

Eastern North Carolina School for the Deaf

It is our pleasure to welcome you to the 2025-2026 school year! The start of the new school year is always full of energy and promise. This year, our theme, “Hornet Strong,” celebrates the strength, unity, and resilience that define our school community.

Being Hornet Strong means working together, rising to challenges, supporting one another, and striving for growth in everything we do. This year, we are committed to continuing our progress, embracing new opportunities, and ensuring that every student reaches their full potential, both in and out of the classroom.

We are excited to invite you to our Annual Parent Open House on August 18, 2025. This is a wonderful opportunity to visit campus, meet your child’s teachers, boarding staff, and administration, and learn more about the exciting year ahead. We look forward to connecting with you and working together to support your child’s success!

**📅 Event Details:**  
🕑 **3:00 PM – 6:00 PM**

* **Tour Campus** – Campus-wide
* **3:00 PM – School Presentation** – Massey Activity Center Auditorium
* **3:55 PM – Classroom Presentations** – Vestal Hall (Elementary & Middle School) and McAdams Hall (High School)
* **4:30 PM – Student Orientation Fair** – Hornets’ Nest
* **5:00 PM – Settle into the Dorms** – Independent Living Center (ILC)

**Enclosed, you will find registration information for the upcoming school year.**

**Please review all pages carefully.**

**All forms must be completed and returned by *July 31, 2025.***

**Forms may be mailed, dropped off, or emailed to:**

[**mandy.armstrong@encsd.k12.nc.us**](https://easternnorthcarolinaschoolf-my.sharepoint.com/personal/mandy_armstrong_encsd_k12_nc_us/Documents/Desktop/25_26%20School%20Year/mandy.armstrong@encsd.k12.nc.us)

***Students without complete forms may not be able to begin the school year on time!***

We are looking forward to seeing you on August 18th and are excited about the year ahead!

By working together, we can ensure that every student thrives.



Eastern North Carolina School for the Deaf

**New Student Registration**

**2025-2026**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | 25-26 Grade: |  |
| Student Date of Birth: |  | Student Gender: |  |

**Student Race (Please select all that apply):**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or another Pacific Islander

White

Other – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Student Home Address: |  |
| Student Mailing Address: |  |

**Student Ethnicity (Please select one):**

Hispanic or Latino or of Spanish Origin

Not Hispanic or Latino or Spanish Origin

|  |  |  |  |
| --- | --- | --- | --- |
| The information below is for The Home Language Survey. It is required by both federal and North Carolina state education laws. It helps schools identify students who may need English language support. Parents must fill it out so schools can provide the right resources to help their child succeed. A complete and accurate survey ensures students get the support they need for a strong education. | | | |
| Student’s Country of Birth: |  | Date and Grade student FIRST enrolled in any U.S. School: |  |
| Current School: |  | School Enrollment Date: |  |
| What is the first language the student learned to speak? |  | What language does the student speak most often? |  |
| What language is most often spoken at home? |  |  |  |

**Military Connected Students**

To better support military-connected students, North Carolina Session Law 2015-15 requires the North Carolina State Board of Education and the Department of Public Instruction to collect information on students with military connections.

This information helps schools provide necessary support and stability for students during key times, such as parent deployments, school transitions, and other significant moments in their education.

The mandatory collection of this information began in the 2015-2016 school year. You can review the full details of Session Law 2014-15 at www.ncleg.net/sessions/2013/bills/house

To comply with this requirement, please complete the following information. Thank you for helping us support our military-connected students!

**Parent Portal Text Agreement**

ENCSD uses the Infinite Campus Parent Portal messaging system to keep parents and guardians informed about school updates. Important information, including emergencies and transportation changes, can be sent via email, text message, or phone call to multiple contacts.

Parents are responsible for keeping their contact information up to date in Infinite Campus and must notify ENCSD of any changes to their phone number or email. To ensure they receive all messages, parents must add ENCSD’s messaging phone numbers and email addresses to their “safe” list and must not block them. ENCSD is not responsible for missed information due to blocked messages.

If you would like to receive text messages or calls on your cell phone, please indicate your preference below:

Yes, I DO want to receive text and email messages from ENCSD and I understand that ENCSD is not responsible for messages not received due to a change in phone number or email address or as a result of ENCSD phone or email addresses being blocked

No, I DO NOT want to receive text and email messages from ENCSD. I understand this may delay notifications from ENCSD, including emergency messages.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is an immediate family member (parent, step-parent, sibling, guardian, or any person that would normally live in the same household as your child connected to the US Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran, Veteran, or a Federal Civil Service Employee?  No  Yes  If yes, please complete the information below | | | | |
| **Relationship to student:** |  | | **Branch**:  Air Force  Army  Coast Guard  Marine Corps  Navy | |
| **Status**: | Active Duty  Activated Guard/Reserve  National Guard  Reserves  Retired Military  Disabled Veteran | | | |
| **Military Installation** (Optional) – The Facility where the service member fulfills their duty role in the military. |  | **Pay Grade** (Optional) – Enlisted (E1-E9), Officer (O1-O10), Warrant Officer (W1-W5). | |  |

**Student’s Secondary Household (if applicable)**

Please complete the following information for the household in which the student’s other parent/guardian resides.

Please include a copy of custody papers and any orders of protection that may be in effect.

**Student’s Primary Household (where the student resides)**

Please complete the following information for the household in which the student resides.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Guardian Name: |  | Relationship to student: | |  |
| Parent/Guardian Name: |  | Relationship to student: | |  |
| Household Phone  Is this VP? Yes No |  | Cell Phone  Text Only? Yes No | |  |
| Email Address: |  | Contact Language: | |  |
| Physical Household Address: |  | | | |
| Mailing Address  (If different than physical address: |  | | | |
| Other Members of the household: |  | Relationship to student: |  | |
|  |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Name: |  | Relationship to student: |  |
| Parent/Guardian Name: |  | Relationship to student: |  |
| Household Phone  Is this VP? Yes No |  | Cell Phone  Text Only? Yes No |  |
| Email Address: |  | Contact Language: |  |
| Physical Household Address: |  | | |
| Mailing Address  (if different than physical address: |  | | |
| Other Members of the household: |  | Relationship to student: |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to student: |  |
| Cell Phone  Text Only? Yes No |  | Email: |  |
| This contact has permission to pick-up/drop-off my student | | Yes No |  |

**Student’s Emergency Contacts**

Please list in the order in which you would like them to be contacted.

Please do ***not*** include the student’s Parent/Guardian(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to student: |  |
| Cell Phone  Text Only? Yes No |  | Email: |  |
| This contact has permission to pick-up/drop-off my student | | Yes No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to student: |  |
| Cell Phone  Text Only? Yes No |  | Email: |  |
| This contact has permission to pick-up/drop-off my student | | Yes No |  |



Eastern North Carolina School for the Deaf

**School Transportation Code of Conduct  
*For Parents, Guardians, and Students***

At ENCSD, safety and respect are our top priorities when it comes to school transportation. Whether your child is a day student or lives on campus, we all play a role in making sure the ride is safe, smooth, and positive for everyone. Please read and follow these expectations:

*For Parents & Guardians:*

**Be on time**. Arrive at the bus stop at least 5 minutes early for both pick-up and drop-off. Buses must stay on schedule for all families.

**Be present at drop-off**. An adult must be at the stop to receive the student. If no one is there:

* The bus monitor will try to call you.
* You may need to meet the bus at the next stop or at ENCSD.
* If no contact is made and no one arrives to pick up the child, local authorities (DSS or Sheriff’s Office) may be contacted.

**Keep contact info up to date**. Make sure we have current phone numbers. If the bus is late or there’s an issue, this is how we will reach you.

**Emergencies only.** Buses may only stop at scheduled locations—no unscheduled roadside drop-offs unless there is a true emergency.

*For Students:*

**Be respectful**. Follow the directions of the bus driver and monitor at all times. Show kindness to fellow students, no teasing, pushing, or loud behavior.

**Stay seated**. Keep your seat belt on (if available), stay seated during the ride, and keep hands and belongings to yourself.

