# Charles B. Aycock High School

New Student Enrollment Packet 2021-22

#### **Enrollment Options:**

- **1. 24/7 Online Enrollment:** Complete the online enrollment packet (fillable PDF or print) and email to the assigned counselor along with the additional required documents (see below). Electronic signatures will be accepted, however we must verify your identity in person.
- 2. **In-person Enrollment**: 8am-3:30pm on *June 16<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>; July 7<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>; Aug 3<sup>rd</sup>, 10<sup>th</sup>. After August 10<sup>th</sup>, please call the school to schedule an appointment.*

Once the completed CBA Enrollment Packet and the required documents are received, a counselor will review the documents and contact you to schedule an appointment time if needed to complete your enrollment. Appointments may be conducted by phone, face-to-face or virtual to best meet the needs of the family.

#### School Counselor Contact Info 919.242.3400

Mrs. Renee Dilda (last names "A-Go"): <a href="mailto:reneedilda@wcps.org">reneedilda@wcps.org</a>
Ms. LaShonda Payne (last names "Gr-On"): <a href="mailto:lashondapayne@wcps.org">lashondapayne@wcps.org</a>
Ms. Gladys Diggs (last names "Or-Z"): <a href="mailto:gladysdiggs@wcps.org">gladysdiggs@wcps.org</a>

#### **Additional Required Documents**

- 2 proofs of address in the CBA HS district (ex: driver's license, utility bill, rent/tax receipt, military ID)
- Immunization records
- Physical/Health Assessment (required for students enrolling in a NC public school for the first time)
- Student birth certificate
- Report card/transcript listing all courses & grades up to the point of withdrawal from the previous school
- Official withdrawal form from previous school
- Photo ID of the parent/legal guardian
- Proof of custody (if applicable)

#### Who can enroll my child?

The parent/ legal guardian **MUST** accompany the student to enroll. NC law requires children under age 18 be enrolled by a legal parent or guardian. The student must live with the legal parent/ guardian in the CBA HS school district.

### Who is a legal parent/guardian?

A legal guardian is one who has been designated by the courts. Family members, relatives or friends cannot enroll a student unless proof of custody is presented (i.e. court order, adoption). The "power of attorney" or other forms of notarized statements **DO NOT** meet the requirement for enrolling a student in Wayne County Public Schools.

### What if I am NOT the legal guardian?

Please contact the WCPS Central Office at 919-731-5900 and ask to speak with Denise Banks regarding your unique situation prior to your enrollment appointment at CBA HS.

# **Registration Data Form**

Charles B. Aycock HS

Legal Last Name					
Logar Laot Warno		Legal First	Name		Legal Middle Name
Birthdate (MM/DD/YYYY) Gender	_  _	$\neg$			Race
Female L	∐Male	_	erican/Blac		nerican Indian/Alaskan Native
Is the student Hispanic or Latino?	L	☐ Caucasian		eck all th	awaiian/ Pacific Islander
□Yes □No	☐ Allergie	s/ health co			cation taken at school
With w	hom does t	the student	reside? (s	select one	e)
☐ Both biological parents	☐ Biologi	ical mother	only	☐ Biolo	ogical father only
☐ Biological mother and stepparent	☐ Biologic	cal father a	nd steppa	rent	
Legal Guardian (proof of guardianship	required: c	custody auth	orized by	/ a judge	or social services/foster care
placement)	·	•	·		
*Only a biological parent or legal guardian	may enroll	a student i	n school i	inlace the	etudent is 18 years of age or older
**Without court documentation, the school	•				,
Student's Home Address (no PO Box #)					
, , ,					
City			State		Zip Code
Student's Mailing Address ☐ Same as home ad	ddress				
City			State		Zip Code
EDUCATION BACKGROUND					
Previous school name/ location:		Last	date of atte	endance at r	previous school:
Does the student have an IEP (Individualize	zed Educati	ion Plan)?	□Yes	□No	
Does the student have a 504 Plan? ☐Yes ☐No					
Is the student AIG (Academically/Intellectually Gifted)? □Yes □No					
Has this student ever attended a North Carolina Public School? ☐Yes ☐No					
Has this student ever attended a Wayne County Public School? ☐Yes ☐No					
If "YES", give name of school(s):					
PARENT SIGNATURE/ DATE (p	page 1)				

Date:

Signature:

