



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

Crossroads I  
5625 Dillard Drive  
Cary, NC 27518

# **ENROLLMENT PACKET**

**FOR STUDENTS ENTERING 6<sup>th</sup>-12<sup>th</sup> GRADE**

# STUDENT DATA SHEET

Page 1 of 2



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## INSTRUCTIONS

Complete this form for each child you are enrolling. A complete list of items required for enrollment can be found at [www.wcpss.net/assignment](http://www.wcpss.net/assignment). For assistance, contact your base school or the WCPSS Office of Student Assignment at (919) 431-7333.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303

## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone Number ( ) -
Current Grade	Is the student Hispanic/Latino? (This information is used for US. Census data.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Which category best describes the student's race? (This information is used for US. Census data).

American Indian or Alaska Native  Asian  Black or African American  White  Native Hawaiian or other Pacific Islander

## FAMILY INFORMATION

<b>Mother/Stepmother's First Name</b>	<b>Mother/Stepmother's Last Name</b>
Mother/Stepmother's Place of Employment	Mother/Stepmother's Email
Mother/Stepmother's Cell Phone ( ) -	Mother/Stepmother's Work Phone ( ) -
<b>Father/Stepfather's First Name</b>	<b>Father/Stepfather's Last Name</b>
Father/Stepfather's Place of Employment	Father/Stepfather's Email
Father/Stepfather's Cell Phone ( ) -	Father/Stepfather's Work Phone ( ) -
<b>Legal Custodian's First Name (if not parent)</b>	<b>Legal Custodian's Last Name</b>
Legal Custodian's Place of Employment	Legal Custodian's Email
Legal Custodian's Cell Phone ( ) -	Legal Custodian's Work Phone ( ) -

CONTINUED ON NEXT PAGE >

### FOR OFFICE USE ONLY

Registering school	School number
Entry date (mm/dd/yyyy)	Entry code E1   E2   R2   R3   R5   R6
PowerSchool #	Teacher
	Track

# STUDENT DATA SHEET



## FAMILY INFORMATION (continued)

List names and grades of siblings attending WCPSS:

List names of non-school age siblings:

**Family's Home Address**

Apartment or Suite Number

City

State

Zip Code

**Mailing Address** (if different from family's home address)

Apartment or Suite Number

City

State

Zip Code

With whom does the student reside? (Choose only one)

Mother only  
  Father only  
  Both parents  
  Legal custodian  
  Other (Please specify) \_\_\_\_\_

## SCHOOL HISTORY

Does the student have an IEP?

Yes    No

Does the student have a 504 plan?

Yes    No

What language is spoken at home?

English    Other: \_\_\_\_\_

Does the student receive services through Title I?

Yes    No

Has your child ever been enrolled in a Wake County school?  Yes    No

If "yes", which school did your child attend? School name: \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_

Has your child ever been enrolled in a North Carolina school?  Yes    No

If "yes", which school did your child attend? School name: \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_

Which school did your child last attended? School name: \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_

Address of last school your child attended

Type of school last attended

Public  
  Private  
  Charter  
  Home

City

State

Zip Code

## EMERGENCY HEALTH INFORMATION

Note any unusual physical conditions such as convulsion disorders, severe allergies or any condition for which the school should extend extraordinary care:

Emergency Contact's First Name

Emergency Contact's Last Name

Emergency Contact's Phone Number

(   )   -

Emergency Contact's Relationship to Child

# MCKINNEY-VENTO QUESTIONNAIRE



**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

## INSTRUCTIONS

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C.11431 et.seq. The answers to this residency information help determine the services the student may be eligible to receive. This is not to be taken as an exhaustive list. Other factors may be involved which are not included but may meet the student status for McKinney-Vento. Please be aware that presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs (TEC Sec. 25.002(3)(d)).

