



Parent Checklist and Certification Page

Below are the student forms to be placed in your child's cumulative folder, please check to make sure you have completed ALL the forms in this packet.

Required Forms:

- Enrollment Acceptance/Declination Form
- Student Registration
- Student Release Agreements
- Student Needs/Services Form
- Home Language Survey
- Records Request Form
- FERPA
- Digital Learning Survey

Optional Forms:

- (please complete if they apply to your student)
- After School Form
- Transportation Form
- Free/Reduced Lunch Form
- Authorization for Medication
- Authorization to Self-Carry Medication
- Military Connected Form

Do not forget to turn in or upload the following required documentation to complete the Enrollment packet for your student!

- Two proofs of residency (this includes utility bills, car insurance card, etc.)
Must have the same address on both documents given.
- Driver's License/ One Form of ID
- Copy of Student's Birth Certificate
- Copy of Updated Immunization Records or NC Exemption Letter (Medical/Religious reasons only)
- NC Health Assessment form to be completed by the child's physician (Kindergarten, homeschooled students, any student new to NC, or attended private school)

***Immunization and Health Assessment forms must be turned in within the first 20 days of school per the NC Health Department.*

By submitting this enrollment packet, I am acknowledging that I have answered/completed each form truthfully and to the best of my knowledge. I understand that falsifications, misrepresentations, or omissions may disqualify enrollment to Tillery Charter Academy. I also agree to turn in the above required documents in a timely manner according to the Tillery Charter Academy and NC State Guidelines.

Signature: _____ Date: _____



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

Enrollment Acceptance/Declination Form

This is a **REQUIRED** form for each student.

Student Name: _____

Student's Grade for 2025-2026 School Year: _____

Enrollment Decision:

_____ Yes, we accept our student's seat for the 2025-2026 school year. I understand that by accepting this seat, I must sign and give Tillery Charter Academy the Request for Student's Records Form in order to request my child's academic records from his/her previous school.

_____ No, we decline this seat**. After considerable thought and deliberation, we have decided to decline our seat and understand that once declined we will need to re-apply and will be added to the waitlist.

Parent Signature: _____ Date: _____

****If you have DECLINED the seat for your child, then you have finished completing the forms.**

Student Registration

This is a REQUIRED form for each student.

Primary Household Information

Household Phone: _____ Household Last Name: _____

Check all contact preferences:

	Emergency	High Priority	Attendance	Behavior	General	Food Service	Teacher
Voice							
Text							

Primary Address:

Street: _____

City: _____ State _____ Zip Code _____

Does this household receive mail at a different address? _____ If yes, please list below.

Parent/Guardian #1

Parent First Name: _____ Parent Last Name: _____

Parent Birthdate: _____ Parent Gender: _____

Does this person live at the address listed above? _____ Yes _____ No If no, please provide address: _____

Cell Phone: _____

Check all contact preferences:

	Emergency	High Priority	Attendance	Behavior	General	Food Service	Teacher
Voice							
Text							

Email Address: _____

Check all contact preferences:

	Emergency	High Priority	Attendance	Behavior	General	Food Service	Teacher
Voice							
Text							

Relationship to student: _____

Migrant Worker

Are you a Migrant Worker? _____ Yes _____ No

Military Connect – Impact Aid

Please complete the Military Connected Form if you are/were in the military.

Parent/Guardian #2

Parent First Name: _____ Parent Last Name: _____

Parent Birthdate: _____ Parent Gender: _____

Does this person live at the address listed above? _____ Yes _____ No If no, please provide address: _____

Cell Phone: _____

Check all contact preferences:

	Emergency	High Priority	Attendance	Behavior	General	Food Service	Teacher
Voice							
Text							

Email Address: _____

Check all contact preferences:

	Emergency	High Priority	Attendance	Behavior	General	Food Service	Teacher
Voice							
Text							

Relationship to student: _____

Migrant Worker

Are you a Migrant Worker? _____ Yes _____ No

Military Connect – Impact Aid

Please complete the Military Connected Form if you are/were in the military.

