



STUDENT REGISTRATION PACKET

Welcome to the Carteret County Schools

Registration for high school students takes place at the high school for your district. The three high schools are East Carteret, West Carteret and Croatan.

Registration for elementary and middle schools students will take place regionally. The locations are as follows:

Register at **Smyrna Elementary School** for Down East Middle, Atlantic Elementary School, Smyrna Elementary School and Harkers Island Elementary School.

Register at **Beaufort Elementary School** for Beaufort Elementary School and Beaufort Middle School.

Register at **Morehead City Elementary School** for Morehead Elementary School and Morehead City Primary School.

Register at **Newport Elementary School** for Newport Elementary School and Newport Middle School.

Register at **White Oak Elementary School** for White Oak Elementary School and Bogue Sound Elementary School.

Register at **Broad Creek Middle School** for Broad Creek Middle School.

Register at **Morehead City Middle School** for Morehead City Middle School.

Only parents or legal guardians can register a student. Legal guardians must present court ordered legal documentation.

You may print and complete the registration documents for each child you wish to register.

CARTERET COUNTY SCHOOLS REGISTRATION CHECKLIST

What to bring:

- Proof of Residency-Utility Bill (Lease Agreements will not be accepted)
- Birth Certificate – certified or original for the student
- Immunization record for the student
- Name and complete address of school attended previously
- Most recent report card
- Official withdrawal form
- Custody Papers (If applicable)
- For High School only:** to ensure proper grade placement, a transcript is required when selecting courses

Forms to complete:

- Registration form
- Acknowledgement of required immunization
- Home Language Survey
- Student Discipline Status
- Student Internet Acceptable Use Form
- McKinney–Vento Act Questionnaire
- Request for Records
- Military Connected Form
- For Kindergarten and first time students to NC Public schools:**
Health Assessment form must be completed and returned to the student's school by the first day of attendance

Only a parent or legal guardian can register a new student. Legal guardians must present court ordered legal documentation. Students do not need to accompany their parents or guardians to be enrolled.

Grade assignments at registration are subject to be changed by school principals based on previous educational history.



CARTERET COUNTY SCHOOLS REGISTRATION FORM

Office Use Only

- Re-enrollment Transfer New
Immunizations complete Yes No
Record Req. Yes No Attached
Proof of Name and Age BC Passport
Proof of Domicile _____

Student Information

Student's Name: _____

Grade Level: _____ Gender: Male Female Age: _____ Birthdate: _____

Ethnicity (select one) Hispanic/Latino Non-Hispanic/Latino

Race (select one or more)

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Street Address: _____

Mailing Address (if different): _____

Primary Telephone Number: _____ Cell
Number _____

Students Resides with: Mother & Father Mother only Father only
 Mother & Step Father Step Mother & Father other _____

Please list any allergies or medical conditions we should be aware of:

Family Doctor Name: _____ Phone Number: _____

Does this student have any siblings in this school system? Yes No

If yes, list name(s) and school(s) _____

Will your child ride a school bus: AM/PM AM only PM only

Parent/Guardian Information

Parent/Legal Guardian Name: _____ Relationship to Student _____

Lives with: Yes No

Address (if different) _____

HomePhone: _____ Cellphone: _____ E-mail: _____

Employer: _____ Work phone number: _____

Parent/Legal Guardian Name: _____ Relationship to Student _____

Lives with: Yes No

Address (if different) _____

HomePhone: _____ Cellphone: _____ E-mail: _____

Employer: _____ Work phone number: _____

Emergency Contact Information

Please provide at least 2 emergency contacts in the event you cannot be reached.

Name: _____ Phone #: _____ Relationship _____

May Pick up form school: Yes No

Name: _____ Phone #: _____ Relationship _____

May Pick up form school: Yes No

Name: _____ Phone #: _____ Relationship _____

May Pick up form school: Yes No

Educational History

Name and address of school previously attended: _____

Grade last attended: _____ Last day attended: _____

Has this student ever been enrolled in our school system? Yes No

If yes, which school and year _____

Is this student receiving any special education services? Yes No

If yes, what kind _____

Does this child currently have an IEP? Yes No

504 Plan? Yes No

I hereby certify that the above information is true, and accurate.