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## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	PowerSchool #
Is your current address a temporary living arrangement? <input type="checkbox"/> Yes (Please continue filling out this form.) <input type="checkbox"/> No ( <b>STOP</b> . You have completed this form.)		
Is this temporary living arrangement due to loss of housing, economic hardship or similar reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where is the student presently living? (Please check one box.) <input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> Awaiting foster placement <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> Moving from place to place <input type="checkbox"/> With a parent or guardian in the residence of a friend or relative temporarily <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite		
With whom is the student living? (Please check one box.) <input type="checkbox"/> One parent or legal custodian <input type="checkbox"/> Two parents <input type="checkbox"/> One parent and another adult <input type="checkbox"/> Relative (not parent or legal custodian) <input type="checkbox"/> An adult (not a parent or legal guardian) <input type="checkbox"/> Unaccompanied by adult <input type="checkbox"/> Friend <input type="checkbox"/> Alone		
Last School Attended		

## PARENT/GUARDIAN INFORMATION

Name of Legal Parent(s)/Legal Guardian(s)	Phone Number ( ) -
Address	Apartment or Suite Number
City	State
Zip Code	
Signature of Parent(s)/Legal Guardian(s)	Date (mm/dd/yyyy)
<i>If applicable</i> -Signature of DSS Case Manager	Date (mm/dd/yyyy)

# HOME LANGUAGE SURVEY



**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

## INSTRUCTIONS

The Wake County Public School System strives to provide access to school information in a language that parents can understand. Therefore, your response to the following questions is needed. If a language other than English is listed in any question 1-3, or a country other than U.S. is listed, make an appointment with WCPSS' **Center for International Enrollment** to begin the enrollment process.

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## STUDENT INFORMATION

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
Date of Birth (mm/dd/yyyy)	School	School Year
Country of <b>student's</b> birth	Student's <b>initial</b> entry into a U.S. school (mm/dd/yyyy)	

## HOME LANGUAGE INFORMATION

Federal and state policies require schools to determine the language(s) spoken at home by each student. If the answer to any of the questions below is a language other than English, your child may be assessed on the WIDA ACCESS Placement Test (W-APT) to determine English language proficiency. Based on the results, your child may be identified as LEP and qualify for ESL services. All identified LEP students will be assessed annually until exiting LEP identification.

Please answer the following questions:

What language does your son/daughter most frequently use to communicate?	What language do you most frequently speak to your son/daughter?
What language did your son/daughter learn when he/she first began to talk?	
Do you need <b>translation</b> services to understand WCPSS school records? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Do you need an <b>interpreter</b> for school system meetings involving your child's education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which language?
Parent/Guardian Signature	Date (mm/dd/yyyy)
Parent/Guardian Home/Cell Phone (     )     -	Parent/Guardian Work Phone (     )     -

### SCHOOL AND CIE OFFICE USE ONLY

School staff member assisting parent (please print)	Position
Signature of staff member assisting parent	Date (mm/dd/yyyy)
CIE appointment date / call (919) 431-7404	Appointment time
Signature of CIE staff member receiving fax	Date (mm/dd/yyyy)
Date HLS faxed to CIE / Fax: (919) 431-7410	

# STUDENT NAME AND PHOTOGRAPH/VIDEO PRIVACY RELEASE



## INSTRUCTIONS

This form explains potential uses of student photographs and video images by the Wake County Public School System (WCPSS) and allows you to grant or deny permission to the WCPSS to release your child's image for display or publication.

**Yearbook and class photos are handled separately. If you do not want your child to be in the class photographs or yearbook, contact the school directly.**

This form also allows a parent or guardian the choice whether or not their student may be identified by name on the school or district's Internet websites. Student names may be released unless a parent or guardian has expressly contacted the school and requested that their student's "directory information" not be shared. However, as a safeguard, the district does not directly publish student names to the Internet unless given permission by a parent or guardian.

