



# 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

Y/N

Street Address

Is this your permanent address?

City

County

State

Zip Code

Home Phone (v/vp)

Cell Phone

Email

Primary Language: ☐ ASL

☐ English

☐ Other

Parent/Guardian 2

Name		Relationship to Student	
		Y/N	
Street Address		Is this your permanent address?	
City	County	State	Zip Code
Home phone (v/vp)		Cell phone	Email
Primary Language: <input type="checkbox"/> ASL <input type="checkbox"/> English <input type="checkbox"/> Other			

Who has legal custody of the 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 teacher: \_\_\_\_\_

**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 any custody documentation (if needed), 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: 252-243-9889



## 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	

**Please send the following records:**

Individualized Education Plan (IEP) and related documents  
Psychological evaluation  
Speech (SLP) evaluation  
Motor screening  
Social History  
Audiological and otological Reports  
Transcript, Grades, EOC, EOG scores  
Discipline Reports  
Attendance report  
Medical Records

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

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

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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.**

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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:				