Parent/Legal Guardian Signature: _____ Date: _____

STUDENT DISCIPLINE STATUS AFFIDAVIT

Student Information

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Most recent school attended: _____

School Address: _____

City: _____ State: _____ Zip: _____ Telephone Number of Previous School: _____

Current Discipline Status (please check applicable box)

The student is **not** suspended or expelled from any school and **does not** have a pending suspension or expulsion

The student has **been recommended** for long term suspension (more than 10 days) or expelled from and is currently awaiting a decision. (Please describe the incident on the back of this sheet and attach a copy of the discipline report)

The student is **currently** under long-term suspended (more than 10 days) or expelled from and is currently serving the term of suspension or expulsion. (Please describe the incident on the back of this sheet and attach a copy of the discipline report)

Felony Convictions (please check applicable box)

The student has **not been convicted** of a felony in this or any other state.

The student has **been convicted** of a felony. (Please complete the felony section on the back of this sheet)

Parent/Guardian Signature

I, _____ (Parent/Guardian) hereby affirm that the above information is true, and accurate and is without falsehood, stated or implied. I also give consent to Carteret County Schools to share this document with student's prior school to verify the information on this form.

Providing False Information Is A Criminal Act. If it is found that a person willfully and knowingly provided false information in this affidavit, they shall be guilty of a Class I misdemeanor and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment, not to include state funds.

(G.S. 115C-366(a3))

Signature: _____ Date: _____

Principal/Designee Affirmation

As permitted by G.S. 115C-366(i), I hereby certify that _____ personally appeared before me this the _____ day of _____, 20____ and signed the foregoing affidavit.

Signature of Principal or Designee: _____

Suspension/Expulsion Description

If the student has been recommended for or is currently serving a long-term suspension or expulsion, please describe the offense for which the student was suspended or expelled and indicate the beginning and ending date of the suspension or expulsion. **Please attach a copy of the suspension/expulsion report or decision.**

Felony Description

If the student has been convicted of a felony in this or any other state please provide the following information:

Date of Conviction: _____ Convicted of: _____

Convicted in (City or Town): _____ (State): _____

Description of Offense: _____

Probation Officer: _____ Telephone Number: _____

Court Counselor: _____ Telephone Number: _____

MILITARY CONNECTEDNESS INFORMATION SHEET

Student Name _____

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or a Federal Civil Service Employee?

“Immediate family member” is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the child.

_____ Yes _____ No

If yes, please complete the information for each family member on the back of this page. Example and Options:

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Military Installation</i>
Father	Army	Active Duty	E-4	Fort Bragg

Branches: Air Force, Army, Coast Guard, Marine Corps, Navy

Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service

Installation: The facility where the service member fulfills their duty role in the military.
(e.g. Fort Bragg, NG Raleigh Armory, Knightdale Reserve Center etc.)

Grade: Enlisted (E-1 through E-9), Officer (O-1 through O-10), Warrant Officer (W-1 through W-5)

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Military Installation</i>

(Please return a form for each child in your household)

PHOTOGRAPHIC PERMISSION FORM

The Carteret County Public School System often uses photographs, slides, videos and illustrations (all referred to herein as "photographs") of students for many purposes. Such materials are used in positive ways. Typically, photographs of students are used in four areas. First, school administration uses student photographs in various media to recognize accomplishments of the students or to illustrate the work of the school system. Second, individual schools use photographs of students for directories, to recognize participation or accomplishments of students in school or school related activities, and/or to illustrate the work of an individual school. Third, organizations with connections to schools use photographs of students to recognize participation or accomplishments of students, and/or to illustrate the work of the organization. Fourth, news organizations occasionally use photographs of students to illustrate articles about school activities or student achievement or participation in activities.

In some cases, photographs of students could be considered confidential student records under state and/or federal law. As a result, except as provided below, before the school system or individual schools use photographs of students in a manner that may be viewed outside of a school, or permits a school related organization or a news organization to photograph and use a student photograph, a parent must consent. The exception occurs when a parent allows his child to participate in a school activity that is open to the public. Examples are sports teams and music performances. When a parent allows his child to participate in activities which are open to the public, the parent is deemed to approve use of her or his child's photograph relating to such participation in all media without written permission.