The WCPSS uses internal and external media to highlight the K-12 experience in a variety of ways, which may include the use of photographs and videos of students. For example, student images may be published or displayed in printed materials (such as brochures and newsletters), videos, school websites, and information about school events and activities provided to external organizations and media outlets. Parents have two options for granting or denying consent:

- Parents may deny permission for any display or publication of their student's image. You should select this option if you do not want your student's photograph to be used on the WCPSS or individual school websites, in WCPSS or school publications, or in release to external organizations (such as PTA and booster clubs) or the media.
- Parents also may grant permission for their student's image to be published or displayed in print, video, and/or digital media. Selecting this option means that your student's photograph and name may appear in WCPSS or school publications, on the WCPSS or individual school websites, and may be released to external organizations (such as PTA and booster clubs) or the media.

Please complete this form and have your student return it to his or her school. **This consent form remains valid throughout your student's K-12 experience with the Wake County Public School System or until a new form is completed and signed by a parent/guardian or eligible student.**

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## CONSENT FOR NAME, PHOTO AND VIDEO

<b>Student's Legal Last Name</b>	<b>Student's Legal First Name</b>	<b>Student's Legal Middle Name</b>
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**Photo/Video Release**

I deny permission to use my child's image for display, publication or release to external organizations.

I grant permission for use of my child's image in print, video and/or digital media. I understand that my child's image may be used or released by the WCPSS without additional notification and that my child's name may appear along with his or her photograph.

**Name Release**

I grant permission for my child to be identified by name on the school or district's Internet websites.

I deny permission for my child to be identified by name on the school or district's Internet websites.

Name of Parent/Guardian (or student, if over age 18)

Signature	Date (dd/mm/yyyy)
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# VERIFICATION OF CHILD CUSTODY



## INSTRUCTIONS

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

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## STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
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Complete the information below.

I, \_\_\_\_\_ am the [  Father  Mother  Legal Custodian ] of the above named child.  
PRINT YOUR NAME CHECK ONE

**Note:** Legal custodians must present legal custody papers to the school.

Are there any 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

**Note:** A copy of custody papers is requested by the school, when applicable, to ensure that the school contacts the person who has legal custody of the student concerning school matters. We appreciate your cooperation in this matter.

Signature of person completing this form	Date (dd/mm/yyyy)
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# DISCIPLINE STATUS FORM

Page 1 of 2



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## INSTRUCTIONS

Students transferring into or requesting re-enrollment in the Wake County Public Schools System must complete this form. This form should not be given to students who are immediately returning from suspension.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

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## STUDENT INFORMATION

<b>Student's Legal Last Name</b>		<b>Student's Legal First Name</b>		<b>Student's Legal Middle Name</b>	
Date of Birth (mm/dd/yyyy)		Age		Grade	
Student's Address				Apartment or Suite Number	
City		State		Zip Code	
Parent's/Guardian's Name					
Parent's Address (if different from above)				Apartment or Suite Number	
City		State		Zip Code	
Home Phone Number ( ) -				Work Phone Number ( ) -	

## PREVIOUS SCHOOL ATTENDED

School Name		Withdrawal Date (mm/dd/yyyy)	
School Address		Phone Number ( ) -	
City	State	Zip Code	
Was the student identified for Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the exceptionality:	

## CONTINUED ON NEXT PAGE >

SCHOOL USE ONLY | SCHOOLS MUST COMPLETE ALL SPACES.

<input type="checkbox"/> APPROVED ENROLLMENT. If approved, place in cumulative folder.		<input type="checkbox"/> DENIED ENROLLMENT. If denied, <b>immediately</b> fax to student due process office at (919) 431-7319.	
Name of School	School official signature	Date	

SDP USE ONLY

SDP decision	Date
Contacted	Date



# DISCIPLINE STATUS FORM

PAGE 2 OF 2



## CURRENT DISCIPLINE STATUS

A copy of suspension/expulsion data must be attached to this form.