Parent #1	FAMILY INFORMATION					
Last Name, First Name   Relation to child:	Parent #1					
Biological Mother   Biological Father   Biological Father   Biological Father   Work Phone   Cell Phone   C	☐ Living ☐ Deceased (skip to next section) Name appears on the birth certificate ☐ Yes ☐ No					
Parent #2  Living   Deceased (skip to next section) Name appears on the birth certificate   Yes   No  Relation to child:   Address/City/Zip Code   Employer/Squadron   Biological Father   Unknown   Unknown   Migrant Worker   Yes   No  Stepparent/Guardian (official court documentation required)  Last Name, First Name   Relation to child:   Stepmother   Steppather   Legal Guardian   Migrant Worker   Yes   No  Stepparent/Guardian (official court documentation required)  Last Name, First Name   Cell Phone   Work Phone   Migrant Worker   Yes   No  Stepparent/Guardian (official court documentation required)  Last Name, First Name   Relation to child:   Stepmother   Steppather   Legal Guardian   Migrant Worker   Yes   No  Stepparent/Guardian (official court documentation required)  Last Name, First Name   Relation to child:   Address/City/Zip Code   Employer/Squadron   Migrant Worker   Yes   No  Stepparent/Guardian (official court documentation required)  Last Name, First Name   Relation to child:   Stepmother   Stepfather   Legal Guardian   Migrant Worker   Yes   No  Is the student military connected? Is a parent/stepparent/sibling/guardian residing in the same household in the active or reserve components of the Army, Air Force, Coast Guard, Marine Corps, Navy or National Guard?   Yes   No  If YES*, please complete the following:   Rank   Relationship to Student   Branch of Service   Squadron/Unit   Pression   School   Grade   School   Grade   School   Grade   School   Grade   School   Grade   School   Sc	Last Name, First Name	☐ Biological Mother		Zip Code	Employer/Squadron	
Living   Deceased (skip to next section)   Name appears on the birth certificate   Yes   No					•	
Relation to child:	Parent #2					
Biological Mother   Biological Father   Unknown   Biological Father   Biological Father   Biological Father   Biological Father   Work Phone   Yes   No	☐ Living ☐ Deceased (skip to no	ext section) Name appears	on the birth ce	ertificate □Yes □	No	
Stepparent/Guardian (official court documentation required)  Last Name, First Name  Relation to child: Stepparent/Supraction Stepparent/Supraction Stepparent/Guardian (official court documentation required)  Home Phone Legal Guardian  Relation to child: Stepparent/Guardian (official court documentation required)  Last Name, First Name  Relation to child: Stepparent/Guardian (official court documentation required)  Last Name, First Name  Relation to child: Stepparent/Guardian (official court documentation required)  Last Name, First Name  Relation to child: Stepparent/Stepparen	Last Name, First Name	☐ Biological Mother		Zip Code	Employer/Squadron	
Last Name, First Name   Relation to child:   Stepmother   Stepfather   Legal Guardian   Home Phone   Cell Phone   Cell Phone   Cell Phone   Stepfather   Stepfather   Pes   No      Stepparent/Guardian (official court documentation required)   Address/City/Zip Code   Employer/Squadron     Stepparent/Guardian (official court documentation required)   Address/City/Zip Code   Employer/Squadron     Stepparent/Summe   Relation to child:   Stepmother   Stepfather   Legal Guardian     Home Phone   Cell Phone   Cell Phone   Work Phone   Yes   No     Is the student military connected? Is a parent/stepparent/sibling/guardian residing in the same household in the active or reserve components of the Army, Air Force, Coast Guard, Marine Corps, Navy or National Guard?   Yes   No     If "YES", please complete the following:   Rank   Relationship to Student   Branch of Service   Squadron/Unit     Does the student have any siblings currently attending a Wayne County Public School?   Yes   No     If "YES", please complete the following:   School   Grade     1.					•	
Stepmother   Stepfather   Legal Guardian	Stepparent/Guardian (official court	documentation required)				
Stepparent/Guardian (official court documentation required)  Last Name, First Name  Relation to child: Steppother Stepfather Legal Guardian  Home Phone () () Migrant Worker () Mo  Is the student military connected? Is a parent/stepparent/sibling/guardian residing in the same household in the active or reserve components of the Army, Air Force, Coast Guard, Marine Corps, Navy or National Guard?	Last Name, First Name	☐ Stepmother ☐ Stepfather	Address/City/Z	Zip Code	Employer/Squadron	
Relation to child: Stepmother Stepfather Legal Guardian    Home Phone	Home Phone				•	
Stepmother   Stepfather   Legal Guardian   Work Phone   Work Phone   Yes   No	Stepparent/Guardian (official court	documentation required)				
Is the student military connected? Is a parent/stepparent/sibling/guardian residing in the same household in the active or reserve components of the Army, Air Force, Coast Guard, Marine Corps, Navy or National Guard?	Last Name, First Name	☐ Stepmother ☐ Stepfather	Address/City/Z	Zip Code	Employer/Squadron	
Is the student military connected? Is a parent/stepparent/sibling/guardian residing in the same household in the active or reserve components of the Army, Air Force, Coast Guard, Marine Corps, Navy or National Guard?     Yes					Migrant Worker	
or reserve components of the Army, Air Force, Coast Guard, Marine Corps, Navy or National Guard?	()	(	()	<b>-</b>	☐ Yes ☐ No	
Does the student have any siblings currently attending a Wayne County Public School?   Name  School  Grade  1	or reserve components of the Army, Air Force, Coast Guard, Marine Corps, Navy or National Guard? ☐Yes ☐No					
If "YES", please complete the following:  Name School Grade  2	Name	Rank Relationship	o to Student	Branch of Service	Squadron/Unit	
1       2	, , , , ,					
3	1		School		Grade	
	3					

