailed to: Research Triangle High School
PO Box 13453
Research Triangle Park, NC 27709
Phone: 919-998-6757
Fax: 919-998-3402

Parent/Legal Guardian Signature

Date

Daily Loaner Laptop Policy

- Daily, loaner laptops are available to all students when the need arises. For instance, a student has forgotten his/her device at home or the device normally used is being repaired.
- Daily, loaner laptops are not to leave the building. The laptop will be scanned out in the student's name and the student must return it at the end of the school day to be scanned back in to the inventory system.

Care and Handling Instructions

Laptops are naturally sensitive devices and must be handled carefully:

- Make sure the laptop is turned off before putting it into a bag.
- Always turn off (or stand-by/hibernate) a laptop before moving it.
- Handle a laptop carefully when moving it.
- Do not use the laptop on a soft surface.
- Do not lift the laptop by its screen.
- Do not drop, hit, or sit heavy objects on the laptop.
- Do not eat or drink near/over the laptop.

Repair and Replacement Cost Policy

- All repairs and replacement parts must be paid for by the student or parent/guardian. Costs for any parts are to be paid by the beginning of the month following the breakage. Students must work with RTHS' technology director after school to complete repairs, when possible, and learn proper care of the device.
- Repairs and replacement parts not paid for in a timely manner will be assessed to the student's account and records and transcripts will be held until payment is received.
- Your student may check out a daily loaner laptop for use during school hours while his/her laptop is being repaired. Repair and/or replacement costs:

Battery	\$25.00
Entire Laptop	\$175.00
Hard Drive	\$75.00
Keyboard/Touchpad	\$15.00
Power Cord/Charger	\$20.00
Screen	\$50.00

Parent/Legal Guardian and Student Signatures

I have read and agree to the above policies and instructions.

Student Name (please print): _____

Student Signature: _____

Date: _____

Parent Name (please print): _____

Parent Signature: _____

Date: _____



Policy/Release Signature Page

Student Name (please print) _____

Parent/Legal Guardian Name (please print) _____

Student Signature

- I have read and will abide by the Acceptable Computer Use Policy.
- I have read and will abide by the policies and procedures in the RTHS Student Handbook.

Student Signature: _____

Date: _____

Parent/Legal Guardian Signature

_____ Yes

_____ No

Carpool Map: I would like to be included in the RTHS carpool map (name, address, and phone number) to facilitate carpooling among RTHS families. The map will be shared with RTHS families only.

_____ Yes

_____ No

Computer Use Policy: As the parent or guardian of this student, I have read and agree to the terms of the Acceptable Computer Use Policy. I understand the consequences for students for violations of the policy and agree to pay damage and/or replacement fees if incurred under this policy.

_____ Yes

_____ No

Media Release: I grant permission to RTHS to publish photographs or video clips in which my student is pictured. The school may use images for publicity, informational literature, news media, school publications, school website and Facebook page, or other media.

_____ Yes

_____ No

Student Handbook: I have read and will abide by the policies and procedures in the RTHS Student Handbook.

_____ Yes

_____ No

Web Publishing: I grant permission for RTHS to publish my student's work on the RTHS website, Facebook page, and other social media sites in compliance with the guidelines of the Acceptable Computer Use Policy.

Parent/Legal Guardian Signature: _____

Date: _____



FIELD TRIP INFORMATION

(valid until student graduates)

Student Name (please print) _____

Parent/Guardian Name (please print) _____

Field Trip Consent

I consent to have my child participate in school-related, off-campus trips including Flex Days, athletic events, community outreach, club trips, and other trips that may occur during his/her tenure at RTHS.

Transportation may be via private vehicle, rented vehicle, public transportation, or the students may walk. When student transportation is via private vehicle, the owner's liability coverage is applicable to any vehicle accident. I understand that any accident/incident-related expenses other than those covered by the vehicle owner's liability coverage, are my responsibility.