Emergency Contact Information (must list 2)

Emergency Contact #1 (someone other than parent/guardian that is allowed to pick up student in case of emergency)

EC First Name: _____ EC Last Name: _____

EC Gender: _____ EC Cell Phone: _____

Relationship to student: _____ Contact Priority# _____

Emergency Contact #2 (someone other than parent/guardian that is allowed to pick up student in case of emergency)

EC First Name: _____ EC Last Name: _____

EC Gender: _____ EC Cell Phone: _____

Relationship to student: _____ Contact Priority# _____

Emergency Contact #2 (someone other than parent/guardian that is allowed to pick up student in case of emergency)

EC First Name: _____ EC Last Name: _____

EC Gender: _____ EC Cell Phone: _____

Relationship to student: _____ Contact Priority# _____

Student Information

Student Name: _____
(First) (Middle) (Last)

Student's Date of Birth (mm/dd/yyyy) _____ Gender: F ____ M ____

2025-2026 Grade your student will be entering

____ K ____ 1st ____ 2nd ____ 3rd ____ 4th ____ 5th ____ 6th ____ 7th ____ 8th

Is your student a foreign exchange student? ____ Yes ____ No

Student's Primary Race/Ethnicity: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Alaskan Native/American Indian | <input type="checkbox"/> Black/ African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian/Middle Eastern | <input type="checkbox"/> Multi Racial |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other: _____ |

Does your student have an active enrollment in a United States tribe? ____ Yes ____ No

Is your student homeless? ____ Yes ____ No If yes, please select the option that best represents the student's current housing situation.

- Shared Housing
- Motel, hotel, trailer park, or campground due to lack of alternative accommodation
- In emergency or transitional shelter
- Awaiting foster care placement
- Primary nighttime residence is not ordinarily used as a regular sleeping accommodation
- Living in car, park, public space, abandoned building, substandard housing, bus or train station

Are there any custody/legal information regarding this student? ____ Yes ____ No

If yes, please explain: _____

Please provide a copy of legal documentation.

Student's Previous School: _____

Student's Previous District: _____

Is your student currently suspended or expelled from another school? ____ Yes ____ No

If yes, please explain: _____

Student Services

After School Care

Will your student require after-school care? Yes No

If yes, please complete the After School Care Form.

Bus Transportation

Will your student require bus transportation? Yes No

If yes, please answer the questions below?

When will your student be riding the bus? AM Only PM Only Both AM & PM

Please complete the Bus Transportation Form.

Free and Reduced Lunch

Will you like to apply for Free or Reduced Lunch for your student? Yes No

If yes, please complete the Free and Reduced Lunch Form.

Student Health Information

Health Services Emergency Contact

Primary Care Provider _____

Primary Care Phone Number _____

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications.

Does this student have any medical or mental health conditions? Yes No

If yes, please check conditions that apply.

- | | |
|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Attention Deficit Disorder/Hyper Activity (ADD/ADHD) | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Heart/Lung |
| <input type="checkbox"/> Behavioral/Emotional/Mental | <input type="checkbox"/> Urinary |
| <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Other | <input type="checkbox"/> Weight Management |
-

Comments/Instructions: _____

Does this student take any medication? Yes No

If yes, please list medication _____

Where is the medication taken? _____

When is the medication taken? _____

Comments/Instructions: _____

Student Release Agreements

This is a **REQUIRED** form for each student.

Student Name: _____

Media/Publicity

I give permission for Tillery Charter School to record audio, video, and photos of my child during his/her participation at school, to use for nonprofit educational and promotional purposes. I understand that my child will not be compensated for any recordings that may be used in this capacity. I also give permission for photographs of my child to be used without compensation by Tillery Charter Academy for web pages and/or promotional purposes.

By signing below, I am releasing Tillery Charter Academy, its agents, employees, licensees, and assigns from any and all claims which I may have for right of publicity, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of such materials.

YES I give Tillery Charter Academy permission to use my child's photo and video for publicity purposes.

NO I do not want my child's image used for publicity purposes.

Field Trip

*By checking this form, however, I hereby release the school, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and school policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments. I confirm that I have carefully read this **CONSENT AND RELEASE** and agree to its terms knowingly and voluntarily.*

YES I give permission for my child to attend school-related field trips.

NO I do not consent for my child to participate in School approved field trips.