PARENT SIGNATURE/ DATE (page 2)	
Signature:	Date:

<b>EMERGENCY CONTACT</b>	EMERGENCY CONTACT INFORMATION (other than parents/ stepparents/ guardians)					
I authorize the following people to be conta up is indicated below.	cted in the event of an emergency. No other	contact with the student will be allowed unless sign out/pick				
Last Name, First Name	Relationship to child:	Can this person sign the child out of school?  ☐Yes ☐No				
Home Phone ()	Cell Phone ()	Work Phone				
Last Name, First Name	Relationship to child:	Can this person sign the child out of school?  □Yes □No				
Home Phone ()	Cell Phone ()	Work Phone				
Last Name, First Name	Relationship to child:	Can this person sign the child out of school?  ☐Yes ☐No				
Home Phone ()	Cell Phone ()	Work Phone ()				
PARENT SIGNATURE/ DA	ATE (page 3)					
Signature:	Signature: Date:					
OFFICE USE ONLY						
Student ID #	Enrollment Date	Grade				

# Wayne County Public Schools New Student Enrollment

School Site: Charles B. Aycock HS (2021-22)

<b>Directions:</b> Complete each section. Sign the form at the bottom.	
I. Current living situation (check all that apply):	
<ul> <li>□ Sharing housing with others due to a loss of home, economic burden or hardship,</li> <li>□ Temporarily living in a motel, hotel, or camping ground due to lack of adequate acceptable.</li> <li>□ Living in a car, park, public space, abandoned building, substandard housing, or simple staying in a shelter or waiting for foster care placement.</li> <li>□ Student is with an adult that is not a parent or legal guardian</li> <li>□ Unknown nighttime residence</li> <li>□ Living in a migrant camp</li> <li>□ Student is alone without an adult.</li> <li>□ NONE of the above apply to my current living situation.</li> </ul>	ccommodations
II. Student Besidence Verification (sheek all that annie).	
II. Student Residence Verification (check all that apply): The verification of address must be any 2 of the items listed below. Documents with a PO Box	address are <b>NOT</b> accepted.
☐ Property tax records which indicate the street or road address location of the resid	dence
$\Box$ Mortgage documents or copies of the deed of property which indicate the street of	
☐ Residential lease showing residence address	
☐ Valid driver's license showing the current street or road address	
☐ Current bill of service reflecting residence address	
<ul> <li>□ Voter registration form showing street or road residence address</li> <li>□ Automobile registration showing street or road address</li> </ul>	
If residence documentation is not available at the time of enrollment, an affidavit which include Parent or Legal Guardian which lists their residential address may be obtained from the district followed within thirty (30) days with two of the items of documentation listed above or a reason documentation is not yet available. Failure to provide the student residence verification information reassignment of the student to another school or the suspension of attendance privilege until	ct office. This affidavit should be onable explanation as to why this mation requested may result in the
III. Child Custody Acknowledgment	
Court-ordered custody agreements are in place.	
$\Box$ <b>Yes</b> (If "yes", a copy of the court order must be on file with the school) $\Box$ <b>No</b>	
By law, if the parent name is on the child's birth certificate, then that parent has equal rights court order is in effect that indicates otherwise. The parent cited as the primary or residentia provide a copy of this court order to remain on file at the school. In the absence of a custody child's birth certificate may have physical and/or verbal contact with the child on school property.	l custodian of any child is required to order, the parent(s) noted on the
IV. WCPS Student Transfer Status Acknowledgment	
Student is currently under a term of suspension or expulsion from attendance at the	previous school. 🗆 YES 🗆 NO
Student has been convicted of a felony.   YES  NO	
Parent Signature Dat	:e