**Check appropriate box:**

- The student is **NOT** currently suspended or expelled from any school or does not have a pending suspension or expulsion
- The student is/has been recommended for a long-term suspension of more than ten days or expulsion (permanent removal from school) from \_\_\_\_\_ and that recommendation is currently pending.  
SCHOOL NAME \_\_\_\_\_  
Describe the offense for which the recommendation is being made and the proposed beginning and ending dates of the suspension/expulsion.  
\_\_\_\_\_  
\_\_\_\_\_

- The student is/has been long-term suspended for more than ten days or expelled and is currently serving the term of suspension or expulsion from \_\_\_\_\_.  
SCHOOL NAME \_\_\_\_\_  
Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion.  
\_\_\_\_\_  
\_\_\_\_\_

## FELONY CONVICTIONS

Has this student been convicted of a felony?

- Yes  No

If yes, what was the conviction?

City/Town Where Conviction Occurred

State Where Conviction Occurred

Date of Conviction (mm/dd/yyyy)

Description of Offense

Probation Officer

Phone Number

( ) -

Court Counselor

Phone Number

( ) -

## PARENT OR COURT APPOINTED CUSTODIAN AFFIDAVIT

**Initial below:**

\_\_\_\_\_ I verify that the above information is true and accurate.

\_\_\_\_\_ I give consent to the Wake County Public School System to share this document with student's previous school and to obtain information or records from that to verify the information on this form.

I understand that 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 of the Parent/Court-Appointed Custodian \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY A NOTARY PUBLIC

State of North Carolina

County of: \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ and \_\_\_\_\_ personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_



Wake County Public School System  
Crossroads I  
5625 Dillard Drive  
Cary, NC 27518

# RE: STUDENT RECORDS REQUEST

Date: \_\_\_\_\_

The following student has enrolled in the Wake County School System:

Student's Legal Last Name		Student's Legal First Name		Student's Legal Middle Name	
Date of Birth (dd/mm/yyyy)					
School Transferring From:					
Address					
City		State		Zip	
Phone Number (    )    -			Fax Number (    )    -		

Please forward to us all records you have on this student including the following so that enrollment may be completed.

- Student Cumulative Folder
- Attendance Reports
- Report Cards
- Student Health Information
- Student Confidential Information (Special Educations Services)
- Student Related Services Information (Speech, PT, OT)

Records should be sent to:

School Name					
Address					
City		State		Zip Code	
Phone Number (    )    -			Fax Number (    )    -		

We appreciate your taking time to mail this information at your earliest convenience. If there is an IEP or other special services for this student, please fax that information as soon as possible. If further information is needed, please feel free to contact us. Thank you.

# HOME BASE/POWERSCHOOL PARENT PORTAL APPLICATION FOR ACCESS

FOR USE WHEN HAND-DELIVERING FORM WITH PARENT PHOTO ID | Page 1 of 2



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## INSTRUCTIONS

Please complete all fields. Incomplete or illegible applications will not be processed. Parents/guardians must deliver this form to the student's school and present a photo ID. Once the form has been accepted and processed, the parent/guardian will receive information containing activation instructions for the new Parent Portal account. Follow the instructions provided to start using the account. **Parents with multiple students in WCPSS must submit one form per student to the appropriate school(s).**

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यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएँ चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

## PARENT/GUARDIAN INFORMATION

<b>Parent's First Name</b>		<b>Parent's Middle Initial</b>	<b>Parent's Last Name</b>
Relationship to Student			
Home Phone Number ( ) -		Work Phone Number ( ) -	
Street Address			Apartment or Suite Number
City	State		Zip Code
E-mail Address			

## STUDENT INFORMATION

<b>Student's First Name</b>		<b>Student's Middle Name</b>	<b>Student's Last Name</b>
Date of Birth (mm/dd/yyyy)	Age		Grade
Student ID Number		Home Phone Number ( ) -	
Street Address			Apartment or Suite Number
City	State		Zip Code

Are there any legal restraints prohibiting a parent/guardian from having access to this student's data?