**Keep it clean**. Take care of the bus. No food, drinks, trash, or damage to seats and windows.

**Be safe**. No rough play, yelling, or distracting the driver. Use safe behavior from the moment you get on until you get off.

By signing below, we confirm that we have read and understand the ENCSD School Transportation Code of Conduct. We agree to follow the expectations listed and understand that not following the rules may result in:

* Verbal or written warnings
* Contact with parent/guardian
* Temporary or permanent suspension from riding the bus
* In-school or out-of-school suspension

We understand that these rules are in place to keep everyone safe and ensure a respectful experience for all riders.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name (Printed): |  | Date: |  |
| Student Signature: |  | | |
| Parent/Guardian Name (Printed): |  | Date: |  |
| Parent/Guardian Signature: |  | | |

Questions or concerns? Contact the ENCSD Transportation Coordinator. We are here to help!

**A cartoon bee with a spark

AI-generated content may be incorrect.Student Transportation Information Card**

**Approved Pick Up Emergency Contacts**

Please list in the order in which you would like them to be contacted.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Grade: |  |
| Day Student  Dorm Student | | Age: |  |
| Medical or Toiletry Needs: |  | | |
| Allergies: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to student: |  |
| Cell Phone: |  | Voice  Text | |
| Secondary Phone: |  | Voice  Text  Video Phone | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to student: |  |
| Cell Phone: |  | Voice  Text | |
| Secondary Phone: |  | Voice  Text  Video Phone | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to student: |  |
| Cell Phone: |  | Voice  Text | |
| Secondary Phone: |  | Voice  Text  Video Phone | |



Eastern North Carolina School for the Deaf

**Student Personal Spending Money**

ENCSD offers the option to help manage your student’s personal spending money for school-related items and activities. This form is required annually and may be updated at any time.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Grade: |  |
| Day Student  Dorm Student | | | |

***Please select one***

**My student will manage their own spending money.**

I understand that ENCSD is not responsible for any lost or missing money if my student manages it independently.

I would like ENCSD to manage my student’s spending money.

I understand the following:

* All money must be provided in cash only (no personal checks or online money transfers).
* Only ENCSD staff may make deposits and withdrawals.
* A receipt will be provided for each transaction.
* Money will be securely stored in the Business Office vault at Woodard Hall.
* Residential students will have access to their funds through the Residential Director after school hours.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian Name (Printed): |  | | | Date: |  |
| Parent/Guardian Signature: |  | | | | |
| Parent Phone Number: |  | Parent Email: |  | | |

Questions or concerns? Contact the ENCSD Business Office. We are here to help!

**Boarding Student Supply List**



Eastern North Carolina School for the Deaf

We are excited to have your student join our boarding program. To help them feel comfortable, prepared, and ready for success, we have put together a list of recommended items to bring. These supplies will support both daily routines and life in the dorms. If you have questions or need help with any of these items, please contact our Residential Life Staff.

**Clothing & Footwear**

* Shower shoes/flip-flops
* Casual school clothes (weather-appropriate)
* Sleepwear and slippers
* Bathrobe
* Undergarments and socks
* Comfortable shoes (daily wear, gym, etc.)
* Jacket/coat (seasonal)
* Rain gear (umbrella, rain jacket, etc.)
* Formal outfit (for events like prom or award ceremonies)

**Cleaning & Organization**

* Shower caddy or organizer
* Storage containers or bins (for under-bed or closet use)

**Personal Items**

* Toiletries (shampoo, soap, toothpaste, toothbrush, deodorant, sunscreen, lotion, etc.)
* Personal hygiene products (as needed)
* Hairbrush/comb
* Tissues
* Reusable water bottle

**Dorm Room (Optional)**

* Twin-size bedding (sheets, pillowcases, blanket/comforter)
* Pillow(s)
* Bath towels and washcloths
* Laundry bag or basket
* Small fan
* Desk lamp or reading light
* Photos or small decorations to make their room feel like home
* Favorite snacks (nut-free, dorm-safe)
* Books, journals, or games
* Headphones or earplugs

We recommend labeling your student’s belongings with their name to avoid mix-ups. Our goal is to make ENCSD feel like a second home—and a well-packed suitcase is a great first step!

**A cartoon bee with a spark

AI-generated content may be incorrect.Student Boarding Information Card**

**Approved Emergency Contacts**

Please list the individuals in the order you would like them to be contacted in case of an emergency. By listing them below, you are giving these individuals permission to receive and request information related to your child’s boarding care and well-being.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Grade: |  |
| Medical or Toiletry Needs: |  | | |
| Allergies: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to student: |  |
| Cell Phone: |  | Voice  Text | |
| Secondary Phone: |  | Voice  Text  Video Phone | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to student: |  |
| Cell Phone: |  | Voice  Text | |
| Secondary Phone: |  | Voice  Text  Video Phone | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to student: |  |
| Cell Phone: |  | Voice  Text | |
| Secondary Phone: |  | Voice  Text  Video Phone | |

**Student Dress Code**



Eastern North Carolina School for the Deaf

**Dress for Comfort. Dress for Respect. Dress for School.**

At ENCSD, we want every student to feel safe, respected, and ready to learn. Our dress code helps create a learning environment that is free from distractions and supports health, safety, and a sense of community.

We know students have their own style, and we support self-expression! These guidelines are here to help balance personal style with what’s best for the school community. We ask families to partner with us in helping students choose clothes that are school-appropriate, comfortable, and distraction-free. Students are expected to follow these expectations both on campus and during school events off-campus.

**✅ What TO Wear:**

✔ Clean clothes every day  
✔ Hair brushed or combed  
✔ Shoes that are safe (sneakers, closed-toe shoes)  
✔ Skirts, dresses, shorts: must be longer than 4 inches above the knee  
✔ Pants worn at the waist (not sagging)  
✔ Sports bras worn under a shirt  
✔ Clothes that cover your stomach, chest, and back

**🚫 What NOT to Wear:**

❌ Clothes with:

* Drugs, alcohol, smoking
* Rude or violent words or pictures
* Gang, sexual, or racist messages

❌ No:

* Tank tops, tube tops, halter tops
* See-through clothes
* Short shorts or skirts (too high)
* Flip-flops or beach sandals
* Sunglasses inside (unless medical need)
* Hats or caps (unless for religion or medical reason)
* Jackets to hide inappropriate clothes

**🧼 Hygiene & Grooming:**

👍 Be clean every day  
👍 Use soap, deodorant, clean clothes  
👍 No sharing or giving clothes to others  
👍 Hair should be neat

**🛑 If Dress Code Is Broken:**

👚 Student may be asked to:

* Go back to dorm or home to change
* Call family for help

💬 Not sure if something is okay to wear?  
Ask a staff member!

**❤️ Dress Code = Respect**

We dress in a way that shows respect for ourselves, others, and learning. By following these guidelines, we help keep ENCSD a safe, focused, and welcoming place for all students. Thank you for helping us support a strong school community!

A school calendar with numbers and letters

AI-generated content may be incorrect.

A calendar with a bee

AI-generated content may be incorrect.

A calendar with a bee and a bee

AI-generated content may be incorrect.

A calendar with a bee

AI-generated content may be incorrect.

A yellow bee with a black background

AI-generated content may be incorrect.

**SHC Contact Information:**

Office: 252-640-1054

Fax 252-265-4576

VP: 252-281-2358

Email: [SHC@encsd.k12.nc.us](mailto:SHC@encsd.k12.nc.us)

The next section of this registration package is for our Student Health Center. In an effort to ensure that your child has all of the necessary documentation ready to return to school in August, please make necessary appointments as soon as possible.

If your child is on daily medications, please have your child’s doctor fill out the Medication Authorization Form with medications (including over-the-counter medications). Please ensure that your physician fills out this form in its entirety, including the physician’s signature.

As a reminder, nurses cannot administer medication without a signed order from your physician as well as your signature. Every medication must be in a pharmacy labeled bottle or package. The bottle/package itself is NOT accepted as an order from a doctor. The bottle/package must match the doctor’s signed order.

Please contact our Student Health center if you have any questions.