Technology

By signing this form, you and your child agree to abide by the following rules: If assigned a laptop computer, the laptop computer assigned to your student belongs to Tillery Charter Academy and is provided free of charge. Students are expected to take excellent care of the equipment. Physical damage to the computer will be charged back to the student based on the schedule below. Broken Screen: \$50 Broken keyboard or keys missing: \$60 Lost or missing charger: \$25 Broken bottom/side outer casing: \$75 Broken top outer casing: \$75 Damage beyond repair (water damage, drop damage, etc): \$250 Lost or stolen computer: \$250 Broken or damaged headphones: \$40 Students or parents should not load or upgrade any software applications without the express permission of a member of our staff. Students should also refrain from deleting or removing any software applications without express permission from a staff member. Internet sites containing pornographic, violent, or other unacceptable content may not be visited either at home or

on school property. Accessing, producing, posting, displaying or sending offensive messages, music, or images, including images of exposed private body parts is prohibited. Offensive material includes but is not limited to obscene, profane, lewd, vulgar, rude, or sexually suggestive language or images. Sending false or defamatory information about a person or organization is prohibited. Harassing, threatening, insulting or attacking others is prohibited. Computers will not be used for electronic intimidation via Facebook, Skype, OooVoo, MySpace, YouTube, X, Instagram, or any other social networking site. Doing so is a violation of North Carolina law. TCA has internet filters and software in place to track violations of this policy and we have the ability to monitor software and student activities on the computer in real-time. These reports will be reviewed on a regular basis to ensure compliance with the acceptable use policy. Parents should monitor student computer use at home to ensure compliance with TCA rules and regulations. Students are reminded not to share their password with anyone except a parent or guardian. Students should not use login IDs and passwords belonging to other students or faculty and staff members. Email correspondence on the TCA system, the laptop, or making use of the student's assigned email account is the property of TCA. Documents and other files created by the students and located on the laptops, or the TCA computer system are also property of TCA. Teachers will be using our technology to communicate with students. Students should check email, tasks, and calendars frequently throughout the day and respond to TCA teachers/staff as appropriate. Students should not send spam (e.g. funny jokes and cute sayings found on the internet) and should not sign up for subscription services using the TCA email account without permission of the TCA staff. Students should only use computers during class if authorized to do so by a faculty member and only for the purpose stated by the faculty member. Hacking or attempting to gain unauthorized access to the TCA's network for the purpose of stealing and/or corrupting data is prohibited. Any other use in violating TCA's policies or federal or state law is prohibited. Technology and Wireless Communication that is brought to school must always remain in students' backpacks and off throughout the school day. Use of technology is prohibited on the school buses while students are being transported to and from school-to include photos, videos being taken, and navigation to social media and websites. Wireless communication devices include, but are not limited to, cellular phones, electronic devices with internet capability, paging devices, two-way radios, IPAD, IPOD and other similar devices. Special arrangements may be made by designated staff regarding the use of technology on field trips. The following consequences may apply if a student violates this policy. Any of the consequences below may be enforced alone or in conjunction with one another by the school against the violating student. Revocation or limitation of computer access privileges. Temporary or permanent confiscation of the student computer. Disciplinary action as provided in the student handbook. Removal or suspension from the bus routes for a specific or extended period of time. Any other sanctions or remedies provided by law.

_____ I have read Tillery Charter Academy's Technology Acceptable Use Policy and understand there may be consequences as outlined about for the student if I/he/she/we violate the policy.

Parent/Guardian Signature: _____ Date: _____



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

Student Needs/Services Form

This is a **REQUIRED** form for each student.

Part One

Student Name: _____
(First) (Middle) (Last)

Student Date of Birth: _____ Grade: _____

Has your child ever been retained? Yes No

If so, for what grades? Please list _____

Does your child have a 504 or an IEP? Yes No I do not know

If yes, mark which one? 504 IEP

Is your student currently being tested for a 504 or an IEP? Yes No

Does your child receive any interventions? Yes No I do not know

Has your child ever been or is currently being tested for a disability? Yes No

Does your child receive any of the following services? Yes No

(Please mark all that apply)

Speech

Occupational Therapy (OT)

Physical Therapy (PT)

Other _____

Please attach any copies of documentation you may have regarding the above questions or drop them off with the EC Director.