Yes  No **If yes, please attach a copy of the court order.**

CONTINUED ON NEXT PAGE >

# HOME BASE/POWERSCHOOL PARENT PORTAL APPLICATION FOR ACCESS

FOR USE WHEN HAND-DELIVERING FORM WITH PARENT PHOTO ID | Page 1 of 2



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## PARENT AFFIDAVIT

I verify that I am the parent/guardian of the student named above. I understand that the Wake County Public School System reserves the right to grant or deny access to the Parent Portal in accordance with the U.S. Family Education Rights and Privacy Act (FERPA). I also certify that I will advise my student's school of any issues resulting in a need for change of access to student records. I agree to keep my password and the data contained within the Parent Portal confidential. I also agree that I shall make no attempt to alter or destroy data and will report to the school administration any attempts to do so or any security concerns that may arise. Failure to abide by the terms of this agreement will result in the termination of my account.

Parent/Guardian Signature

Date (dd/mm/yyyy)

## OFFICE USE ONLY

Photo ID checked by:

Name and address matches form: Yes  No

Approved  Denied

Provide reason if application is denied:

Student access number sent by:

Date sent (mm/dd/yyyy)

# HOME BASE/POWERSCHOOL PARENT PORTAL APPLICATION FOR ACCESS

FOR USE WITH NOTARY SIGNATURE | Page 1 of 2



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## INSTRUCTIONS

Please complete all fields. Incomplete or illegible applications will not be processed. Completed forms should be signed in the presence of a Notary Public and returned to your student's school. Once the form has been accepted and processed, the parent/guardian will receive an email within 10 school days containing activation instructions for the new Parent Portal account. Simply follow the instructions in the email to start using the account. **Parents with multiple students in WCPSS must submit one form per student to the appropriate school(s).**

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएँ चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303

## PARENT/GUARDIAN INFORMATION

Parent's First Name		Parent's Middle Initial		Parent's Last Name	
Relationship to Student					
Home Phone Number ( ) -			Work Phone Number ( ) -		
Street Address				Apartment or Suite Number	
City		State		Zip Code	
E-mail Address					

## STUDENT INFORMATION

Student's First Name		Student's Middle Name		Student's Last Name	
Date of Birth (mm/dd/yyyy)				Grade	
Student ID Number			Home Phone Number ( ) -		
Street Address				Apartment or Suite Number	
City		State		Zip Code	

Are there any legal restraints prohibiting a parent/guardian from having access to this student's data?

Yes  No **If yes, please attach a copy of the court order.**

CONTINUED ON NEXT PAGE >

# HOME BASE/POWERSCHOOL PARENT PORTAL APPLICATION FOR ACCESS

FOR USE WITH NOTARY SIGNATURE | Page 1 of 2



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## PARENT AFFIDAVIT

I verify that I am the parent/guardian of the student named above. I understand that the Wake County Public School System reserves the right to grant or deny access to the Parent Portal in accordance with the U.S. Family Education Rights and Privacy Act (FERPA). I also certify that I will advise my student's school of any issues resulting in a need for change of access to student records. I agree to keep my password and the data contained within the Parent Portal confidential. I also agree that I shall make no attempt to alter or destroy data and will report to the school administration any attempts to do so or any security concerns that may arise. Failure to abide by the terms of this agreement will result in the termination of my account.

Parent/Guardian Signature

Date (dd/mm/yyyy)

## FOR NOTARY USE ONLY

State of North Carolina, County of: \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public for said County and State, do hereby certify

that \_\_\_\_\_ and \_\_\_\_\_

personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

OFFICIAL SEAL

## OFFICE USE ONLY

Approved  Denied

Provide reason if application is denied:

Student access number sent by:

Date sent (mm/dd/yyyy)