## North Carolina Home Language Survey Form

#### Directions:

- Parents/guardians of all new students (including preschool and Kindergarten) should complete this
  form at the time of enrollment and record all information requested. Please provide interpreting services
  whenever necessary.
- 2. Ensure that all questions on the form are completed. Determine which ESL Program staff will review the responses, interview the parent as necessary, and/or observe the student to determine the home language. If the parent lists more than one language other than English, the reviewer must determine which one is the child's home language for data collection purposes and document it on this form.
- If it is determined that a student's home language is other than English, administer the English language proficiency test. Follow your protocol to collect and document the student's scores.
- 4. Place the original form in the student's cumulative folder.

	Student Information		
First Name:	Last Name:		
Country of Birth:	Date first enrolled in any U.S. school (Private or Public, but not PreK) Indicate if the student left the U.S. for a school year(s):	Date of Birth:	
Current School:	School Enrollment Date:	Current Grade:	

Questions for Parents/Guardians*	Parent Response
What is the first language the student learned to speak?	
What language does the student speak most often?	
What language is most often spoken in the home?	

Parent Signature	Date
*******For Office U	se Only******************
Person Reviewing this Survey:	

Determination	
The student's home language	Language:
If the language is other than English, the English language proficiency test should be administered	Administer the English Language Proficiency Test Circle: Yes or No

# Wayne County Public Schools Request for Transportation

School Name: Charles B. Aycock HS

Parent(s),

Please complete this form and return to your child's school as soon as possible. Please make sure all information is complete and accurate. If you have any questions, please call the school before calling the Transportation Department.

Date of Request:					
Student Name:(Last Name)			(First Name)	<b>,</b>	(MI)
Student Address					
Street Name:					
Due manded: TANA cub. TDNA cub. TDath A	NA (2 DNA				
Bus needed: □AM only □PM only □Both A					
☐My child will ride the bus to and/or from the h	ome address	listed abov	e.		
$\square$ My child will ride the bus to an alternate addre	ess (listed be	low)			
Alternate Address					
Street Name:					
Parent/Guardian Name (please print):					
Parent/ Guardian Email Address:					
Parent/ Guardian Telephone #: ()					
School Use Only Received Date:		Sent to	 ΓΙΜS via: □Fax	□Email	□Other

This form is required **ONLY** if this is the first NC public school enrollment for the student. This form must be signed by a health care provider.



January 2016rev

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)  Birthdate (N/P/YYYY): School Name:  Home Address: City: State: County:  Parent Information: Name of Parent, Guardian, or person standing in Telephone(s) loco parentis:  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:  Special diet instructions:  Vision screening information:  Passed vision screening:   Yer   No	NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM				
PARENT to COMPLETE THIS SECTION	This form and the informati				he student named herein
Student Name:  (Last) (First) (Middle)  Birthdate (M/D/YYYY): School Name:  Home Address: City: State: County:  Parent Information: Name of Parent, Guardian, or person standing in loco parentls:  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:  Vision screening information:  Passed vision screening:   Yes   No	(Approved by North C				nd Human Services)
Clast   (First   (Middle		PARENT to COMP	LETE THIS SEC	CTION	
Birthdate (M/D/YYYY):    School Name:	Student Name:				
Home Address:  City:  State:  County:  Parent Information: Name of Parent, Guardian, or person standing in Iclephone(s) loco parentis:  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:  Student's allergies, type, and response required:  Vision screening information:  Passed vision screening information:  Passed vision screening:	. , ,	` '	(Middle)		
Parent Information: Name of Parent, Guardian, or person standing in Icop parentis:  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:  Facility of the student's school performance:  Vision screening information:  Passed vision screening:   Yes   No	Birthdate (M/D/YYYY):	School Name:			
Incorparentis:  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:	Home Address:	City:		State:	County:
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:	-	ıardian, or person standing i	in Telepho	ne(s)	
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:	loco parentis:		Home:		
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:			Work:		
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			Cell Phon	e:	
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			nistrators, teacl	hers, and other s	chool personnel who require such
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					
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	н	EALTH CARE PROVIDER 1	TO COMPLETE	THIS SECTION	
Special diet instructions:  Health-related recommendations to enhance the student's school performance:  Vision screening information: Passed vision screening:   Yes   No	Medications prescribed for student:				
Special diet instructions:  Health-related recommendations to enhance the student's school performance:  Vision screening information: Passed vision screening:   Yes   No					
Special diet instructions:  Health-related recommendations to enhance the student's school performance:  Vision screening information: Passed vision screening:   Yes   No					
Health-related recommendations to enhance the student's school performance:  Vision screening information:  Passed vision screening:  Yes No	Student's allergies, type, and response required:				
Health-related recommendations to enhance the student's school performance:  Vision screening information:  Passed vision screening:  Yes No					
Vision screening information: Passed vision screening: Yes No	Special diet instructions:				
Vision screening information: Passed vision screening: Yes No					
Vision screening information: Passed vision screening: Yes No	Health-velated recommendations to enhance the student's school no fermions:				
Passed vision screening: Yes No	nealth-related recommendations to enhance the student's school performance:				
Passed vision screening: Yes No					
Passed vision screening: Yes No					
Concerns related to student 5 Vision;					