Please indicate your choice:

_____ I give permission to the Carteret County Public School System to take and use photographs of my child, or to permit organizations with connections to a school, as well as news organizations, to take and use photographs of my child in positive and wholesome ways related to my child's education. This permission shall continue as long as my child is enrolled in the Carteret County Public School System; however, except for photographs being used by the school system under this permission, I reserve the right to revoke such permission by providing to my child's school principal a written revocation.

_____ I do not give permission for photographs my child to be used in presentations about the school system or a school. ¹

Student's name _____

Signature of Parent/Guardian _____

Date _____

¹ I nonetheless recognize that allowing my child to participate in a school or school related activity that is open to the public is deemed my permission to use a photograph of my child relating to such participation.



HOME LANGUAGE SURVEY

Dear Parent/Guardian: Carteret County Schools offers equal opportunity for education to all students in compliance with the National Origin Section of Title VI of the Civil Rights Act of 1964. North Carolina Law requires all schools to determine the languages spoken at home by each student. Please answer the following questions to help us meet this important requirement

Student: _____
Last First Middle

Student's Country of Birth: _____

Gender: _____ School: _____ Grade: _____

Parent/Guardian: _____
Last First Middle

Number of Siblings under 21 years old living in the household: _____

1. What language did your child first learn to speak? _____
2. What language does your child most frequently use at home? _____
3. What language do you most frequently speak with your child? _____
4. Name the language most often spoken by the adults at home? _____

**If all 4 answers are English, please sign and return the form to the school*

If the language is a language other than English, your child may qualify for English as a Second Language Services. Any answer other than English may require that a North Carolina test of English Language Proficiency be administered to your child within the first 30 days of initial enrollment in school. If the student is designated Limited English Proficient (LEP), an annual English language proficiency test will be administered in the spring.

If the answer to any of the above questions is a language other than English please answer the following questions:

In your opinion, how well does your child (check one box in each line)

Speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Understandable	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Read English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Understandable	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Write English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Understandable	<input type="checkbox"/> Very Little	<input type="checkbox"/> None

Date first enrolled in any US school (private, public, not Pre K)? _____

How long has your child been in the United States? _____

How long has your child attended United States Schools? _____

Parent/Guardian Signature _____

Date _____

Person Reviewing this HLS: _____ Administer WAPT? Yes No

EMERGENCY MEDICAL CARE PERMISSION FORM

Student's Legal Name _____ Grade _____

A. Please check any condition listed below that affects your child:

YES	NO	Condition	Brief description for any "yes" answers, use back if necessary
		ADD/ADHD	
		Asthma (include date of last attack)	
		Birth defect	
		Blood disorder	
		Cerebral Palsy	
		Cystic Fibrosis	
		Diabetes	
		Hearing Problem	
		Heart Problem	
		Kidney/Urinary Problem	
		Migraines	
		Muscle/Bone Problem	
		Missing Organ/Transplant	
		Seizures (include date of last episode)	
		Sickle cell disease	
		Vision problem- Wears glasses	
		Other conditions	

B. Is there any reason that your child's activity should be restricted? No Yes (*Requires doctor's note) If yes, please explain:

C. Please list any known allergies your student has: _____

ALLERGIC REACTION	BREATHING PROBLEMS	RASH/ HIVES	SWELLING	VOMITING	ER	EPIPEN	OTHER
FOOD							
MEDICINE							
INSECT BITE STING							
OTHER							

D. List medicines that your child takes at home and the reason:

E. List medicines or medical procedures that your child will require at school listing the reason: (Doctor's order required for all medicines and procedures.)

F. Please provide the following information regarding persons whom the school can call if your child is sick or injured at school. Additional persons and phone numbers can be listed on a separate page (include child's name).

Mother/Guardian's Name _____

Address _____

Phone: Home _____ Cell _____ Work _____

Father/Guardian's Name _____

Address _____

Phone: Home _____ Cell _____ Work _____

Emergency Contact Name _____

Address _____

Phone: Home _____ Cell _____ Work _____

Preferred Doctor _____

Phone # _____

I give the principal, school nurse, or designated person permission to seek medical care for my children in an emergency. I realize that the school will make every effort to contact me, but I agree that the Rescue Squad may be called and my child may be transported to Carteret General Hospital for emergency medical treatment. In order to make sure my child's special health needs are met, I understand my child's medical information will be shared confidentially with necessary staff members.