Parent/Guardian Signature: _____

Date: _____

Driver Information

RTHS relies heavily on parent drivers for field trips. Please fill out this section in case the opportunity arises for you to drive students on a field trip during your student's tenure at RTHS.

	Driver 1	Driver 2
Name		
Relationship to Student		
Cell Phone Number		
Work Phone Number		
Home Phone Number		
Number of Passenger Seat Belts with Shoulder Restraint		
Car Insurance Company		
Policy Number		

When transportation is by private vehicle, the vehicle owner's liability coverage applies to any vehicular accident. By signing below, you agree that you may be held responsible for injuries to any individuals you are transporting and certify that the private vehicle used to transport students is covered by, at the least, the minimum car insurance coverage required by the state of North Carolina. You further certify that you have a current driver's license authorizing you to drive the vehicle being used to transport students in the state of North Carolina.

Driver 1 Signature: _____

Date: _____

Driver 2 Signature: _____

Date: _____



FIELD TRIP MEDICAL INFORMATION
(valid until student graduates)

Student Name (please print) _____

Parent/Guardian Name (please print) _____

Medical Authorization and Release

Should my child sustain or incur any accident or illness while attending a school-sponsored field trip, I hereby authorize the teacher, or designated chaperone, to execute any and all documents, including any necessary releases which might be required by any medical facility to perform any emergency care, on my behalf. In the event that a student has an illness or accident during the field trip which requires a visit to the doctor or hospital, the existing family policy will represent the primary insurance coverage.

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Information

Please list **parent/legal guardian name(s) first** followed by two alternate contacts for notification in case of an emergency during a field trip.

Name/Relationship to Student	Best Contact Number	Alternate Contact Number

Doctor/Hospital Information

Family Doctor/Physician: _____ Phone: _____

Preferred Hospital: _____

Insurance Information

Is your child covered by a health or accident insurance policy? _____ Yes _____ No

Name of Insurance Company _____ Policy # _____

Address of Insurance Company _____

City _____ State _____ Zip _____ Phone _____

Student's Address: _____

City _____ State _____ Zip _____

(continued on the next page)

Immunization Information

Please provide the date of the student's last diphtheria-tetanus or tetanus booster. _____

Medication Administration

Students are not permitted to carry medication. If your child requires medication while on a field trip, a Medication Administration Authorization form must be on file with the school prior to the field trip. Prescribed medications must be accompanied by a pharmacy label containing the Rx number, the name of the medication, the dosage and directions for administration, and the student's name. All non-prescription medications must be in the original container, clearly labeled with the student's name, the name of the medication, and direction for its use. Staff members will hold and administer medication to the student according to the Medication Administration Authorization form on file.

General Health Information

Please list any activity restrictions or special health concerns.

Please list any allergies (including food, environmental, medication) and explain degree of severity and treatment.

Please list any chronic or recurring illnesses (ear/throat infections, asthma, diabetes, etc.) and explain.

Additional information.



HOME LANGUAGE SURVEY

Student First Name

Student Last Name

Date of Birth (MM/DD/YY)

Country of Birth

Date first enrolled in any U.S. school (K – 12):

School attended last year:

Has the student left the United States for any school year? _____ yes _____ no

If yes, list the school year(s):

What is the first language the student learned to speak?

What language does the student speak most often?

What language is most often spoken in the home?

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Date

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Student's home language, if other than English:

The English Language Proficiency Test will be administered to this student:

_____ yes _____ no

Reviewed by:

All families are required to complete this form.

As required by the federal *No Child Left Behind Act of 2001*, the North Carolina Department of Public Instruction is required to report test results for the following student subgroups: ethnic origin, students with disabilities, students identified as limited English proficient, and students identified as economically disadvantaged. To report on the economically disadvantaged subgroup, household income information is collected.

Please complete this form and return it to us with your enrollment material. All information is confidential and will only be used for subgroup reporting.

I, _____, am the parent or legal guardian of
(print name of parent or legal guardian)

(print name of student)

Make one selection below that best matches your household size and annual income:

If none apply, skip to the signature section.