#### January 2016rev

Hearing screening information: Passed hearing screening:  Yes  No Concerns related to student's hearing:				
Recommendations, concerns, or needs rel	ated to student's l	nealth and requ	uired school follow-up:	
School follow-up needed:  Yes No				
Medical Provider Comments:				
Please attach other applicable school hea	lth 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 name physical examination with screening for vision a form is accurate and complete to the best of m	nd hearing, and if ap			
Name:			Title:	
Signature:			Date (m/d/yyyy):	
			Date of Exam (if Diffe	rent):
Practice/Clinic Name:			Practice/Clinic Address:	
Practice/Clinic City:	State:	Zip:	Phone:	Fax:
Provider Stamp Here:				



# **CBA HS New Student Course Registration Form** 2021-22

Last Name:		irst Name:				
Current Grade: □ 9 <sup>th</sup>	□ 10 <sup>th</sup>	□ 11 <sup>th</sup>	□ 12 <sup>th</sup>			
<u>Directions:</u> Choose 10 class Academic courses (English, on availability, class size and	Math, Scie	nce, Histo		classes (4 each semester). nteed. Elective courses are scheduled base	ed	
Course Type		Cours	e Name	Course Level		
English				□Standard □ Honors □ A	.P	
Math				□Standard □ Honors □ A	.P	
Science				□Standard □ Honors □ A	.P	
History				□Standard □ Honors □ A	.P	
Health/PE or Elective				□Standard □ Honors □ A	.P	
Elective				□Standard □ Honors □ A	.P	
Elective				□Standard □ Honors □ A	.P	
Elective				□Standard □ Honors □ A	.P	
Elective				□Standard □ Honors □ A	.P	
Elective				□Standard □ Honors □ A	.P	
We'd like to	get to kn	ow you!	Please ans	swer the following questions.		
					00	
Are you interested in taking onling Are you graduating mid-year? (see						
Are you interested in late arrival		v release? (	seniors only)			
Are you interested in taking colle		-				
Do you have an IEP or 504 Plan?						
Is English your primary language?						
Schedule cha	inges are	e allowe	ed the first	3 days of each semester.		
Parent Signature				Date		
Student Signature			<del></del>	Date		

# 2021-22 Course List

#### CHARLES B. AYCOCK HIGH SCHOOL

All courses are 1 semester/1 credit unless otherwise noted. "S"= Standard, "H"= Honors, "AP"= Advanced Placement

ENGLISH	LEVEL	GRADE	PREREQUISITE					
	Graduation requirement: 4 English Credits							
English I	S, H	9						
English II	S, H	10	English I (S or H)					
English III	S, H	11	English II (S or H)					
English III Honors + AP English Language & Comp	AP	11	Must enroll in both courses concurrently. Students will earn 2 credits (1 Honors and 1 AP).					
English IV	S, H	12	English III					
English IV Honors + AP English Literature & Comp	AP	12	Must enroll in both courses concurrently. Students will earn 2 credits (1 Honors and 1 AP).					
Journalism I, II, III, IV	S, H	10-12	Application required. Contact Mr. Coggins (room #206/ edwardcoggins@wcps.org)					