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

Home Language Survey

This is a **REQUIRED** form for each student.

North Carolina is committed to embracing families from diverse linguistic backgrounds. Being multilingual is a significant advantage that enriches the community and enhances educational opportunities. This Home Language Survey (HLS) fulfills the obligations of school districts to make programs, services, and activities accessible for all students, as required by state and federal law.

This form is confidential and will not be shared outside the North Carolina public school system.

Student Information

Student Name: _____

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language that the student first learned to speak? _____

What is the language most often spoken by the student? _____

Has your student ever received English as a Second Language(ESL/ELL) services?

Yes No

Parent/Guardian Signature: _____ Date: _____



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

Request for Student's Records

This is a REQUIRED form for each student.

Student's Full Name: _____ Grade: _____

If you homeschooled, went to private school or just entering Kindergarten, please name the school district your child would have attended

Previous School's Name: _____ (if attended any public school)

Phone Number: _____ Contact Person: _____

I hereby give _____ (name of previous school/data manager) permission to release all school records for my child and to be forwarded to Tillery Charter Academy.

Please send the following:

- Grades as of the date of withdrawal from your school
- Attendance record for all previous years
- All test results
- Immunization records/Health assessment form/ Other health documents
- Birth Certificate
- Gifted/Exceptional Children's records
- Any/All behavioral records
- Any other academic records/ Including IEP's & 504's

Parent Signature: _____ Date: _____

Data/Office Manager signature: _____ Date: _____

Phone Number: _____ Fax Number: _____



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

Family Educational Rights and Privacy Act (FERPA)

This is a REQUIRED form for each student.

Parents and Guardians have the right to opt-out of sharing directory information. More information about your FERPA rights may be viewed at www.studentprivacy.ed.gov.

Schools use directory information to publish items such as yearbooks, honor roll, newsletters, and graduation announcements.

Directory information may include your student's name, address, telephone number, date and place of birth, participation in officially recognized activities and sports. A school may disclose directory information to third parties, for non-commercial use only. Please contact your school or district for more information about what is shared.

Please provide an answer to the following required question(s). If you do not respond, your student's information will be included in directory information.

Student Name: _____

Do you grant permission for your student's directory information to be shared?

___ Yes, I do not give permission for my student's directory information to be shared.

___ No, I do not give permission for my student's directory information to be shared.



Digital Learning Dashboard Survey

This is a **REQUIRED** form for each student.

The purpose of this survey is to fulfill session law "§ 115C-102.9 calling for the collection and reporting of data regarding all students access to digital devices and internet access at home. This information will be used to help target areas of need and ensure that all NC students have adequate access to devices and the internet to access learning. Note that the information gathered will be kept private and confidential.

Student Name: _____

Out-of-School Digital Device Access

Does this student have a digital device(s) at home?

- Yes, provided by the school Yes, provided by the home/family
 Yes, provided by the school, home/family No Prefer NOT to answer

If devices are provided by the home, indicate which device(s) are available for home use. Select all that apply.

- Apple Desktop Apple Laptop Chromebook Windows Desktop
 Windows Laptop Android/Kindle Tablet iPad Windows Tablet
 Prefer NOT to answer

Out-of-School Internet Connectivity

Do students in your home have consistent internet access at home that is adequate to complete schoolwork?

- Yes Sometimes No Prefer NOT to answer

If yes, which type(s) of internet service does the student(s) have access to at home? Select all that apply.

- Broadband/DSL Fiber Satellite Dial-up Hotspot device
 Personal Hotspot from cell phone Other
 Prefer NOT to answer

If "Other" was selected, please provide details. _____

Please indicate the reason(s) for the lack of consistent, dependable internet access. Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Not available where the home is located | <input type="checkbox"/> Internet available but NOT dependable |
| <input type="checkbox"/> Internet available but NOT adequate | <input type="checkbox"/> Internet available but too expensive |
| <input type="checkbox"/> No alternatives provided by the school | <input type="checkbox"/> No cell signal, hotspots do not work |
| <input type="checkbox"/> Family chooses not to have internet | <input type="checkbox"/> Broken/Outdated equipment |
| <input type="checkbox"/> Prefer NOT to answer | |