Parent Signature

Date

****THIS FORM MUST BE RENEWED YEARLY****

MCKINNEY-VENTO ACT

This questionnaire is intended to address the **McKinney-Vento Act**. Your answers will help the administrator determine residency necessary for enrollment of this student.

School: _____ School Contact Person: _____ Enrollment Date: _____
(The school will complete this portion)

Name of Student: _____ Male Female Student's School ID#: _____
(The school will complete this blank)

Birth Date: _____ / _____ / _____ Age: _____ Grade: _____ Phone: _____
Month Day Year

Student's Physical Address: _____ City: _____ State: _____ Zip: _____

Student's Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent(s)/Legal Guardian(s) Name: _____ Relation: _____
(Please Print Name)

Signature of Parent/Legal Guardian _____ Date: _____

Presently, where is the student living? Check one of the boxes listed below.

- Permanent Housing or an Established Place of Residency *(If you checked this box there is no need to complete the rest of the form).*
- In a Shelter or Transitional Housing Provide Name of Shelter/Housing: _____ Since _____
- Lives with another family where there is not adequate space for sleeping. Since _____
- Lives in a Motel, Car, Campsite, etc. Provide Location Where Student Lives: _____ Since _____
- Forced to live with friends or family members (other than parent or guardian) Since _____

The student lives with: (Check one) _____ one parent _____ a relative, friend(s) or other adult(s)
 _____ two parents _____ an adult that is not the parent or the legal guardian
 _____ one parent and another adult _____ alone with no adults

This living arrangement is due to:
 Catastrophic loss of housing such as fire, storm damage, or other uninhabitable conditions (Explain) _____
 Other (Please explain) _____

This living arrangement is: Temporary until _____ Permanent

Disability/Medical Concerns: _____

Indicate if the student is receiving any of the following support services:
 Exceptional Children English as a Second Language Academically Intellectually Gifted _____

Do you wish the student continue to attend current school or school in new district? _____

School/Administrator will complete this portion of the form.

This form is to be routed to the School's Guidance Department. After the Guidance Dept. has received this document and the school has evidence to believe this student would be served under the McKinney-Vento Act, **a copy of this form must be sent to Mat Bottoms, Assistant Superintendent of Curriculum and Instruction for final approval.** Upon approval of this form, a copy will be sent back to the school, the Child Nutrition Dept., etc. for services to be rendered under the McKinney-Vento Act. **This form is to be filed in the school's Guidance Department after approval.** Keep this form separate from the Student's Permanent Record for audit purposes during the year.

School Must Provide Additional Information: _____

_____ Approved _____ Not Approved Reason: _____

Additional Services to be Provided: _____

Signature of McKinney-Vento Administrator: _____ Date _____ CC: _____ School _____
 _____ Child Nutr. Dept. _____
 _____ Transportation _____

IMMUNIZATION REQUIREMENTS

North Carolina law requires that every child attending public school has the following immunizations. It is the parent/guardian(s)' responsibility to provide a record of these immunizations to the school. Any student who is not age-appropriately vaccinated on the first day of class attendance has 30 calendar days to obtain the required immunizations. No student will be allowed to attend class after the 30-day grace period without proof that all age-appropriate vaccinations have been received as well as Health Assessment.

Immunization Requirements for Grades Kindergarten—Six (K-6)

Five (5) DTaP	One dose must be on or after the child's 4th birthday. If a child's 4th DTaP is on/after the 4th birthday, then a 5th dose is not required.
Four (4) Polio	The booster (4th) dose is required on or after the 4th birthday and before entering school for the first time.
Two(2)MMR	All vaccination dates must be on or after the child's 1 st birthday. Two full doses of MMR are recommended; the minimum requirement is 2 Measles, 2 Mumps, 1 Rubella. (2nd dose Mumps required for any student entering school on or after July 1, 2008).
Three (3) Hep B	All students born on or after July 1, 1994.
Varicella (2)	All students born on or after April 1, 2001. Effective July 1, 2015 (2) doses administered at least 28 days apart. Second dose before entering school for first time.
One (1) Hib	Minimum of 1 dose is required prior to 5th birthday. No doses are required after the 5th birthday.