MATH	LEVEL	GRADE	PREREQUISITE						
	Graduation requirement: 4 Math Credits								
Foundations of NC Math I	S	9	Level I, II, III on NC 8 <sup>th</sup> grade Math EOG						
NC Math I	S	9-12	Foundations of Math I						
NC Math I	Н	9-12	Level IV or V on NC 8th grade Math EOG						
NC Math II	S, H	9-12	Math I (Math II in 9 <sup>th</sup> grade- "H" only)						
NC Math III	S, H	10-12	Math II (S or H)						
NC Math IV	S	11-12	Math III						
Pre-Calculus	Н	10-12	Math III H						
Probability & Statistics + AP Statistics	AP	11-12	NC Math IV or Pre-Calculus. Must enroll in both courses concurrently. Students will earn 2 credits (1 Honors and 1 AP).						
Introduction to Derivatives + AP Calculus AB	AP	11-12	Pre-Calculus or MAT 171 & 172. Must enroll in both courses concurrently. Students will earn 2 credits (1 Honors and 1 AP).						

SCIENCE	LEVEL	GRADE	PREREQUISITE					
	Graduation requirement: 3 Science credits							
Earth/Environmental Science	S, H	9-12						
Physical Science	S	9-12						
Biology	S, H	10-12						
Biology II Honors + AP Biology	AP	10-12	Biology, Chemistry. Must enroll in both courses concurrently. Students will earn 2 credit (1 Honors and 1 AP).					
Chemistry	Н	10-12	Enrolled in/ completed Math II recommended					
Physics	Н	10-12	Enrolled in/ completed NC Math IV or Pre-Cal					
Anatomy and Physiology	Н	10-12	Biology & Chemistry					

HISTORY	LEVEL	GRADE	PREREQUISITE					
	Graduation requirement: 4 History credits							
World History	S, H	9-12						
Founding Principles of the US and NC: Civic Literacy	S, H	10-12	World History (S or H)					
American History	S, H	11-12	Founding Principles of the US and NC: Civic Literacy					
Economics & Personal Finance	S, H	11-12	Founding Principles of the US and NC: Civic Literacy					
Psychology	Н	11-12						
AP US History	AP	11-12						
AP Human Geography	AP	10-12	World History H					
AP Psychology	AP	11-12						

PHYSICAL EDUCATION	LEVEL	GRADE	PREREQUISITE				
Graduation requirement: 1 Health/PE credit							
Health/PE	S	9	This course is required for graduation.				
Physical Education 10-12	S	10-12					
Weightlifting Fall	S	9-12	Select course code #60612X0				
Weightlifting Spring	S	9-12	Select course code #60612X03				

FOREIGN LANGUAGE	LEVEL	GRADE	PREREQUISITE
English as a 2 <sup>nd</sup> Language (Beg)	S	9-12	Instructor approval. Placement only.
English as a 2 <sup>nd</sup> Language (Adv)	S	9-12	Instructor approval. Placement only.
French I, II	S	9-12	
Spanish I, II	S	9-12	
Spanish III, IV	Н	10-12	
Spanish Heritage I	S	9-12	Must be a fluent Spanish speaker
Spanish Heritage II	Н	9-12	Spanish I Heritage

CULTURAL ARTS			Levels must be taken in order (B-I-P-A):  B=Beginner/Level I Standard P=Proficient/Level III Honors  Intermediate/Level II Standard A=Advanced/Level IV Honors
Band-Percussion (B, I, P, A)	S, H	9-12	Auditions (contact Mr. Lamm: jeblamm@wcps.org)
Concert Band (B, I, P, A)	S, H	9-12	Previous band experience or audition
Flag Guard	S	9-12	Auditions (contact Mr. Lamm: jeblamm@wcps.org)
Marching Band (B, I, P, A)	S, H	9-12	Previous band experience or audition
Music Specialization (B, I, P, A)	S, H	9-12	Auditions (contact Mr. Lamm: jeblamm@wcps.org)
Theater Arts (B, I, P, A)	S, H	9-12	Levels I/P/A-Previous theater experience or audition (contact
Theater Arts (B, I, F, A)			Mrs. Smith: tarasmith@wcps.org)
Visual Art (B, I, P, A)	S, H	9-12	
Vocal Music (B, I, P, A)	S, H	9-12	

AGRICULTURE	LEVEL	GRADE	PREREQUISITE
AgriScience Applications	S	<del>9-12</del>	
Agricultural Mechanics I	S	9-12	
Agricultural Mechanics II	Н	10-12	Agricultural Mechanics I
Animal Science I	S	9-12	
Animal Science II	Н	10-12	Animal Science I
Horticulture I	S	9-12	
Horticulture II	Н	10-12	Horticulture I
CTE Advanced Studies AGNR	S	11-12	CTE instructor approval.

