



Application for Admission

Student Information

Last Name First Name Middle Initial

Date of Birth (mm/dd/yyyy) Race Sex Current Grade

Street Address

City County State Zip Code

Name of Current School and Address

Parent/Guardian Information

Parent/Guardian 1

Name Relationship to Student

Street Address Is this your permanent address? Y/N

City County State Zip Code

Home Phone (v/vp) Cell Phone Email

Parent/Guardian 2

Name Relationship to Student

Street Address Is this your permanent address? Y/N

City County State Zip Code

Home phone (v/vp) Cell phone Email

Who has legal custody of the child? *(Please provide documentation)* _____

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? _____

By my signature below, I certify that I am the legal guardian of the student, that the information provided is true and correct, and that I am requesting my child be considered for admission to the Eastern North Carolina School for the Deaf.

Parent/Guardian Signature

Date

Please send a copy of the birth certificate, custody documentation, and the current 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: 252-242-9889



Consent for Release of Information

Name of Student: _____
Last Name First Name

Date of Birth: _____

Records Requested From (Please list all schools or programs that your child has attended.)

Name of School	Dates Attended
Address	
Name of School	Dates Attended
Address	
Name of School	Dates Attended
Address	

Please send the following records:

- Individualized Education Plan and related documents
- Psychoeducational evaluations and reports (educational, psychological, occupational therapy, etc.)
- Motor screening
- Social History
- Health History and immunizations
- Audiological and otological Reports
- Transcript, Grades, EOC, EOG scores
- Discipline Reports
- Medical Records, school physical
- Teacher recommendation
- Other _____

Please send records by mail, email, or FAX to:

ENCSD Admissions FAX: 252-243-9889
 1311 US HWY 301 S. Phone: 252-237-2450
 Wilson, NC 27893

richael.durdin@encsd.k12.nc.us

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



Consent for Student Observation

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

**I hereby give permission for personnel from the Eastern North Carolina School for the Deaf to conduct an observation my child at _____
Name of Current School
at a time and date to be coordinated between the two schools for the purpose of gathering information to determine my child's eligibility for admission to the ENCSD.**

Parent/Guardian Signature

Date

Health Summary

Name of Student: _____
Last Name First Name

Date of Birth: _____

Deafness: Cause	Age of Identification:
Hearing Aids: Y/N	Cochlear Implant: Y/N
Vision: Glasses Y/N	Date of Last Exam:
Allergies:	
Medications:	
Date of Last Physical:	
Past Illnesses/Injuries:	
Past Surgeries:	
Medical Providers: <i>Please provide name and address for all medical providers</i>	
Family Doctor	
Pediatrician	
Audiologist	
Ophthalmologist	
Counselor	
Psychologist	
Other	
Other	