Eastern North Carolina School for the Deaf

Permission for Medical Care and Authorization to Provide Medical Attention

2025-2026

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name:** |  | **Date of Birth:** |  |

# I give permission for my child to receive the following health-related services while enrolled at the Eastern North Carolina School for the Deaf (ENCSD):

**General Medical Care**

***I give permission for my child to:***

* be examined and treated by the ENCSD school physician using the on-campus telemedicine system.
* receive care for every day health needs or sudden illness at the Student Health Center. This includes taking medications that are prescribed or available over-the-counter (like Tylenol or cold medicine).
* participate in vision, dental, and general health screenings as recommended or required by ENCSD.

**Medications**

***I give permission for my child to:***

* Take medications I send from home (prescription or over the counter).
  + All medications must be in their original containers with clear labels showing my child’s name and dosage instructions.
  + I will tell the Student Health Center (by phone or in writing) what each medication is for.
* Have the ENCSD nurse contact my child’s prescribing doctor if there are any questions or updates needed.
* Take medications from non-medical ENCSD staff (such as dorm or school staff), under the direction of the Student Health Center Nurse.

**Emergency Care**

***In case of medical emergency, I give ENCSD permission to:***

* Give emergency first aid and contact emergency services (EMS) if needed.
* Sign any forms required by medical providers to get my child necessary care quickly.
* Try to contact me or my emergency contacts as soon as possible.
  + I understand that I am responsible for all medical costs not covered by insurance.
  + This form does not give permission for surgery that requires general anesthesia.

**Medical Information and Communication**

***I agree to:***

* Share updated medical history for my child, including allergies, health conditions, mental health information, and current insurance.
* Give ENCSD’s health staff permission to talk with my child’s doctors or medical providers, if needed, to support my child’s care.
* Allow ENCSD staff to share important health information with teachers or dorm staff if they need it to support my child’s health and learning. This will only be shared on a limited, need-to-know basis.
* Keep my contact information and emergency contacts up to date with the school.

I have read and understand this form. By signing below, I give consent for my child to receive the services listed above while enrolled at ENCSD.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Signature:** |  | **Date:** |  |
| **Signature of Nurse Reviewing:** |  | **Date:** |  |



Eastern North Carolina School for the Deaf

Parental Informed Consent for Medicaid

2025-2026

**Permission to Release Information to the North Carolina Medicaid Program**

***Eastern******North Carolina School for the Deaf (ENCSD)*** *and the Department of Public Instruction 1311 Hwy 301 South, Wilson, NC 27893*

Under the Family Education Rights and Privacy Act (FERPA), my permission is required for the school to release information about my child. I am entitled to have a copy of any information that is released to the Medicaid program. I may ask questions about this program and revoke my permission at any time by contacting***Eastern******North Carolina School for the Deaf****.*

Whether or not I give my permission to release this information will not affect my child’s special education program. This form is completed for each child receiving special education evaluations and/or services. Medicaid allows each LEA to collect funds for some of the services the schools provide. IDEA 2004 [Title I B 612a12A (i)] requires that school systems access Medicaid funds for services before funding services from state or local educational sources.

My signature below authorizes the ENCSD to share and/or release information needed to bill the North Carolina Medicaid program for services provided by the school which includes those in my child’s individualized education program (IEP). My signature does not give permission to bill my private insurance company. My signature indicates that I am aware and informed that my child’s confidential educational and medical information will be disclosed to Medicaid. This information to be released may include:

* + My child’s name and Social Security Number;
  + My child’s date of birth;
  + My child’s referral and evaluation information and reports;
  + The dates and times that service is provided to my child at school;
  + My child’s IEP goals that relate to these services; and
  + Reports of my child’s progress, including progress notes and report cards.

\*\* This consent form gives the ENCSD permission to release information needed to recover costs from Medicaid for eligible school-based services such as: Occupational Therapy, Speech—Language Therapy, Audition Therapy, Physical Therapy, and/or other Health-Service Related Activities.

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Name: |  | Medicaid Number: |  |
| Parent or Guardian Name (Printed): |  | Child’s Date of Birth: |  |
| Parent or Guardian Signature: |  | Date: |  |

**PLEASE SEND A COPY OF YOUR CHILD’S MEDICAID CARD WITH THIS FORM.**



Eastern North Carolina School for the Deaf

Student Health Center

Tuberculosis Screening Report Form

The Eastern North Carolina School for the Deaf requires documentation of a current skin test (within the past 12 months) for tuberculosis, with results recorded for all new students. It must be a Mantoux tuberculin skin test.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name:** |  | **Date of Birth:** |  |

### **Mantoux PPD Skin Test Results**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Given: |  | Site Given: |  |
| Administered by: |  | | |
| Date Read: |  | Results: |  |
| Read By: |  | | |
| If positive, please provide information regarding referrals for follow-up and preventative treatment. Documentation of chest x-ray results, treatment regimen, and medical clearance that student may return to school is required. | | | |
|  | | | |
|  | | | |
| Physician Name: |  | Telephone Number: |  |
| Physician Address: |  | | |

***Please return this form to the Eastern NC School for the Deaf Student Health Center.***

Student Health Center

New Students Medical Form

2025-2026



Eastern North Carolina School for the Deaf

**Parent/Guardian please complete the following information related to your child’s health and medical history.**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Date of Birth: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s Allergy History** | | | | | | | | | | | |
| Is your child allergic to any medications? | | | | | | | Yes  No | | | | |
| If yes, please list name of medication & reaction: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Is your child allergic to any foods? | | | | | | | Yes  No | | | | |
| If yes, please explain: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Does your child have environmental or insect allergies? | | | | | | | Yes  No | | | | |
| **Pregnancy/Labor/Delivery History: Please Check all that apply** | | | | | | | | | | | |
| Was your pregnancy full term?  Yes  No | | | | | | |  | | | | |
| Was your child born premature?  Yes  No | | | | | | | If yes, how many weeks? | | | | |
| **Student’s History – Head/Ears/Nose/Throat: Please check all that apply** | | | | | | | | | | | |
| Near/Distance vision problems  Glasses/Contacts  Eye Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Glaucoma  Retinitis Pigmentosa/Ushers Syndrome  Date of last eye exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Cochlear Implant  Hearing Aids  Age Deafness Diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Deafness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seasonal allergies  Migraines (diagnosed by MD) | | | | |
| **Student’s History – Cardiac: Please check all that apply** | | | | | | | | | | | |
| Heart Murmur  Blood Pressure Problems  Heart Defects  Heart Disease | | | | | | | Heart Tests (EKG, Catheterizations, etc.)  Chest Pain/Chest Pressure  Artery/Vein Problems  Fainting Spells, Passing Out | | | | |
| Heart Surgery – Please explain: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Student’s History – Gastrointestinal: Please check all that apply** | | | | | | | | | | | |
| Bowel Incontinence  Chronic Vomiting  Eating Disorder  Liver Disease  Hernia  Chronic Constipation | | | | | | | Ulcers  Failure to Thrive  Intestinal Problems  Chronic Diarrhea  Gallbladder Problems  Frequent Abdominal Pain | | | | |
| Stomach/Abdomen Surgery – Please Explain: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Student’s History – Respiratory: Please check all that apply** | | | | | | | | | | | |
| Asthma  Use of Breathing Medicines  Wheezing | | | | Chronic Cough  Shortness of Breath  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Lung Surgery – Please Explain: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Student’s History – Skin: Please check all that apply** | | | | | | | | | | | |
| Allergy to Poison Ivy/Oak  Sunburns Easily  Eczema | | | | | Fungal Skin Infections  Bacterial Skin Infections | | | | | | |
| **Student’s History – Orthopedic: Please check all that apply** | | | | | | | | | | | |
| Joint Dislocations | Joint Pain Without Injury | | | | Neck/Back Injury | | | | Bone/Joint Surgery | | |
| **Student’s History – Urinary/Reproductive: Please check all that apply** | | | | | | | | | | | |
| Birth Control Pills  Kidney Stones | | Depo-Provera Shots  Incontinent of Urine | | | | | Reproductive Surgery  Bladder/Kidney Surgery | | | | |
| Please explain surgery: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Student’s History – Neurological System: Please check all that apply** | | | | | | | | | | | |
| Seizure Disorder  Head Injury/Concussion  Dizziness/ Fainting | | Spinal Injury  Shunt  Cerebral Palsy | | | | | Spinal Cord Surgery  Brain Surgery  Other | | | | |
| Date of Last Seizure: | | | | | | | | | | | |
| Please explain Surgery or other: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Student’s History – Endocrine/Immune System: Please check all that apply** | | | | | | | | | | | |
| Anemia  Thyroid Disease  Cancer | | Sickle Cell Anemia  Diabetes  Immune Deficiency | | | | | Bleeding/Clotting Disorder  Panhypopituitarism | | | | |
| **Student’s History – Psychiatric/Psychological: Please check all that apply** | | | | | | | | | | | |
| Evaluated by Psychiatrist  Hyperactivity/Attention Deficit Disorder | | | Depression  Excessive worry/anxiety | | | | | Drug Alcohol Use | | | |
| Other Mental Health Conditions – Please Explain: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Student’s Activities of Daily Living Skills: Please check all that apply** | | | | | | | | | | | |
| Brushing Teeth:  Independent  Needs Help  Combing Hair:  Independent  Needs Help  Walking:  Independent  Needs Help  Bladder Toileting:  Independent  Needs Help | | | | | Bathing:  Independent  Needs Help  Eating:  Independent  Needs Help  Clothing:  Independent  Needs Help  Bowel Toileting:  Independent  Needs Help | | | | | | |
| **Parent/Guardian Statement and Signature** | | | | | | | | | | | |
| I certify that the information listed above is true to my knowledge. I agree to inform the nursing staff of any changes to the above information. I authorize the Student Health Center to release the above information to any and all health care providers as well as to direct care staff members for the purpose of education, evaluation, diagnostic testing, treatment, and follow up in compliance with the Health Information Privacy Protection Act. | | | | | | | | | | | |
| Signature of Parent/Guardian: | | | | | | | | | | Date: | |
| Signature of Student Health Center Staff: | | | | | | | | | | Date: | |

