



Transylvania County Schools

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Welcome to Transylvania County Schools! A child entering kindergarten is an exciting time in a family's life. We want to help the transition between home and school to be a pleasant and rewarding one. There are many ways to help children adjust to kindergarten. One way is to ensure the child has had successful toilet training experiences. Of course, there are times, even in kindergarten, when some children are unsuccessful in reaching the restroom in time; therefore, it is recommended a change of clothing be sent in the early days of kindergarten just in case this situation occurs.

We encourage you to work with your child prior to entering kindergarten to ensure they have had successful toilet training experiences. Some tips for readiness cues are listed below. These tips are compiled from the PEDIATRICS journal.

- The initiation of toilet training should always be based on the child's developmental level rather than on the child's age.
- It is important for the child to begin toilet training when he/she exhibits signs of interest and readiness. Failure to recognize and act on these signs may cause the child's interest to wane and can delay the toilet training process. Therefore, readiness should be viewed as a valuable window of opportunity for toilet training.
- Parents and care providers can recognize the signs of readiness by understanding certain cues. Readiness cues include the following:
 1. The child can imitate his/her parents' behavior.
 2. The child begins to put things where they belong.
 3. The child can demonstrate independence by saying "no."
 4. The child can express interest in toilet training.
 5. The child can walk and is ready to sit down.
 6. The child can communicate his/her need to eliminate (urinate/defecate).
 7. The child is able to pull clothes up and down (on and off).
 8. The temperament of the child, which includes motor activity, intensity of reactions, mood, regularity (especially behavioral), initial approach/withdrawal response, adaptability to new situations, attention span/persistence, distractibility, and sensory threshold/frustration level, needs to be considered when determining the child's readiness.

Most children are developmentally ready to be toilet trained long before entering kindergarten.

PEDIATRICS Vol. 103 No. 6 Supplement June 1999, pp. 1367-1368

Please let us know if you have questions, or if we may help you in any way.

Sincerely,

Audrey Reneau

Audrey Reneau

TRANSYLVANIA COUNTY SCHOOLS
Student Information Sheet

Bus# _____

FOR SCHOOL USE

(K-12)

2022 - 2023

PowerSchool # _____

Grade _____

Teacher _____

(Use Black Ink)

Child's Name: _____

Last

First

Middle

Ethnicity—Select One: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race—Select One or More:

_____ American Indian or Alaska Native

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

_____ White

_____ Black or African American

Does anyone in the household work in agriculture? Yes _____ No _____

Date of Birth _____ Age _____ Sex _____

Is this student in Special Education? _____ Yes _____ No (If you answered "Yes" please check all that apply):

IEP ___ 504 ___ Resource ___ Self-Contained ___ Speech/Language ___ Other ___

Name and relationship of whom the student resides with _____

Physical Street Address _____ City _____

Mailing Address _____ City _____

Home Phone No. _____

In District _____ Yes Out of District _____ Yes (must have board approval)

Parent (s) / Legal Guardian (s) - Please list custodial parent first:

1. _____ Cell Phone No. _____

Place of Employment _____ Work Phone No. _____

Email Address _____

Relationship to Student _____

Mailing address if different from student _____

2. _____ Cell Phone No. _____

Place of Employment _____ Work Phone No. _____

Email Address _____

Relationship to Student _____

Mailing address if different from student _____

Student lives with _____ Custody order on file in school office: Y / N

Siblings enrolled in school (names and ages—if sibling is at same school please indicate his/her teacher):

Previous school attended _____

Address _____

Three adults authorized to pick up your child if we are unable to reach you:

1. _____ Phone No. _____

2. _____ Phone No. _____

3. _____ Phone No. _____

Emergency Contact _____

Name

Relationship

Phone

Regular Transportation: Bus ___ Car ___ Walk/Bicycle ___ After School Program (PFE and RES) ___ Boys & Girls Club ___

For any early dismissal, my child's transportation will be: Bus ___ Car ___ Walk ___ Drive ___ After School Program (PFE and RES) ___ Boys & Girls Club ___



2022 – 2023 Home (Primary) Language Survey

Date _____

Student _____
(Family Name) (First Name) (Middle Initial)
(on birth certificate)

Grade _____ Gender _____

School _____

Homeroom Teacher _____

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

2. What language does your child speak most often? _____

3. What language does the parents speak most often? _____

4. What language is most often spoken in your home? _____

5. Besides languages studied in school, does your child speak any language other than English?

Yes _____ No _____ If "Yes", list the language(s) _____

6. Do you, as a parent, speak any language other than English?

Yes _____ No _____ If "Yes", list the language(s) _____



NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

M F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: 1 Yes 2 No

Race:

1 Other Non-White 2 White 3 Black 4 American Indian 5 Chinese
 6 Japanese 7 Hawaiian 8 Filipino 9 Other Asian 10 Unknown

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: Yes No

Concerns related to student's vision:





January 2016

Hearing screening information:

Passed hearing screening: Yes No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: Yes No

Medical Provider Comments:

Please attach other applicable school health forms:

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



IMMUNIZATION REQUIREMENTS
FOR KINDERGARTEN ENTRY

Is Your Child Ready?



Dear Parent/Guardian:

Our records indicate you have a child about to enter kindergarten. We wanted to take this opportunity to remind you that your child must meet North Carolina immunization requirements for school entry. Below is a basic guide of the immunizations required for school entry.

VACCINE	Number of Doses	VACCINE	Number of Doses
DTaP (diphtheria, tetanus and acellular pertussis)	5 doses	Rubella	1 dose
Polio	4 doses	Hib (haemophilus influenzae type B)	3-4 doses
Measles	2 doses	Hepatitis B (Hep B)	3 doses
Mumps	2 doses	Varicella (chickenpox)	2 doses

Please contact your health care provider or local health department to schedule an appointment to receive the vaccines your child may be missing.

You must provide proof of your child's immunizations on the first day of school. Acceptable proof of vaccination is a copy of your child's Certificate of Immunization.

For more information about the vaccines required for school entry please visit www.immunize.nc.gov.

Sincerely,



NOTE: To be used for any student seeking to transfer into the district who lives with Parent(s) / Guardian / Legal Custodian

AFFIDAVIT A

STATE OF NORTH CAROLINA)
COUNTY OF _____)

Please Print or Type

IN THE MATTER OF				EDUCATIONAL RESIDENCY AND DISCIPLINARY STATUS AFFIDAVIT BY PARENT, GUARDIAN OR LEGAL CUSTODIAN
Full Name of Student				
Address				
City		State	Zip	
Current Grade	Last School Attended			
				(G.S. 115C-366(a4))
Sex	Date of Birth	Age	Printed Name of Parent, Guardian or Legal Custodian	

This is to certify that the above-referenced student who is transferring to:

_____ (Name of School)

from _____ (Name of School)

is not currently under suspension or expulsion from attendance at a private or public school in this or any other state and has never been convicted of a felony in this or any other state.

Sworn Under Oath or Affirmation.

Signature of Parent/Guardian/Custodian/Student
(if 18 yrs. of age or older)

SWORN TO AND SUBSCRIBED BEFORE ME

This ____ day of _____, 20____.

by _____
(Name of Parent, Guardian, Legal Custodian or Student)

(Signature of Notary Public)

My Commission Expires: _____

(Notary Seal)