

Charles B. Aycock High School New Student Pre-Enrollment Packet

New Student Pre-Enrollment Packet
Summer 2022

ENROLLMENT INSTRUCTIONS

Online enrollment begins June 20, 2022.

Download this packet and complete the required information. Email the completed packet along with the additional required documents listed below to **gladysdiggs@wcps.org**. Electronic signatures will be accepted, however we must verify your identity in person (appointment will be confirmed via email once packet is received).

In-person enrollment begins July 11, 2022.

Pick up an enrollment packet at the school and schedule an enrollment appointment.

DOCUMENTS REQUIRED FOR ENROLLMENT

☐ 2 proofs of address in the assigned school 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)

FREQUENTLY ASKED QUESTIONS

Who can enroll my child?

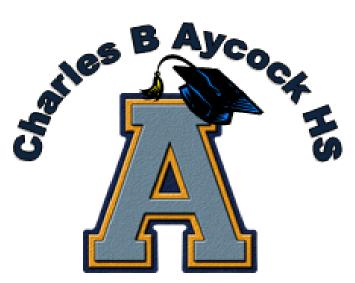
The parent/legal guardian **MUST** accompany the student to enroll. NC law requires children under age 18 be enrolled by a legal parent or guardian. The student must live with the legal parent/guardian in the assigned school district.

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 Services at 919-731-5900 and ask to speak with Denise Banks regarding your unique situation prior to your enrollment appointment.



Counseling Services

919.242.3400

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Registration Data Form

STUDENT INFORMAT	ION					
Legal Last Name		Legal First Name		Legal Middle Name	Pre	ferred Name
Birthdate (MM/DD/YYYY)	Gender		Which category bes	st describes the stude	ent's race?	
1 1	☐ Female	☐ Male	☐ American Indiar	or Alaskan Native		☐ Black or African American
	_	T		/Other Pacific Island	er 🗌 White	
Is the student Hispanic or Latino	5?	Check all that app		—		П.,
☐Yes ☐No			gies/health conditions	☐ Medication	taken at school	None
With whom does the student res	side? (Name ar	nd Relationship)				
Student's Home Address (no Po) Box #)					
City		State	Zip Code	Enrolling	School	
		NC		Cha	arles B. Ayco	ck HS
FAMILY INFORMATIO	N					
Parent 1: ☐ Biological Mother	☐ Biological F	ather 🗆 L	iving Deceased (sk	ip to next section)	Name appears of	n birth certificate □Yes □No
Last Name, First Name		Employer/Squad	ron	Email Address	3	
Address/City/Zip Code □	Unknown					
Home Phone		Cell Phone		Work Phone		Migrant Worker
						☐ Yes ☐ No
Parent 2: Biological Mother	☐ Biological F	ather 🗆 L	iving Deceased (sk	cip to next section)	Name appears o	on birth certificate □Yes □No
Last Name, First Name		Employer/Squad	ron	Email Address	3	
Address/City/Zip Code □	Unknown			'		
Home Phone						
		Cell Phone		Work Phone		Migrant Worker
		Cell Phone		Work Phone		Migrant Worker ☐ Yes ☐ No
☐ Stepmother ☐ Stepfathe	er 🗌 Legal (ficial court documer			
☐ Stepmother ☐ Stepfather Last Name, First Name	er □ Legal (5	
Last Name, First Name	er 🗆 Legal (Unknown	Guardian (of		ntation required)	;	
Last Name, First Name		Guardian (of		ntation required)	5	
Last Name, First Name Address/City/Zip Code □	Unknown	Guardian (of Employer/Squad		Email Address Work Phone	;	☐ Yes ☐ No Migrant Worker
Last Name, First Name Address/City/Zip Code	Unknown	Guardian (of Employer/Squad	ron ficial court documer	Email Address Work Phone		☐ Yes ☐ No Migrant Worker
Last Name, First Name Address/City/Zip Code Home Phone Stepmother Stepfather Last Name, First Name	Unknown	Guardian (of Employer/Squad Cell Phone Guardian (of	ron ficial court documer	mtation required) Email Address Work Phone mtation required)		☐ Yes ☐ No Migrant Worker

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Registration Data Form

FAMILY INFORMATION (continued)							
Please list any siblings currently attending	g a Wayne Co	unty Public S	School.				
Name		Grade		School			
Name		Grade		School			
N.	Nama					0.1	
Name		Grade	e			School	
Name		Grade	е			School	
MILITARY CONNECTION							
Is your family military connected? Does the or reserve components, including retired, If "YES", please complete the following:							
Name	Relationship	to Student	Rank	Branch of S	ervice	Status (active duty	r, reserve, retired, etc)
Name	Relationship	to Student	Rank	Branch of S	Branch of Service		r, reserve, retired, etc)
Name	Relationship	to Student	Rank	Branch of S	ervice	Status (active duty	r, reserve, retired, etc)
EMERGENCY CONTACT INFORM	<u> </u>	<u> </u>					
I authorize the following to be contacted in an e	emergency. No	other contact v	with the stu	ident will be allowe			
Last Name, First Name	Relation	nship to child:			Can th ☐ Ye	is person sign the ch es □ No	ild out of school?
Home Phone	Cell Ph	one			Work F	Phone	
Last Name, First Name	Relation	nship to child:				is person sign the ch	ild out of school?
Home Phone	Cell Ph	one			Work F	Phone	
Last Name, First Name	Relation	nship to child:			Can this person sign the child out of school?		
Home Phone	Cell Ph	one			Work F	Phone	
SCHOOL INFORMATION/ACADE	MIC DI AC	-M-NT					
Previous school name & location:	WIC PLAC	EWENT		Last date of atte	endance	at previous school:	Current grade level:
Is the student identified as AIG (Academically/I	ntellectually Git	fted)? □Yes	□No	Does the studer	nt have a	ı 504 Plan? □Yes	□No
Does the student have a current IEP, receive S	Special Education	on services or	receive oth	er extra help?	∃Yes □	∃No	
Has the student ever attended a NC Public Scl	nool? □Yes [□No	Has the st	udent ever attende	ed a Way	ne County Public Sc	hool? □Yes □No