What other sources do the student have for connecting to the internet outside of the home (when not in school)? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Internet in the school parking lot | <input type="checkbox"/> Hotspot provided by the school |
| <input type="checkbox"/> Hotspot provided by the home | <input type="checkbox"/> Internet at another home |
| <input type="checkbox"/> Internet at the public library | <input type="checkbox"/> Internet within the community |
| <input type="checkbox"/> Internet at a park and ride | <input type="checkbox"/> Internet on a school bus |
| <input type="checkbox"/> Internet at other community locations | <input type="checkbox"/> No regular and reliable internet |
| <input type="checkbox"/> Prefer NOT to answer | |



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

After School Care Form

This is a REQUIRED form **IF** your student will be enrolled in after care.

Student First Name: _____ Student Last Name: _____

Student Grade: _____ School Year: _____

Will your student require After School care? ____ Yes ____ No

After School Care Policy & Agreement

TCA After School Care is available as a fee-based extension of the school day. The hours for After School Care is from 3:00pm to 6:00pm. The cost for After School Care is \$10.00 per day/per student. Parents must schedule and pay for their After School Care days they are utilizing every two weeks in advance through an online schedule and payment program (Omella). Parents must pick up student(s) before 6:00pm.

The drop-in (day of) rate for After School Care is \$15.00 per day/per student. Parents must call the school office if a student needs to attend After School Care and is not scheduled through Omella. A phone call needs to be made by 12:00pm to ensure proper staffing.

If a parent has three unscheduled uses of After School Care in one month, an additional \$10.00 penalty fee will be applied. We understand that certain circumstances can sometimes arise. Please consult the front office for certain circumstances. If a parent repeatedly abuses certain circumstances, then the student is subject to suspension or termination from the After School Care program. Once the student has reached an overdue payment of \$100.00, the student will not be allowed to return to the After School Care program until the account is up to date.

By signing below, I understand and agree to the terms and conditions listed in the After School Care Policy & Agreement and in the Parent/Student Handbook.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Phone: _____ Email: _____

Are there any additional people that can pick up your student?
They must provide a valid ID in order to pick up student.

Name: _____ Phone: _____

Name: _____ Phone: _____



Student Transportation Form

This is a REQUIRED form **IF** your student will use the school bus service.

PLEASE NOTE: Bus transportation will be first come, first serve. Spots will fill up quickly as space is limited on each bus. There is NO limit to the number of car riders or carpools. If you plan to be a bus rider and car rider, please indicate both. School hours are 8:00AM to 3:00PM.

Student Name: _____ Student Grade: _____

Will your student be a bus rider? Yes No

Morning Bus Transportation Selection

- Food Lion on Hwy 24/27 - Albemarle
- Mt. Gilead Boat Landing
- Mt. Gilead 1st United Methodist Church
- Food Lion on Albemarle Rd - Troy

- McDowell Street Exit – Asheboro
- Hardee’s/Quik Check – Seagrove
- Feed & Seed – Star
- Kountry Kids Day Care/Walmart – Biscoe

- Quick Check/Sunoco – Candor

- No Morning Bus Transportation

Afternoon Bus Transportation Selection

- Food Lion on Hwy 24/27 - Albemarle
- Mt. Gilead Boat Landing
- Mt. Gilead 1st United Methodist Church
- Food Lion on Albemarle Rd - Troy

- McDowell Street Exit – Asheboro
- Hardee’s/Quik Check – Seagrove
- Feed & Seed - Star
- Kountry Kids Day Care/Walmart – Biscoe

- Quick Check/Sunoco – Candor

- No Afternoon Bus Transportation

Is there any additional information or special situation that Tillery Charter School needs to be made aware of regarding transportation?

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Free/Reduced Lunch Form

Please complete this form **IF** you are applying for Free and/or Reduced lunch with the school. Filling out this form will determine your eligibility based on the guidelines of the United States Department of Agriculture.

Student Name: _____ Student Grade: _____

How many people live in your household? _____

Names of All Household Members	Does this person receive income?	Names of All Household Members	Does this person receive income?