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Eastern North Carolina School for the Deaf

Medication Authorization Form

2025-2026

This information is confidential and is kept in the Student Health Center. If there are any changes in your child’s medical information, please keep us informed.

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AI-generated content may be incorrect.

Medication Authorization Form

2025-2026



Eastern North Carolina School for the Deaf

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Date of Birth: |  |

**Please have your physician complete this section.**

Please write each medication name, strength (ex: 100mg), dose (how many pills to be given), the route (ex: by mouth, apply to skin, etc.), and the times the medication is to be given.

Attach additional sheets as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Medication** | **Strength** | **Dose** | **Route** | **Time to be given** |
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| --- | --- | --- | --- |
| Physician Signature: |  | Date: |  |
| Physician Name (printed): |  | Phone number: |  |

**Parent/Guardian please complete this section.**

I, as the parent/guardian of the above named student, do hereby give permission for my child to receive the following medication(s) regularly as prescribed by a licensed physician. I understand the following:

* Medication is to be administered by ENCSD nursing staff or designated personnel, when prepared by the pharmacy/nursing staff.
* The medication purpose, potential side effects/adverse reactions, and any precautions or special directions regarding medication administration, have been explained to me by my child’s physician, nursing staff, pharmacist, counselor, or medication information sheet.
* As the parent, I may (at any time), revoke permission to have the medication(s) administered.

This permission is valid for the 2025-2026 school year.

I have read and I understand the above information.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent or Guardian Signature: |  | Date: |  |
| Reviewing Nurse Signature: |  | Date: |  |

Over the Counter Medication Permission

2025-2026



Eastern North Carolina School for the Deaf

The following over-the-counter medications are available from the ENCD Student Health Center under the written permission given by our UNC Physician (i.e., standing orders). Only medications that are listed and determined to be necessary will be administered. **Please indicate which medications you do not want administered at school.**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Date of Birth: |  |

***By signing below, you are granting permission for the ENCSD Student Health Center to treat with these medications per our physician standing orders.***

|  |  |  |
| --- | --- | --- |
| **Medication** | **Use** |  |
| Acetaminophen | Discomfort, fever | Do not administer |
| Ibuprofen | Discomfort, fever | Do not administer |
| Bengay | Muscle Ache | Do not administer |
| Melatonin | Sleep | Do not administer |
| Dimetapp/Dimetapp DM | Cold Symptoms | Do not administer |
| Nasal Saline | Loosen Mucus | Do not administer |
| Afrin Nasal Spray | Nasal Congestion | Do not administer |
| Robitussin/Robitussin DM | Cough | Do not administer |
| Cough Drops | Cough | Do not administer |
| Chloraseptic Spray | Sore Throat | Do not administer |
| Chloraseptic Lozenge | Sore Throat | Do not administer |
| Miralax | Constipation | Do not administer |
| Mylanta | Indigestion/gas | Do not administer |
| Tums | Indigestion/gas | Do not administer |
| Claritin | Itching, hives, allergy | Do not administer |
| Zyrtec | Itching, hives, allergy | Do not administer |
| Benadryl | Itching, hives | Do not administer |
| Hydrocortisone Cream | Itching | Do not administer |
| Neosporin | Wounds | Do not administer |
| Dermoplast Spray | Sunburn | Do not administer |
| Aloe Gel | Sunburn | Do not administer |
| Sunscreen | Sun exposure prevention | Do not administer |
| Orajel/Anbesol | Cold sores | Do not administer |
| Kenalog Orabase | Mouth sores | Do not administer |
| Debrox Wax Remover | Earwax | Do not administer |
| Lotrimin Cream | Ringworm | Do not administer |
| Visine Eye Drops | Red, itchy eyes | Do not administer |
| Artificial Tears | Dry, scratchy eyes | Do not administer |
| Vaseline | Dry skin/lips, eczema | Do not administer |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent or Guardian Signature: |  | Date: |  |
| Reviewing Nurse Signature: |  | Date: |  |



Eastern North Carolina School for the Deaf

Physical Examination Form

2025-2026

This form is to be completed by a licensed physician, physician’s assistant or other nurse practitioner. A physical examination current withing the previous twelve months is required for enrollment.

***A physical examination is recommended every three (3) years thereafter.***

**High School athletes are required to have a sports physical within the previous twelve (12) months to participate in interscholastic sports.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | | | | **Date of Birth:** | | |  | | **Date of Physical:** | | | |  |
| VITAL SIGNS/LABS/ALLERGIES | | | | | | | | | | | | | | | |
| HT: | WT: | | | Temp: | Pulse: | | | Resp: | | | | BP: | | HGB/HCT: | |
| U/A: | Protein: | | | Glucose: | Blood: | | | Sp. Gravity: | | | | PH: | | Leukocytes: | |
| PHYSICAL EXAMINATION | | | | | | | | | | | | | | | |
| ***Check if Normal*** | | | | | | | ***Describe Abnormalities*** | | | | | | | | |
| Eyes | | | | | | |  | | | | | | | | |
| Ears/Nose, Throat | | | | | | |  | | | | | | | | |
| Head/Neck | | | | | | |  | | | | | | | | |
| Chest/Heart/Lungs | | | | | | |  | | | | | | | | |
| Abdomen | | | | | | |  | | | | | | | | |
| Genitalia/Hernia/Testes (Boys) | | | | | | |  | | | | | | | | |
| Menses/Breast Exam (Girls if applicable) | | | | | | |  | | | | | | | | |
| Skin | | | | | | |  | | | | | | | | |
| Extremities | | | | | | |  | | | | | | | | |
| Spine | | | | | | |  | | | | | | | | |
| Neurological | | | | | | |  | | | | | | | | |
| Please summarize history or findings and/or elaborate on above if necessary. | | | | | | | | | | | | | | | |
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| PHYSICIAN RESTRICTIONS: Students are required to participate in the curriculum required physical education and are expected to meet athletic team responsibilities and commitments unless restricted by written physician order. | | | | | | | | | | | | | | | |
| PHYSICAL ACTIVITY: Please list specific restrictions and duration of restriction: | | | | | | | | | | | | | | | |
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| SPECIAL DIETARY RESTRICTION: Please list specific diet. A written physician’s order is required for dietary supplements, MVI, and non-traditional diets. | | | | | | | | | | | | | | | |
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| I hereby certify that I have examined the student herein described and have reviewed this student’s health history. I certify that this student is able to participate in all academic, athletic, and residential activities except as noted above. | | | | | | | | | | | | | | | |
| Physician Signature: | | |  | | | | | | | Date: | | |  | | |
| Physician Name (Printed): | | |  | | | | | | | Phone Number: | | |  | | |