Two people in household _____ Income less than \$20,709 _____ Income less than \$29,471

Three people in household _____ Income less than \$26,117 _____ Income less than \$37,167

Four people in household _____ Income less than \$31,525 _____ Income less than \$44,863

Five people in household _____ Income less than \$36,933 _____ Income less than \$52,559

Six people in household _____ Income less than \$42,341 _____ Income less than \$60,255

Seven people in household _____ Income less than \$47,749 _____ Income less than \$67,951

Eight people in household _____ Income less than \$53,157 _____ Income less than \$75,647

If more than eight people are in your household, please provide number of people _____

and total income _____

Parent/Legal Guardian Signature

_____ I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being collected for compliance with the federal *No Child Left Behind Act of 2001*, and that school officials may verify the information.

_____ I have not checked a box above because this information does not apply to my household.

Parent/Legal Guardian Signature: _____

Date: _____



2016-2017 9th Grade Course Registration Form

Please complete the entire form.

Student Name: _____

To graduate from RTHS you must complete 23 credits, including:

- 4 units of math (Math I, Math II, Math III, and one other course)
- 4 units of science (Biology, Chemistry, Environmental Science, and Physics)
- 4 units of history (World Civilizations, Civics and Economics, US History I and II)
- 4 units of English (I (9th), II (10th), III (11th), IV (12th))
- 1 unit of Health/PE
- 2 units of World Language (including two years in the same language)
- 4 units of electives

Course Selections: Next to each course, select either the Honors or Standard version of the course.

Should I take Honors or Standard level courses? Honors students are independent and interested in pushing the envelope. In honors classes, students are usually expected to “get” the concept presented in videos so that they can jump right into the application in class the next day. Honors students tend to read more, write more, and will pursue topics more deeply than students in standard classes. Standard level courses cover the same breadth of content as honors, though not always as deeply, so that students have more time to practice skills and master content.

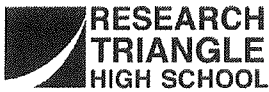
<u>Core Subjects</u>	<u>You will be taking...</u>	<u>Select either Honors or Standard</u>
Math	The level you indicated on your application to RTHS (either Math I, II or III)	
English	English I	
Science	Biology	
History	World Civilizations	

Please list two Elective Courses (examples include PE/Health, Spanish I, Drama I, Art I, etc.) and two alternate elective courses. If your first choice electives cannot be scheduled your alternates will be considered.

<u>Electives</u>	<u>Alternate Electives</u>
1.	1.
2.	2.

Parent Approval: I approve these course selections for my student's 9th grade course schedule.

Parent Name: _____ Parent Signature: _____



Free and Reduced Lunch Qualification Form

This form should be filled out only if you are applying for the Free and Reduced Lunch program.

Student Information

Name	Grade	Food Stamp Case Number (if any)	WFFA Case Number (if any) (Work First Family Assistance)

Household Members and Monthly Income

You may skip this section if you supplied a Food Stamp or WFFA case number for the student(s).

List names of ALL Household Members Label as Adult or Child	Gross MONTHLY Earnings (before deductions) Job #1	Gross MONTHLY Earnings (before deductions) Job #2	MONTHLY Welfare Payments, Child Support, or Alimony	MONTHLY Payments from Pensions	Any other MONTHLY Income

FOSTER CHILD

Enter the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____

Electronic Device Information

We have a computer in the home. _____ yes _____ no (Internet access is not required.)
Student has a *wireless-accessible* mobile device: _____ laptop _____ tablet _____ other (_____)

Signature and Social Security Number

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being provided for the receipt of Federal funds and that school officials may verify the information on the application.

Signature of Adult Household Member	Social Security Number	Date
Print Name of Adult Household Member	Daytime Phone Number	Home Phone Number
Street Address	City and State	Zip Code

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Qualified: _____ Free _____ Reduced _____ No Device: _____ Yes _____ No