What is your total household gross income per year? _____

Name (list household members with income)	Earning from work – before deductions/how often	All other income/how often
Ex. John Doe	\$300/weekly	Child Support - \$300/monthly

By signing below, I understand that to the best of my knowledge this information is true.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Eligibility: _____ FREE _____ REDUCED _____ DOES NOT QUALIFY

Determining Official's Signature: _____ Date: _____



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

Authorization for Medication

Please complete this form **IF** it applies to your student.

In order to help protect your child's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to receive either prescription or non-prescription medicines at Tillery Charter Academy. No medication will be given to your child at school until this authorization form has been received and signed by your child's doctor. A separate form is required for each medicine. New authorization forms are required every year at the beginning of school, whenever the DOSE or DIRECTIONS CHANGE, or when a new medicine is prescribed. Each medicine must be in an appropriately labeled ORIGINAL container from the pharmacy or healthcare provider's office. Most pharmacies will provide an extra container for school use upon request. A completed authorization form is also required for the administration of non-prescription medicines to be given at school. This must be signed by a child's doctor. This does not apply for a student to self-carry.

Student's Name: _____ Grade: _____

Parent or Guardian's Permission: *I give permission for my child to receive the medicine described below during school hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child, I absolve Tillery Charter Academy and their employees from any and all liability whatsoever that result from my child taking this medicine at school.*

Signature of parent or guardian: _____ Date: _____

Emergency Contact Number: _____

For Licensed Healthcare Provider Use Only: (Please write legibly using lay terms)

Specific Directions: (Please include exact amount to give, at what times and/or how often, relationship to meals, specific indications, e.g. if prn (as needed))

Purpose of medication: _____

Medication prescribed: _____ Strength/Dose: _____

Side effects/adverse reactions: _____

Any other instructions including emergency situations that may arise:

Licensed Physicians Signature: _____ Date: _____



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

Authorization for Medication for Student to Self-Carry

Please complete this form **IF** it applies to your student.

This student should carry the medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school sponsored activities.

Parent or Guardian: *I hereby give permission for my child to self-carry his/her medication that is hereby prescribed by the physician. I have explained to my child the importance and the responsibility of what it means to self-carry the medication.*

Parent Signature: _____ Date: _____

For Licensed Healthcare Provider Use Only:

Name of Medication: _____

Dose/how often to be administered: _____

I have given instructions to the student and parent on how to self-carry and self-administer this medication as directed and deem it necessary for the student to self-carry.

Healthcare Provider's signature: _____ Date: _____

Practice Name and Address: _____

Phone Number: _____ Fax Number: _____

Student: *I am capable of carrying this medicine as recommended and accept this responsibility. I will always secure and will NOT share it with others. I understand that I will be subject to disciplinary actions if medications are shared. I will inform an adult when the medication is used.*

Student Signature: _____ Date: _____



Military Connected Form

Please complete this form **IF** it applies to your student.

To ensure the unique needs of military-connected students are met, our Military Liaison provides district-level support by assisting inbound and outbound families, overseeing programs dedicated to military-connected students, offering professional development for staff, honoring the Interstate Compact for Educational Opportunity for Military Children, and managing the Impact Aid Program.

Is the Parent/Guardian connected to the military? _____ Yes _____ No

If yes, please answer questions below.

Military Start Date (date student is connected, not when parent/guardian entered military) _____

What Military Branch? (check one)

- Air Force
- Army
- Coast Guard
- Marine Corps
- Navy
- Space Force

What is your Military status?

- Active Duty
- National Guard
- Reserves
- Retired Military
- Disabled Veteran
- Federal Civil Service Employee

- Foreign Military/Active/
Reserve/Guard/Deceased
- Deceased – Killed in Action
- Veteran

What Military Site?

- Not Provided
- Camp Lejeune
- MCAS Cherry Point
- Fort Bragg
- MCAS New River
- Seymour Johnson Air Force Base
- Coast Guard Station - Elizabeth City
- Coast Guard Station - Wilmington
- Coast Guard Station - Fort Macon
- Coast Guard STA – Special Missions Training
- Pope Army Air Field
- Sunny Point Military Ocean Terminal
- Other

Is Parent/Guardian in a foreign military? _____ Yes _____ No

This information is for North Carolina Public and Charter Schools. This will not be shared with any other agency.