

## Highland Charter Public School

### Enrollment Information:

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Please complete the form below and fax or mail to the following information:

*\*\*please sign document*

*Mailing Address:*

Highland Charter Public School  
P.O. Box 1653  
324 N. Highland Street  
Gastonia, NC 28053

*Fax number:*

704-866-6341

Date:            -            -

Name and address of previous school:

Grade:

Teacher:

Name:

Name Child is called:

Race:

Gender:      Male      Female

Social Security Number:            -            -

Birth Date:            -            -

Birthplace:

City:

County:

State:

Mailing Address:

Telephone: - -

Street Address: (if different from mailing address)

**Family Data:**

**Father** (Check One)

- Father
- Stepfather
- Guardian

First:

Middle:

Last:

Last grade in school:

Occupation:

Where employed:

Business Telephone: - -

**Mother** (Check One)

- Mother
- Stepmother
- Guardian

First:

Middle:

Last:

Last grade in school:

Occupation:

Where employed:

Business Telephone: - -

- Are parents living together
- Separated
- Divorced

Widowed

Other? (Please specify)

Number of brothers and sisters:

Number older Brothers

Number younger Brothers

Number older Sisters

Number younger Sisters

*Name, Age, Relationship:*

**Travel and After School Care:**

With whom does child stay after school:

Phone:                -                -

Child gets home by:    Walking      Car      Bus      Daycare Van

Name of Day Care Center:

Number of School Bus:

**Health:**

*\*\* N. C. Law requires a complete immunization record within 30 days of enrollment. The parent/guardian must present this record to avoid suspension of the child.*

*A. If your child becomes too ill to remain in school and neither parent can be located, give NAME and PHONE NUMBER of TWO persons who will be responsible for picking your child up.*

1. Name:

Address:

Phone:                -                -

2. Name:

Address:

Phone:                -                -

B. If your child is injured at school, parents will be notified:

if something needs to be done before parents can get to school, what do you want done?

C. Permanent or long-term health problems.

Please check below if your child has a chronic health problem:

Severe Asthma/Allergy

Hemophilia

Diabetes

ADD/ADHD

Epilepsy

Other: (Please specify)

List medical procedures which might need to be done at school:

D. Will your child routinely need medicine during school hours? If yes please list below.

*(Include medicines such as an inhaler or ---Epipen which must be available at school)*

*If yes, an "Authorization for Medication" form must be requested from the teacher and be completed by your child's doctor and signed by you.*

E. Name of child's doctor:

Telephone:

-

-

Name of child's dentist:

F. Any additional information which might be helpful to the school in working with your child:

Signature of parent/guardian:

Date:        -        -

Thank you for you interest in Highland Charter Public School, a representative will contact you shortly.