BUSINESS & MARKETING	LEVEL	GRADE	PREREQUISITE				
Accounting I*	S, H	10-12					
Adobe Visual Design	Н	9-12					
Career Management	S	9-12					
Computer Science I	S	9-12					
Entrepreneurship I	Н	9-12					
Entrepreneurship II	Н	10-12	Entrepreneurship I				
Fashion Merchandising	S, H	9-12					
Hospitality & Tourism	Н	10-12	Mktg or Princ. of Bus, or Sports Mktg I				
Marketing I	S, H	9-12					
Microsoft Word & PowerPoint	S	9-12					
Microsoft Excel*	Н	9-12					
Sports & Entertainment Mktg. I	S	9-12					
Sports & Entertainment Mktg. II	Н	10-12	Sports & Entertainment Mktg. I				
CTE Advanced Studies MRKT	S	11-12	CTE instructor approval.				
*Course accepted as a 4 <sup>th</sup> math credit for graduation.							

FAMILY & CONSUMER SCIENCE	LEVEL	GRADE	PREREQUISITE					
Apparel & Textiles I*	S	9-12						
Child Development	S	9-12						
Counseling & Mental Health I	S	10-12						
Counseling & Mental Health II	S	10-12	Counseling & Mental Health I					
Foods & Nutrition I	S	10-12						
Foods & Nutrition II	S, H	11-12	Foods & Nutrition I					
Interior Design Fundamentals*	S, H	9 -12						
Interior Design Studio*	Н	11-12	Interior Design Fundamentals					
*Course accepted as a 4th math credit for §	*Course accepted as a 4 <sup>th</sup> math credit for graduation.							

HEALTH OCCUPATIONS	LEVEL	GRADE	PREREQUISITE
Foundations of Health Science	S	9-12	
Health Science I	S, H	10-12	
Health Science II	Н	11-12	Proficient exam score in Health Science I

TRADE & INDUSTRY	LEVEL	GRADE	PREREQUISITE				
Automotive Service Fundamentals	S	9-10					
Automotive Service I	S	10-12	Auto Service Fundamentals				
Automotive Service II	Н	11-12	Auto I				
Automotive Service III	Н	11-12	Auto II				
PLTW Intro to Engineering*	AP	9-12	Technology, Engineering & Design recommended				
PLTW Civil Engineering & Architecture*	AP	10-12	Intro to Engineering				
PLTW Digital Electronics*	AP	10-12	Intro to Engineering				
Technology, Engineering & Design	S	9-12					
*Course accepted as a 4 <sup>th</sup> math credit for graduation.							

ARMY JROTC Hair must be groomed in accordance with military standards for ROTC courses. Uniform required once per week.									
Army JROTC LET 1 Alpha	S	9-12							
Army JROTC LET 1 Bravo	S	9-12							
Army JROTC LET 2 Alpha	S	10-12							
Army JROTC LET 2 Bravo	S	10-12							
Army JROTC LET 3 Alpha	S	11-12							
Army JROTC LET 3 Bravo	S	11-12							
Army JROTC LET 4 Alpha	Н	12							
Army JROTC LET 4 Bravo	Н	12							

(	OTHER ELECTIVES								
	Resource High School	S	9-12	IEP required. Placement only.					
	Success 101	S	9-12						

#### COLLEGE & CAREER PROMISE (CCP)

11<sup>th</sup> /12<sup>th</sup> grade students are eligible for the CCP (dual-enrollment) program earning tuition-free college credit while in high school. Interested students can request an application by contacting their school counselor.

#### NC VIRTUAL PUBLIC SCHOOL (NCVPS)

NCVPS provides free online courses to NC public high school students. Academic, elective, standard, honors and AP courses are available. Forms to request an online class are available in the counseling office. More info at ncvps.org.

#### LATE ARRIVAL/EARLY OUT

This is an option for seniors who do not need elective courses to complete their graduation requirements. College admissions offices *may not favor* Late Arrival/Early Out upon review of an applicant's transcript. Late Arrival/Early Out is NOT a class OR a CREDIT! Students cannot have "Early Out" between two classes. Parent approval required.

#### **CCRG MATH & ENGLISH**

Rising seniors with an unweighted GPA below 2.8 are required to take Career and College Ready (CCRG) courses in Math and English in their senior year unless they meet the exemptions below. Students needing this requirement will be placed in the appropriate course(s) by their school counselor.

