EASTERN NC SCHOOL FOR THE DEAF

PRE-K ADMISSION FORM

PLEASE FILL OUT THIS FORM COMPLETELY AND ACCURATELY.

Full Name: _____ Date of Birth: __/__/__

Gender: ☐ Male ☐ Female Nationality: _____

Birth Certificate No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Previous School (if any): _____

PARENT or GUARDIAN INFORMATION

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Phone: _____ Phone: _____

Primary Language: ASL English Other Primary Language: ASL English Other

Emergency Contact Person: _____

Relationship: _____

Phone: _____

REQUIRED DOCUMENTS (ATTACH COPIES)

☐ Birth Certificate

☐ Photo (Passport Size)

☐ Previous Academic Records

☐ Two pieces of mail with your name and address on it

☐ National ID / Parent NID

☐ Other: _____

- **I hereby declare that the information provided is true and correct.**

Signature _____

Who has legal custody of your child? _____

What is the first language your child learned to speak?_____

What language does your child speak most often _____

What language is used most often in the home? _____

Does your child have a current Individualized Education Plan (IEP)? Yes _____ No _____

If yes, what disabilities are listed on the IEP? _____

List the name and email for your child's IEP Case Manager:

Name:_____Email:_____

Please send a copy of any custody documentation if applicable, and the IEP with this signed application by mail, email, or FAX:

ENCSD Admissions
1311 US HWY 301 S.
Wilson, NC 27893

richael.durdin@encsd.k12.nc.us

FAX: 252-243-9889

Health Summary

Deafness: _____Cause:_____ Age of Identification: _____

Hearing Aids (please circle): Yes or No Cochlear Implant(please circle): Yes or No

Vision: _____ Glasses (please circle) Yes or No Date of Last Exam: ____/_____/_____

Allergies: _____

Medications: _____

_

Date of Last Physical: ____/_____/_____

Past Illnesses/Injuries: _____

Past Surgeries: _____

If your child is currently attending a preschool program, being followed by an audiologist or medical professional, and/or has been evaluated, please complete the Consent to Release Information on page 3.

Please send the following records for your child:

Individualized Education Plan (IEP) and related documents
Psychological evaluation
Speech (SLP) evaluation
Motor screening
Social History
Audiological and Otological Reports
Medical Records

Please send records by mail or email to:

ENCSD Admissions
1311 US HWY 301 S.
Wilson, NC 27893

EMAIL: mandy.armstrong@encsd.k12.nc.us

Consent for Release of Information

Name of Student: _____ Date of Birth: _____
Last Name First Name

Records Request From

(Please list all preschool programs, Pschologists, Audiologist, therapists (OT, PT, Speech) that your child has attended or seen.)

_____ _____
Name of Pre-school Dates Attended

_____
Address Your paragraph text

_____
Phone Number

_____
Name of Specialist/Service Provider

_____
Address

_____
Phone Number

_____
Name of Specialist/Service Provider

_____
Address

_____
Phone Number

Please send the following records:
Individualized Education Plan (IEP) and related documents, Psychological evaluation, Speech (SLP) evaluation, Motor screening, Social History, Medical records, Audiological, Otological Reports, and any other relevant records

Please send records by mail or email

ENCSD Admissions
1311 US HWY 301 S.
Wilson, NC 27893

EMAIL : mandy.armstrong@encsd.k12.nc.us

FAX: 252-243-9889

I hereby give permission to release any records concerning my child to the Eastern North Carolina School for the Deaf for the purpose of applying for admission to the school.

_____ _____
Parent/Guardian Signature Date