Additional Requirements for students enrolling in NC Public schools for the first time regardless of grade:

Physical Exam	Must be completed within 12 months of enrollment in NC Public Schools and on the NC Health Form-GS130A-441. This health transmittal form must be presented within 30 calendar days of the child's first day of attendance or the child will not be permitted to attend school until the form is submitted.
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Additional Requirements for Entering 7th Grade:

One (1) Tdap	Booster dose of Tdap for individuals who have not previously received it and are entering 7th grade or by 12 years of age whichever comes first. Effective July 1, 2015
One(1) MCV	One dose for individuals entering 7th grade or by 12 years of age whichever comes first. Effective 7/1/2015. Booster dose for individuals entering the 12th grade or 17 years of age beginning August 1, 2020. If the first dose is administered after the 16th birthday, the booster dose is not required.

Note: Permanent enrollment in school is contingent upon completion of the above health requirements. Official immunization records (signed and/or stamped by a licensed healthcare provider or health clinic) and physical examination must be provided to the child's assigned school by the first day of class. Students will be suspended from school after 30 calendar days if they have not yet shown proof of physical exam or immunizations. If you have questions, please contact the nurse at your child's school.

I am completely aware of the requirements as outlined above and affix my signature below in acknowledgement thereof.

Print Student Name/School/Grade

Parent/Guardian Signature

Date



STUDENT GOOGLE APPS FOR EDUCATION OPT-OUT FORM

****Only return this form if you do NOT consent to your child having a CarteretK12 Google Apps Account****

Carteret County Public Schools has the ability to create accounts for all students to allow for collaborative sharing using Google Apps for Education. These accounts are for school related projects. The information provided below will introduce you to Google Apps for Education. The rules governing proper electronic communications by students are included in the Technology Responsible Use Policy that is part of the Student Code of Conduct. This policy is available on our website at www.carteretcountyschools.org. Once accounts are assigned, students gain access to the wealth of collaborative tools available through Google Apps for Education. This account is housed on Google servers, thereby giving your child access to Google Docs (word processor, spreadsheet, and presentation software), instant messaging, email, calendar, website authoring tools, plus additional services. Access to services will vary by grade level. This will allow your child to collaborate with teachers and other students as well as share information with family, friends, and other Internet users.

Official Email Address

Students will be assigned a @s.carteretk12.org student email account. This account is the student's official Carteret County Public Schools email address until the student is no longer enrolled in the district. The naming convention will be the year of graduation, first initial, middle initial, and first seven letters of the last name, ending with @s.carteretk12.org.

For example: John Able Goodchild graduating in 2028 would be 28jaagoodchi@s.carteretk12.org.

Conduct

Students are responsible for good behavior online just as they are in a traditional school building. It is not acceptable to use obscene, profane, threatening, or disrespectful language. Communication with others should always be school related. Students should never say anything via email that they would not mind seeing on the school bulletin board or in the local newspaper. Students should notify the teacher of anything inappropriate or that makes them uncomfortable. Bullying is not tolerated and the privacy of others should be respected at all times.

Access Restriction

Access to and use of Google Apps for Education is a privilege accorded at the discretion of the Carteret County Schools administrators. The District maintains the right to immediately withdraw the access to and use of the account when there is reason to believe that violations of law or School Board policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and application of necessary consequences as indicated in the Student Code of Conduct.

Chromebooks

Carteret County Schools uses Google Chromebooks in many classes. These devices require students to sign in with their CarteretK12 Google Apps account. Students who do not have a CarteretK12 account will not be able to utilize these devices. Please consider this carefully in your decision to opt-out of account creation.

Security & Privacy

Carteret County Public Schools cannot and does not guarantee the security of electronic files located on Google systems. Although Google does have a powerful content filter in place, the School Board cannot assure that users will not be exposed to non-educational material. Teachers will make reasonable efforts to monitor students during online activities to reduce exposure to non-educational material. The School Board and Administration reserves the right to access and review content in the Google Apps for Education system at any time. The School Board complies with all state and federal privacy laws.