SAT Reading Score= 480 ACT English Score= 18 AP Lang/ Comp Score= 3 or higher NC Math III EOC= Level IV or V
SAT Math Score= 530 ACT Math Score= 22 AP Lit/Comp Score= 3 or higher
ACT Reading Score= 22 AP Calculus Score= 3 or higher

Η = Holiday

= Annual Leave (built-in) AL

WD = Teacher Workday

DWD = Designated Workday ED = Early Dismissal

First / Last Day

# WAYNE COUNTY PUBLIC SCHOOLS 2021-2022 SCHOOL CALENDAR

TRADITIONAL—Approved 1.4.21

FRI

WD

Н

ΑL

DWD DWD

SAT 

LD	Luis	Distin	i some i									
	JULY					JULY			J	ANUAR	RΥ	
SUN	MON	TUE	WED	THU	FRI	SAT	July 5Holiday	SUN	MON	TUE	WED	THU
				1	2	3	AUGUST					
4	н	6	7	8	9	10	Aug. 13	2	DWD	4	5	6
11	12	13	14	15	16	17	Aug. 16-20Designated Workdays Aug. 17Open House for Elementary Schools					
							Aug. 18 Open House for Middle/High Schools	9	10	11	12	13
18	19	20	21	22	23	24	Aug.23First Day for Students	16	н	18	19	20
25	26	27	28	29	30	31	SEPTEMBER	23	24	25	26	27
							Sept. 6Holiday	30	31			
	AUGUST						OCTOBER			-	BRUA	DV.
1	2	3	4	5	6	7	Oct. 14End of 1st Grading Period Oct. 15Teacher Workday					
			•	-			Oct. 22 Report Card Distribution (K-12)			1	2	3
8	9	10	11	12	WD	14	NOVEMBER	6	7	8	9	10
15	DWD	DWD	DWD	DWD	DWD	21	Nov. 11Holiday	13	14	15	16	17
22	23	24	25	26	27	28	Nov. 24	20	WD	22	23	24
							Nov. 25, 20	27	28			
29	30	31					DECEMBER					
							Dec. 17 Early Dismissal Dec. 17 End of 2nd Grading Period					
		SE	PTEME	BER			Dec.20-22Annual Leave				MARCH	1
			1	2	3	4	Dec. 23, 24, 27Holidays Dec. 29, 30Closed for Students and 10-Month Staff			1	2	3
5	н	7	8	9	10	11	Dec. 31Holiday	6	7	8	9	10
							JANUARY	13	14	15	16	17
12	13	14	15	16	17	18	Jan. 3 Teacher Workday					
19	20	21	22	23	24	25	Jan. 7	20	21	22	23	24
26	27	28	29	30			Jan. 1/noliday	27	28	29	30	31
							FEBRUARY					
OCTOBER							Feb. 21 Teacher Workday	APRIL				
					1	2	'					
3	4	5	6	7	8	9	MARCH	3	4	5	6	7
	11	12	13	14	WD	16	Mar. 17End of 3rd Grading Period				13	14
10							Mar. 18	10	11	12		
17	18	19	20	21	22	23		17	AL	AL	AL	AL
24	25	26	27	28	29	30	APRIL Apr. 15 Holiday	24	25	26	27	28
31							Apr. 18-22Annual Leave					
							MAY				MAY	
NOVEMBER					-	_	May 30Holiday	1	2	3	4	5
	1	2	3	4	5	6	JUNE					
7	8	9	10	н	12	13	June 8Last Day of School/Early Dismissal	8	9	10	11	12
14	15	16	17	18	19	20	K-12 Report Cards Distributed (or as determined by individual school)	15	16	17	18	19
21	22	23	AL	н	н	27	June 9, 10Designated Workday	22	23	24	25	26
28	29	30					June 13, 14Teacher Workday GraduationAs Determined by Each School	29	н	31		
							Students do not report to school on holidays, annual					
DECEMBER							leave days, teacher workdays, or closed days.				HIME	
											JUNE	
			1	2	3	4	BOARD OF EDUCATION MEETINGS					2
5	6	7	8	9	10	11		5	6	7	ED	DWD
12	13	14	15	16	ED	18	TBD	12	WD	WD	15	16
19	AL	AL	AL	н	н	25	150	19	20	21	22	23
26	н	AL	CL	CL	н		ı I	26	27	28	29	30

<sup>\*</sup>Make-up days will occur on the first available Workday or Closed Day, or as designated by the Superintendent.

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