**Guidance for Completing the Medical Statement for Students**

**with Unique Mealtime Needs for School Meals**

|  |  |
| --- | --- |
| PART A - PARENT/GUARDIAN  The *Medical Statement for Students with Unique Mealtime Needs for School Meals* helps schools provide meal modifications for students who require them. Schools cannot change food textures, make food substitutions, or alter a student’s diet at school without proper documentation from the healthcare providers. Completion of all items will allow your child’s school to create a plan with you for providing safe, appropriate meals and snacks to your child while at school.  Your participation in this process is very important. The sooner you provide this signed and completed form to your child’s school, the sooner the School Nutrition Program and their staff can prepare the food your child needs. Your signature is required for your school to take action on the Medical Statement.  Follow these steps to get started:  1) Complete all sections of PART A of the Medical Statement.  2) Take the Medical Statement to your child’s pediatrician or family doctor/nurse practitioner/physician’s assistant and have him/her complete PART B.  3) Return the fully completed Medical Statement with signatures from both parent/guardian and medical authority, to your child’s teacher, principal, nurse, Special Education case manager, or Section 504 case manager, School Nutrition Administrator, or the school staff person who gave you the blank form.  4) Ask the school when a team, including you, the school system’s School Nutrition Administrator and others, will meet to consider the information provided on the form. You may also invite people from the community who are knowledgeable about your child’s feeding and nutrition issues to the meeting. These would be people who could help school staff design a school mealtime plan for your child, like your child’s pediatrician, nurse, speech-language pathologist, occupational therapist, registered dietitian or personal care aide.  PART B – RECOGNIZED MEDICAL AUTHORITIES *(Licensed physician, physician assistant, and nurse practitioner)*  A Recognized Medical Authority’s signature is *required* for students with a disability. Schools cannot change food textures, make food substitutions, or alter a student’s diet at school without proper documentation from the healthcare providers. Meal modifications are implemented based on medical assessment and treatment planning and *must be ordered by a recognized medical authority.*  Please consider the following as you complete PART B of the Medical Statement:   1. Complete all sections of PART B. Completion of all items will streamline efficient care of the student at school. 2. Be as specific as possible about the nature of the student’s physical or mental impairment, its impact on the student’s diet and major life activities that are affected.  In the case of food allergy, please indicate if the student’s condition is a food intolerance, an allergy that would affect performance and participation at school (e.g., severe rash, swelling, and discomfort), or a life-threatening allergy (e.g., anaphylactic shock). 3. If your assessment of the child does not yield sufficient data to make a determination about food substitutions, consistency modifications, or other dietary restrictions, please refer the child/family to the appropriate health care professional for completion of the assessment. Schools do not routinely have instrumentation and/or staff trained for a comprehensive nutrition and feeding assessment and must partner with community providers to meet a student’s unique feeding and nutrition needs. 4. Attach any previous and/or existing feeding/nutrition evaluations, care plans, or other pertinent documentation housed in the student’s medical records to the Medical Statement for parent/guardian delivery to the school. 5. Consider being available to consult with the student’s mealtime planning team as it implements the feeding/nutrition care plan.   PART C – SCHOOL NUTRITION ADMINISTRATOR and IEP/504 REPRESENTATIVE  Please consider the following as you complete PART C of the Medical Statement:  Signature of the School Nutrition Administrator and 504 Coordinator or IEP Case Manager/EC Program representative indicates the medical statement has been received, reviewed, and a plan to address the student’s unique mealtime needs is being developed/implemented. | |
| USDA Nondiscrimination Statement | In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.  Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.  To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:  (1) mail: U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue, SW  Washington, D.C. 20250-9410;  (2) fax: (202) 690-7442; or  (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  This institution is an equal opportunity provider. |

**Medical Statement for Students with Unique Mealtime Needs for School Meals**

When completed fully, this form gives schools the information required by the U.S. Department of Agriculture (USDA), U.S. Office for Civil Rights (OCR), and U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at school. See *“Guidance for Completing Medical Statement for Students with Unique Mealtime Needs for School Meals”* (previous page) for help in completing this form.

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| PART A *(To be completed by PARENT/GUARDIAN)* | | | | | | | | | | | | | |
| STUDENT INFORMATION | | Last Name: | | First Name: | | | Middle Name: | | | | | Date of Birth | |
| School: | | | | | | Grade | | Student ID# | | | |
| SELECT the school-provided meals and/or snacks in which this student will participate: | | 🞏 School Breakfast Program 🞏 National School Lunch Program 🞏 Afterschool Snack Program  🞏 Afterschool Supper Program 🞏 Fresh Fruit & Vegetable Program | | | | | | | | | | | |
| PARENT/GUARDIAN  CONTACT INFORMATION | | Printed Name of PARENT/GUARDIAN: | | | | | | | | | | | |
| Mailing Address: | | | City: | | | | | | State: | | Zip Code: |
| Work Phone: | Home Phone: | | Mobile Phone: | | | | Email: | | | | |
| Please describe the concerns you have about your student’s nutritional needs at school: | |  | | | | | | | | | | | |
| Please describe the concerns you have about your student’s ability to safely participate in mealtime at school? | |  | | | | | | | | | | | |
| Does the student already have an Individualized Education Program (IEP)?  🞏 YES 🞏 NO | | | | | | *NOTE: Unique mealtime needs for students without an IEP, 504 or disability, but with general health concerns, are addressed within the meal pattern at the discretion of the School Nutrition Administrator and policies of the school district.* | | | | | | | |
| Does the student already have a 504 Plan?  🞏 YES 🞏 NO | | | | | |
| **PARENT/GUARDIAN Consent** | *I agree to allow my child's health care provider and school personnel to communicate as needed regarding the information on this form.*  **Parent/Guardian Signature****Date** | | | | | | | | | | | | |
| *Please return this fully completed Medical Statement with signatures from both parent/guardian and medical authority, to your child’s teacher, principal, nurse, Special Education case manager, or Section 504 case manager, School Nutrition Administrator, or the school staff person who gave you the blank form.* | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STUDENT NAME: |  | | | | | | | | STUDENT ID#: | | |  | | |
| PART B *(To be completed by a RECOGNIZED MEDICAL AUTHORITY, i.e., Licensed physicians, physician assistants, and nurse practitioners)* | | | | | | | | | | | | | | | |
| Describe the student’s physical or mental impairment: | | | | | | | Explain how the impairment restricts the student’s diet: | | | | | | | | |
| Major life activities affected:  *Select all that apply.* | | 🞏 Walking 🞏 Seeing 🞏 Hearing 🞏 Speaking 🞏 Performing manual tasks  🞏 Learning 🞏 Breathing 🞏 Self-Care 🞏 Eating/Digestion | | | | | | | | 🞏 Other *(please specify):* | | | | | |
| Is this a Food Allergy? 🞏 YES 🞏 NO  Is this a Food Intolerance? 🞏 YES 🞏 NO | | | | | | If student has life threatening allergies\* check appropriate box(es):  *\*Students with life threatening food allergies must have an emergency action plan in place at school.*  🞏 Ingestion 🞏 Contact 🞏 Inhalation | | | | | | | | | |
| Specify any dietary restrictions or special diet instructions for accommodating this student in school meals: | | | | | | | | | | | | | | | |
| For *any* special diet, list specific foods to be omitted and the recommended substitutions.  *(You may attach a separate care plan)* | Foods to be Omitted | | 🡺 | | Recommended Substitutions | | | Foods to be Omitted | | | 🡺 | | | Recommended Substitutions | |
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| --- | --- | --- | --- | --- |
| Designate safest consistency requirement for FOOD: | | Designate safest consistency requirement for LIQUIDS: | | |
| 🞏 Pureed 🞏 Mechanical Soft  🞏 Ground 🞏 Chopped | 🞏 Other *(please specify):* | 🞏 Clear Liquid 🞏 Nectar-thick  🞏 Full Liquid 🞏 Honey-thick  🞏 Pudding-thick | | 🞏 Other *(please specify):* |
| Other comments about the child’s eating or feeding patterns, including tube feeding if applicable: | | | *\*NOTE\* If your assessment of the child does not yield sufficient data to fully complete the above sections applicable to the student’s mealtime needs, please refer the child/family to the appropriate health care professional for completion of the assessment.* | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Recognized Medical Authority\* | Printed Name | Phone Number  ( ) | Date |
| *\* A recognized medical authority in N.C. includes licensed physicians, physician assistants and nurse practitioners.* | | | |

|  |  |
| --- | --- |
| PART C *(To be completed by SCHOOL DISTRICT ADMINISTRATORS)* | NOTES: *(School Nutrition or other School Program staff)* |
| School Nutrition Administrator’s Signature: Date: |
| IEP/504 Coordinator Signature: Date: |