As with any educational endeavor, we feel that a strong partnership with families is essential to a successful experience. Therefore, if you do not wish for your child to have access to a CarteretK12 Google Apps account, please fill out this form and return it to your child's school. You are strongly encouraged to talk with your child's teacher or the school Technology Facilitator if you have questions regarding CarteretK12 Google Apps accounts.

Student Name _____ ID# _____ Grade _____ Birthdate _____
Last First MI (Not Social Security Number)

I do NOT want my child to be assigned a Google Apps for Education Account.

(No form returned will be considered as consent.)

Parent/Guardian Signature _____ Date _____

Student LAST Name:
(please print)

Student FULL FIRST Name:
(please print)

Student FULL Middle Name:
(please print)

Grad Year:

PowerSchool #
(if known)

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STUDENT TECHNOLOGY RESPONSIBLE USE FORM

The Carteret County School System seeks to promote positive, responsible, and appropriate use of the Internet and network services that it provides. The world is increasingly using and depending on technology for communication, business, and educational purposes. Therefore, the Internet is a necessary tool that is used in classrooms throughout Carteret County. The Internet provides teachers and students with unique educational opportunities. The Internet is as instructionally important and more current than most textbooks. Web-based programs are used throughout Carteret County Schools to instruct and assess students' instructional objectives, providing them with specific strategies to enhance their learning. Internet-based software accompanies many textbooks. Web-based programs are used regularly to support student achievement. Many state-mandated tests are now administered exclusively on-line. Teachers are making their course information, lesson plans, and other valuable resources available to students on their class websites. Students must use the on-line public access catalog when looking for materials in the school media center.

Expectations and strategies have been implemented to assist with responsible use of the Internet and network services that are provided by Carteret County Schools. Internet content is filtered to prevent student access to inappropriate material. In addition, software is available that allows staff members to monitor the information that is being accessed by students. Continuous efforts are made to teach students how to use the Internet safely and responsibly.

A Technology Responsible Use Policy has been written to address Internet and network issues such as acceptable use, security, vandalism, and consequences for violating the responsible use policy. Carteret County Schools Technology Responsible Use Policy (Policy 3225/4312/7320) is located in the Carteret County Student-Parent Handbook. It can also be accessed from the Carteret County Schools webpage within the Policy Manual.

Parent/Guardian:

Part A—Internet/Network Access

Please check one of the two boxes below. If both boxes are left blank, it will be determined that you DO give the above student Internet/Network permission.

- I give the student listed above permission to use the Internet/Network for educational purposes while at school. I acknowledge and understand the guidelines established by Carteret County Schools in Policy 3225/4312/7320.*
- I do NOT give the student listed above permission to use the Internet/Network for educational purposes while at school.*

Signature of Parent/Guardian: _____ Date: _____

Student:

Please complete this section of the Student Internet Acceptable Use Form if your parent/guardian gives you permission to use the Internet/Network for educational purposes while at school.

I acknowledge and understand the guidelines established by Carteret County Schools in Policy 3225/4312/7320. I understand that violation of the Carteret County Schools Technology Responsible Use Policy will result in disciplinary action.

Signature of Student: _____ Date: _____

**Carteret County School
Request for Student Records**

Date of enrollment: _____

Student's Name: _____

DOB: _____

Grade: _____

Previous School Attended: _____

Address of Previous School: _____

Telephone No. of Previous School: _____ Fax No: _____

To whom it may concern:

The student listed above has enrolled in Carteret County Schools and I am requesting that the student's full cumulative record be scanned to the e-mail address below, including academic, health and if applicable, special education records.

Signature: _____ Date: _____

**Please forward records to:
Morehead City Middle School
Attention: Nancy Fulton/Data Manager
400 Barbour Road
Morehead City, NC 28557
(252) 726-1126
(252) 726-4980 (fax)
nancy.fulton@carteretk12.org**

Parental permission is no longer required when authorized school personnel requests records.
(Family Education Rights and Privacy Act, Final Rule of Education Records, Federal Register,
June 17, 1976, Vol. 41, No. 118, Page 24673)