

WAKE COUNTY PUBLIC SCHOOLS - GROWTH MANAGEMENT - DATA SHEET

NCWISE ID# _____ MAIN FRAME ID# _____ SEX (circle one) M or F

RACE (circle one) ASIAN BLACK AMERICAN INDIAN HISPANIC WHITE MULTI-RACIAL

LEGAL LAST NAME _____ CURR GRADE _____ TRACK _____

LEGAL FIRST NAME _____ LEGAL MIDDLE NAME _____

ESL: Y N LEP#: _____ SPECIAL PROGRAMS _____

ADDRESS _____
Street City State Zip

BIRTH ____ - ____ - ____ HOME PHONE (919) _____ E-MAIL: _____

ENTRY DATE ____ - ____ - ____ ENTRY CODE _____ EMERGENCY PHONE (____) _____

WITH WHOM DO YOU RESIDE: _____

FATHER/STEPFATHER _____ WORK PHONE _____

PLACE OF EMPLOYMENT _____

MOTHER/STEPMOTHER _____ WORK PHONE _____

PLACE OF EMPLOYMENT _____

LEGAL CUSTODIAN _____ WORK PHONE _____

PLACE OF EMPLOYMENT _____

MAILING ADDRESS (If different from above) _____
Street City State Zip

What year did your child enter 9th grade, if applicable? _____

Has your child ever been enrolled in a WCPSS? Y N Which school? _____ Dates: _____

Name of last school your child attended: _____ Dates: _____

Address of last school attended: _____
Street City State Zip

Type of school last attended: Public Private Charter Home

Has your child attended any other schools this year? Y N

School name if located in Wake County: _____ Dates Attended: _____

School name if in NC, but outside Wake County: _____ Dates Attended: _____

List siblings attending WCPSS: _____

Emergency Medical Information – Note any unusual physical conditions, convulsion disorders, severe allergies, etc. - any condition for which the school should extend extraordinary care: _____

Use back of sheet if additional space is needed.

Doctor's Name: _____ Phone: _____

Emergency contact person: _____ Phone: _____

Is your child covered by Health Insurance? Y N Additional Information: _____