Eastern North Carolina School for the Deaf

Garrett’s Law

Important Information for Families

Garrett’s Law (Senate Bill 444), enacted in North Carolina in 2004 and expanded in 2007, mandates that schools provide parents and guardians with information about three significant illnesses: **influenza (the flu)**, **meningococcal meningitis**, and **human papillomavirus (HPV)**, along with the vaccines available to protect against them.

***Here's what you need to know:***

**Influenza (The Flu)**

*What is it?*  
Influenza, or the flu, is a contagious respiratory illness caused by influenza viruses. It can lead to mild to severe illness and, at times, can result in hospitalization.

**Symptoms may include:**

* Fever or feeling feverish/chills
* Cough and sore throat
* Runny or stuffy nose
* Muscle or body aches
* Headaches
* Fatigue (tiredness)
* Some people may have vomiting and diarrhea, though this is more common in children than adults.

*How does it spread?*  
The flu spreads mainly by droplets made when people with flu cough, sneeze, or talk. These droplets can land in the mouths or noses of people nearby.

**Prevention Tips:**

* Annual flu vaccination is the best way to protect against the flu.
* Wash your hands often with soap and water.
* Avoid close contact with sick individuals.
* Cover your mouth and nose with a tissue when coughing or sneezing.
* Stay home if you're feeling unwell to prevent spreading illness to others.

**Meningococcal Meningitis**

*What is it?*  
Meningococcal meningitis is a serious bacterial illness that affects the brain and spinal cord. It can cause severe health issues and can be life-threatening if not treated promptly.

**Symptoms may include:**

* Sudden onset of fever
* Headache
* Stiff neck
* Nausea and vomiting
* Increased sensitivity to light
* Confusion or difficulty concentrating

*How does it spread?*  
The bacteria are spread through the exchange of respiratory and throat secretions like saliva. It's commonly spread through close or prolonged contact, such as coughing, kissing, or sharing utensils.

**Prevention Tips:**

* Vaccination is the most effective way to prevent meningococcal disease. The vaccine is recommended for preteens and teens, with the first dose at 11 or 12 years and a booster at 16.
* Practice good hygiene, like not sharing drinks or eating utensils.
* Cover your mouth and nose when coughing or sneezing.

**Human Papillomavirus (HPV)**

*What is it?*  
HPV is a common virus that can lead to certain types of cancer later in life. It's transmitted through intimate skin-to-skin contact.

**Symptoms:**  
Most people with HPV do not develop symptoms or health problems. However, some types can cause health issues, including genital warts and cancers.

**Prevention Tips:**

* HPV vaccination is recommended for preteens aged 11 to 12 years but can be given starting at age 9 and up to age 26.
* Regular health check-ups and screenings as recommended by your healthcare provider.

**Stay Informed and Protected**

For more detailed information and resources, please visit:

* [NCDHHS – Garrett’s Law Resources](https://www.dph.ncdhhs.gov/programs/epidemiology/immunization/schools/partners)
* [CDC – Vaccines for Preteens and Teens](https://www.cdc.gov/vaccines-children/?CDC_AAref_Val=https://www.cdc.gov/vaccines/parents/by-age/years-7-18.html)

Your health and well-being are important. If you have questions or need further information, don't hesitate to contact your healthcare provider.

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**ENCSD Athletics Contact Information:**

Office: 252-640-1067

VP: 252-360-4821

Email: [heather.goins@encsd.k12.nc.us](mailto:heather.goins@encsd.k12.nc.us)

The next section of this registration package is for our Athletic Department. In an effort to ensure that your child has all the necessary documentation ready to participate in ENCSD athletic programs, please make necessary appointments as soon as possible.

If your student will not be participating in ENCSD Athletics you do not need to fill out the following information.

Please contact our Athletic Department if you have any questions.



Eastern North Carolina School for the Deaf

ENCSD Athletics

2025-2026

We are excited to announce that ENCSD will be offering the following high school sports for the upcoming school year:

* Coed Soccer
* Boys’ Basketball
* Cheerleading
* Coed Track & Field

If your student is interested in joining a team, please be aware of the following requirements set by the NC High School Athletic Association (NCHSAA):

* A completed sports physical and medical history form, signed by a licensed physician
* A signed Gfeller-Waller Concussion Statement Form

These forms must be completed and turned in before your student can participate in practices or competitions.

**Why Athletics Matter At ENCSD**

Sports are more than just games. They help students build character, develop leadership skills, and learn the value of teamwork, effort, and perseverance. At ENCSD, we support our student athletes as they work to become not only stronger players but also responsible teammates and motivated learners.

Academic success remains a top priority, and the discipline gained through athletics supports our students’ growth both in and out of the classroom.

We are proud to provide experienced coaches, excellent facilities, and a positive school community to help your student succeed.

If you have any questions about athletics or eligibility, please contact:

Heather Goins

Athletic Director

[Heather.goins@encsd.k12.nc.us](mailto:Heather.goins@encsd.k12.nc.us)

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A close up of a form

AI-generated content may be incorrect.

A form with text and a questionnaire

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A medical form with text and a red and black text

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ENCSD Student & Parent Athletics Agreement

2025-2026



Eastern North Carolina School for the Deaf

ENCSD offers sports to help students grow stronger, learn teamwork, and have fun. Student athletes must show respect, responsibility, and good behavior always, on and off the field.

This agreement outlines the expectations for all student athletes and their families.

**STUDENT AGREES TO:**

✅ Keep grades up and focus on school  
✅ Come to all practices, games, and team events (unless excused)  
✅ Show respect to teammates, coaches, other teams, and officials  
✅ Tell coach if you will miss practice or have a problem  
✅ Follow all ENCSD rules  
✅ Stay away from tobacco, alcohol, and drugs  
✅ Follow rules during trips (curfew, behavior, etc.)  
✅ Tell coach or athletic coordinator if you get hurt or feel sick

**PARENT/GUARDIAN AGREES TO:**

✅ Help student focus on school and sports  
✅ Turn in all forms (physical, concussion, etc.) before season starts  
✅ Show good sportsmanship at games  
✅ Talk with coaches and staff respectfully if there is a concern  
✅ Understand coaches decide team positions and playing time

**WE UNDERSTAND AND AGREE TO THESE RULES**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name (Print): |  | Date: |  |
| Student Signature: |  | | |
| Parent/Guardian Name (Print): |  | Date: |  |
| Parent/Guardian Signature: |  | | |

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AI-generated content may be incorrect.

**ENCSD Information Technology Information:**

Office: 252-206-7356

VP: 252-281-1656

Email: [hugh.lancaster@encsd.k12.nc.us](mailto:hugh.lancaster@encsd.k12.nc.us)

The next section of this registration package is for our Information Technology Department.

Please read the following information very carefully before signing the acknowledgement.

Please contact our Information Technology Department if you have any questions.

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AI-generated content may be incorrect.

**Internet Safety and Ethical Use**

(Aligned to the Children’s Internet Protection Act (CIPA)

[Pub. L. No 106-554 and 47 USC 254(h)])

Effective 04/01/2025

**I. Purpose**

The Eastern North Carolina School for the Deaf (ENCSD) is committed to providing a safe, respectful, and secure online environment for all students. This policy establishes guidelines for internet safety, ethical digital behavior, and measures to prevent and respond to cyberbullying and harassment in compliance with federal and state laws, including NC DPI guidelines for the Children’s Internet Protection Act (CIPA).

**II. Definitions**

* **Cyberbullying:** The use of electronic communication to harass, intimidate, or harm an individual.
* **Inappropriate Material:** Content that is obscene, depicts child pornography, or is harmful to minors as defined by the Children's Internet Protection Act (CIPA).
* **Unauthorized Access:** Any attempt to access restricted data, systems, or networks without permission.
* **Deepfakes:** Digitally altered media, including images, audio, and videos, that manipulate reality in a misleading or deceptive manner, often using artificial intelligence.

**III. Policy Requirements**

**A. Internet Safety Measures**

ENCSD shall:

1. Prevent access to or transmission of inappropriate material via Internet, email, or other electronic communications in compliance with CIPA.
2. Prohibit unauthorized access, hacking, and other unlawful online activity.
3. Prohibit the unauthorized disclosure or use of minors' personal identification information in compliance with FERPA.
4. Implement technology protection measures to block inappropriate material, including content deemed obscene, child pornography, or harmful to minors.
5. Provide supervision and monitoring of student Internet use by ENCSD staff.
6. Conduct public notice and at least one public hearing before adopting or making significant changes to this policy, per CIPA requirements.
7. Store this policy in both digital and physical formats for easy access by stakeholders.
8. Implement guidelines to educate students and staff on the dangers of deepfake technology, ensuring awareness of manipulated media and how to verify authenticity.
9. Align monitoring and filtering systems with SL 2024-27’s (NC House Bill 591)expanded definitions and requirements for student online protection.

**B. Internet Safety Education**

ENCSD shall provide age-appropriate internet safety training, including:

* Safe internet practices
* Cyberbullying awareness and response
* Responsible use of social networking sites and chat rooms
* Compliance with CIPA’s E-rate requirements
* Education on online privacy and safe interactions
* Awareness of deepfakes, misinformation, and media literacy to help students critically evaluate online content
* Ensuring students understand new risks and regulations related to online threats and data security

**IV. Bullying and Harassment Prevention**

**A. Definition**

Bullying and harassment involve repeated verbal, written, electronic, or physical behavior that:

* Causes fear of harm to a student or employee.
* Creates a hostile environment that interferes with a student’s education.

Bullying may be motivated by characteristics such as race, gender, disability, or socioeconomic status.

**B. Prohibited Conduct**

The following behaviors are prohibited:

* Threats, intimidation, and abusive language
* Spreading false rumors
* Cyberbullying via text, social media, or email
* Use of deepfake technology to spread false or misleading information about students or staff
* Physical aggression (e.g., hitting, shoving, spitting)

**V. Reporting and Investigation**

1. Any student who experiences cyberbullying or harassment should report the incident to a teacher, counselor, or administrator. Anonymous reporting is available.
2. Employees who witness violations must report them immediately.
3. All reports shall be investigated within 24 hours by school administration.
4. Disciplinary actions will follow the ENCSD Code of Conduct and may include counseling, parental notification, and suspension.
5. Retaliation against individuals who report bullying is strictly prohibited.

**VI. Compliance and Review**

1. All ENCSD employees, students, and volunteers shall receive annual training on Internet safety and cyberbullying prevention.
2. ENCSD shall conduct annual policy reviews to ensure compliance with evolving state and federal laws, including NC DPI guidelines.
3. ENCSD shall maintain documentation of compliance with CIPA, including records of public notices, hearings, and technology protection measures.
4. The LAN Manager or designated representatives shall be responsible for implementing and managing technology protection measures.
5. This policy shall be incorporated into employee training materials, student codes of conduct, and school handbooks.

**VII. Contact Information**

For questions regarding this policy, please contact the ENCSD Administration Office.

**Approval & Adoption:** This policy is adopted in accordance with federal and state regulations and will be enforced across ENCSD.

**Statutory References:**

* Protecting Children in the 21st Century Act
* Children's Internet Protection Act (CIPA) [Pub. L. No. 106-554 and 47 USC 254(h)]
* Family Educational Rights and Privacy Act (FERPA)
* G.S. 115C-407.5
* North Carolina Department of Public Instruction (NC DPI) CIPA Compliance Guidelines
* SL 2024-27 (NC House Bill 591)

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**PRIVACY POLICY – Family Handbook**

Effective Date: 03/01/2025

Last Updated: 03/01/2025

**1. Introduction**

The Eastern North Carolina School for the Deaf (ENCSD) is committed to protecting the privacy and security of students, staff, and school community information. This policy outlines our procedures for collecting, storing, using, and sharing educational records and personal data in compliance with:

* **Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)**
* **Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1400 et seq.; 34 CFR Part 300)**
* **Fair Information Practice Principles (FIPPs)**
* **North Carolina State Privacy Laws**
* **Other applicable federal and state regulations**

**2. Definitions**

* **Personally Identifiable Information (PII):** Any data that can be used to identify a student, staff member, or parent, including but not limited to names, addresses, student IDs, birth dates, and educational records.
* **Education Records:** Any records maintained by ENCSD that relate directly to a student, including academic records, Individualized Education Programs (IEPs), disciplinary records, and medical records covered under IDEA.
* **Directory Information:** Information that may be disclosed without consent, such as student name, grade level, and participation in activities—unless a parent/guardian opts out.
* **Legitimate Educational Interest:** A school official's need to access student records to fulfill their professional responsibilities.

**3. Collection and Use of Student Information**

ENCSD collects student data for the sole purpose of providing quality educational services and ensuring student success. Data collection is limited to what is necessary to support teaching, learning, safety, and compliance with state and federal laws.

**A. Types of Information Collected:**

* Student identification and demographic information
* Academic records, including grades and assessments
* Special education and IEP documentation (for eligible students)
* Attendance and disciplinary records
* Health and emergency contact information
* Communication logs with families and staff

**B. How We Use This Information:**

* To support instructional and special education services
* To track academic progress and attendance
* To ensure student safety and well-being
* To comply with federal, state, and local reporting requirements
* To communicate with parents, guardians, and authorized school personnel

**4. Privacy and Security of Student Records**

ENCSD protects all education records and student PII through secure storage, restricted access, and encryption measures where applicable.

**A. Access to Student Records**

Student records are only accessible to:

* Parents/guardians (for minors) or eligible students (18+ years old)
* School officials with a legitimate educational interest
* State and federal agencies when required by law
* Other parties with explicit parental consent

Unauthorized access, discussion, or disclosure of student information is strictly prohibited and may result in disciplinary action.

**B. Safeguarding Confidentiality**

ENCSD follows best practices for safeguarding student and staff data, including:

* Secure storage of paper records (locked cabinets, restricted access)
* Digital encryption for electronic student records
* Two-factor authentication for accessing sensitive data
* Annual privacy training for all staff handling student data

**5. Student Rights Under FERPA & IDEA**

Under **FERPA (34 CFR § 99.10-99.12)** and **IDEA (34 CFR § 300.613)**, students and parents have the following rights:

**A. Right to Access Records**

Parents and eligible students may inspect, review, and request copies of their education records. ENCSD will respond to requests within 45 days.

**B. Right to Request Amendments**

If parents or students believe a record is inaccurate, they may submit a written request for correction. ENCSD will review the request and notify the requester of any changes.

**C. Right to Control Disclosure**

Schools must obtain **written consent** before disclosing a student’s PII, except in cases where FERPA permits disclosure, such as:

* **To school officials** with a legitimate educational interest
* **To other schools** where a student is transferring/enrolling
* **To state or federal education authorities** for audits and program evaluations
* **To comply with court orders or subpoenas**
* **To protect health or safety** in emergencies

Upon request, ENCSD may disclose student records to another school where a student seeks to enroll, with reasonable efforts to notify parents unless prior notification is included in the annual FERPA notice.

**D. Right to Opt-Out of Directory Information**

Parents may opt out of having their child's directory information shared by submitting a written request to ENCSD’s administration.

**E. Right to File a Complaint**

Parents and students may file complaints regarding FERPA violations with:  
**Family Policy Compliance Office**  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-5920

**6. Protection of Pupil Rights Amendment (PPRA)**

Under PPRA, parents and eligible students have rights regarding:

* Surveys containing sensitive topics (e.g., political beliefs, psychological issues, religious affiliations, income, etc.).
* Opt-out rights for non-emergency physical exams or screenings.
* Reviewing instructional materials and data collection instruments used for student surveys.

Complaints related to PPRA violations may be filed with the Family Policy Compliance Office at the U.S. Department of Education.

**7. Student Directory Information & Opt-Out Rights**

ENCSD may release directory information without parental consent, unless a parent/guardian opts out. This includes:

* Student name, grade level, dates of attendance
* Participation in school activities and sports
* Awards, diplomas, and certifications earned
* Student photographs in school-approved publications

Parents may submit a written request to the school principal to restrict the release of directory information.

Under federal law, ENCSD must also release student names, addresses, and phone numbers to military recruiters and institutions of higher learning, unless an opt-out request is submitted.

**8. Sharing and Disclosure of Student Information**

ENCSD does not sell, trade, or misuse student information. However, information may be shared in strictly regulated situations, including:

**A. Permitted Disclosures Without Consent (Under FERPA & IDEA)**

* To school officials with a legitimate educational interest
* To other schools where a student is transferring/enrolling
* To state or federal education authorities for audits and program evaluations
* To comply with court orders or subpoenas
* To protect health or safety in emergencies

**B. Third-Party Data Use**

ENCSD only partners with approved educational service providers (e.g., learning platforms, testing services) that comply with **FERPA, IDEA, and FIPPs**. All contracts require:

* Data encryption and security measures
* Limited use of student data for educational purposes only
* No unauthorized data sharing or selling

**9. Staff Responsibilities & Training**

All ENCSD employees are responsible for safeguarding student privacy. Staff must:

* Follow FERPA and IDEA confidentiality rules
* Use secure communication methods (e.g., no discussing student info in public areas)
* Report any suspected data breaches to administration immediately

Staff members receive annual privacy training to ensure compliance with local, state, and federal laws.

**10. Parental Involvement & Communication**

ENCSD values transparency and parental involvement. Parents are encouraged to:

* Review their child’s records regularly
* Ask questions about how student data is used
* Opt-out of directory information sharing if desired

For any concerns, parents may contact ENCSD’s Superintendent’s Office at:  
 [Insert Email]  
[Insert Phone Number]

**11. Reporting Privacy Concerns or Violations**

If you believe student privacy has been violated, you may report concerns to:

* ENCSD Administration
* North Carolina Department of Public Instruction
* U.S. Department of Education – Family Policy Compliance Office (FERPA Complaints)

ENCSD takes all privacy concerns seriously and will investigate any potential violations promptly.

**12. Updates to This Policy**

ENCSD reserves the right to update this Privacy Policy in response to changes in law, best practices, or school operations. Updates will be communicated via email and the school website.

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**PRIVACY POLICY– Website**

Effective Date: 03/01/2025

Last Updated: 03/01/2025

This privacy statement was created to demonstrate our firm commitment to our visitors' privacy. The following discloses our information gathering and dissemination practices for the ENCSD website.

**Information Collected and Stored Automatically**

When you visit our website to browse, read pages, or download information, we automatically collect and store the following information:

* Internet domain and IP address from which you access our site
* Type of browser and operating system used to access our site
* Date and time you access our site
* Pages you visit
* If you came to our site from another website, the address of that site
* The search engine and search words/phrases used to locate our site (if applicable)

We use this information to help us make our site more useful to visitors and to learn about the number of visitors to our site and the types of technology our visitors use.

**Personal and Demographic Information**

In general, you can visit the ENCSD website without providing any personal information. Subscriptions to our email publications require your email address. Other information requested during the subscribing process is optional and is used to learn more about the visitors using our email news service to better serve them.

**Cookies**

This site uses cookies on a limited basis to help us provide fresh, individual content to our visitors. ENCSD does not track information collected by cookies during a visit to our website.

**External Website Links**

Pages on this site provide links to other sites that are not maintained by ENCSD. These links are intended as additional resources for our users. ENCSD is not responsible for the content of any off-site pages or any other sites linked from this site. As a result, this agency cannot guarantee the accuracy, completeness, usefulness, or adequacy of any resources, information, products, or processes contained in any website linked directly or indirectly to our site. We are not responsible for the privacy practices or content of non-ENCSD websites. Links to external sites do not constitute endorsement.

**Web Site Security**

For website security purposes and to ensure that this service remains available to all users, this computer system employs software programs to monitor network traffic to identify unauthorized attempts to upload or change information or otherwise cause damage. These attempts to cause damage could be subject to legal action.

**Compliance with FERPA and Educational Privacy Laws**

ENCSD complies with the Family Educational Rights and Privacy Act (FERPA) and all applicable federal, state, and local educational privacy laws. This includes, but is not limited to, ensuring the confidentiality of student education records, providing parents and eligible students the right to review and request amendments to records, and limiting disclosures of personally identifiable information without appropriate consent.

For more details on FERPA compliance, please review the "Notification of Rights under FERPA" section.

**Contact Information**

For any questions regarding this privacy policy, please contact ENCSD administration.

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**Acceptable Use of Electronic Devices**

## **Eastern North Carolina School for the Deaf**

**Wilson, North Carolina**

ENCSD provides internet access and school-owned electronic devices (like laptops and iPads) to help students learn, create, and explore safely. These tools are for educational use only, and we are committed to keeping your child’s personal information safe while teaching responsible online habits.

**What Does This Mean for My Child?**

You will choose YES or NO below. Here is what that means:

**✅ If You Choose YES:**

* Your child will receive a school-owned laptop to use for school-related work.
* You agree to be responsible for any loss or damage caused by misuse or careless handling.
* Your child must follow ENCSD’s rules for safe, respectful, and responsible technology use.

**❌ If You Choose NO:**

* Your child will not receive a school-owned laptop.
* This may limit access to some assignments or activities that require a device.

**🔒 Protecting Your Child’s Privacy and Data**

ENCSD takes your child’s privacy seriously. We follow all federal and state privacy laws, including FERPA and the Children’s Internet Protection Act (CIPA).

* **Monitoring use**: We track how school devices and the internet are used to make sure students stay safe and follow school rules.
* **Security tools**: Laptops are protected with filters, firewalls, and privacy settings to keep personal information secure
* **No data sharing**: We will never share your child’s private data without your permission, unless required by law.

**👩‍💻 Student Responsibilities for Safe and Responsible Use:**

*Students are expected to:*

* Use school devices only for schoolwork
* Never share personal information (like passwords or addresses) online.
* Avoid visiting or downloading anything inappropriate or unsafe.

**💬 Internet Etiquette ("Netiquette"):**

*Students should follow these online behavior rules:*

* **Be Respectful**: Use kind language emails, chats, and class platforms.
* **Think First**: Don’t post anything you would not want your family or teachers to see.
* **Stay On Task**: Use websites and programs that are school-approved.
* **Speak Up**: If your child sees or experiences online bullying, they should tell a trusted adult right away.

👨‍👩‍👧 **Parent/Guardian Consent**

Please check one option:

**YES**, my child may be assigned a school-owned laptop.

I understand that I am financially responsible for any damage caused by misuse, or if the device is lost. I understand this form does not guarantee a device will be assigned.

**NO**, I do not want my child to receive a school owned laptop.

📝 **Acknowledgment**

I have read and understand the following ENCSD policies:

* ENCSD Privacy Policy
* ENCSD Internet Safety and Ethical Use Policy

I understand:

* My child must follow ENCSD’s internet and technology rules set by ENCSD.
* ENCSD monitors school devices to protect students and ensure proper use.
* ENCSD is not responsible for any personal devices students bring from home.
* If my child breaks the rules, they may lose access to devices or the internet at school.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name (Print): |  | Date: |  |
| Parent/Guardian Name (Print): |  | Date: |  |
| Parent/Guardian Signature: |  | | |