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Registration Data Form

RESIDENCY INFORMATION							
Please check all that apply:	Please check all that apply:						
 □ The student lives with a parent/legal guardian in a permanent residence owned or leased by the parent/legal guardian. □ Sharing housing with others due to a loss of home, economic burden or hardship, and other similar reasons □ Temporarily living in a motel, hotel, or camping ground due to lack of adequate accommodations □ Living in a car, park, public space, abandoned building, substandard housing, or similar □ Staying in a shelter □ Student is in legal custody of social services or awaiting foster care placement □ Student is with an adult that is not a parent or legal guardian □ Unknown nighttime residence □ Living in a migrant camp □ Student is alone without an adult. □ Displaced due to natural disaster or pandemic 							
CHILD CUSTODY VERIFICATION							
Are there any custody issues involving the stud	ent of which the school	needs to be aware?	□Yes □No				
Have custody papers been presented to the sci	nool? □Yes □No	(a copy of the court o	rder must be on file with the school)				
Note: By law, if parent name is on the child's birth ceindicates otherwise. The parent cited as primary or rethe school. In the absence of a custody order, the parent cited as primary or retherwise.	sidential custodian of any o	child is required to provid	le a copy of this court order to remain on file at				
DISCIPLINE STATUS							
Is the student currently under a term of suspens	sion or expulsion from a	ttendance at the previ	ous school? □Yes □No				
Has this student been convicted of a felony? ☐Yes ☐No	If yes	, what was the convic	tion?				
FERPA Schools use directory information to publish items such opportunities for scholarship programs and colleges to be birth, participation in officially recognized activities and sp sell information to third parties for commercial purposes. Do you grant permission to allow directory information and the self-self-self-self-self-self-self-self-	sent to you. Directory informorts. A school may disclose din Directory information will on	nation may include studen rectory information to third by be used for official purpo	t's name, address, telephone number, date and place of d parties, for non-commercial use only. Schools will never				
Do you grant permission for your student's contact potential career opportunities? $\Box Yes \Box No$	information to be provide	d to the US Military for	the sole purpose of informing students of				
Do you grant permission to share information with In order to inform you and your student about educ Department of Public Instruction your student's cor	ational and scholarship op	portunities, NC public a	and private colleges may request from the				
Do you grant permission to share contact information	on with North Carolina pu	olic and private colleges	and universities? □Yes □No				
During the junior year of high school, students take you grant permission to share your student's ACT so							
PARENT SIGNATURE/ DATE							
I verify that information provided in this pre	-enrollment packet is	true and accurate.					
Signature:		Date:					
OFFICE USE ONLY							
Student ID #	Enrollment Date		Grade				

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Home Language Survey

DIRECTIONS:

- 1. 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 observe the student to determine the home language. If the parent lists more than one language other than English, the review must determine which one is the child's home language for data collection purposes and document it on this form.
- 3. 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	ON					
First Name:	Last Name:				Today's Date:	
Country of Birth:	Date first enrolled in any U.S. school: (Private or Public, but not PreK)	Has the student left the year(s) since initial enti	ry into a U.S.		Date of Birth:	
Current School:	School Enrollment Date:	1			Current Grade:	
Charles B. Aycock HS						
				'		
QUESTIONS FOR PARE	NTS/GUARDIANS PA	ARENT/GUARDIAN RES	PONSES			
What is the first langua	ge the student learned to speak?					
What language does th	What language does the student speak most often?					
What language is most	often spoken in the home?					
Parent S	ignature			Date		
*******	**************************************	Use Only*********	*****	*****	******	
Staff Member Reviewing t	his Survey:					
DETERMINATION						
What is the student's home language?						
	than English, the English language proister the English Language Proficiency		Check:	□ Yes	or □ No	

If it is determined that English is the primary language, a copy of the Home Language Survey with supporting documentation must be forwarded to the Title III Facilitator.

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Transportation Request Form

INSTRUCTIONS					
This form must be completed in order for you	_				
receive services. Please contact the school's A	ssistant Principal reg	garding bus questions. A	ALLOW 48 HOURS FOR BUS ASSIGNMENT.		
Will your student(s) need bus transport	ation?	Name of School			
□Yes □No (If no, you do not need to	complete this form)	Charles B. Aycock HS			
Student Name	PowerSchool#	DOB	Teacher		
Student Name	PowerSchool#	DOB	Teacher		
Student Name	PowerSchool#	DOB	Teacher		
Student Name	PowerSchool#	DOB	Teacher		
My child will ride the bus to/from home	residence as liste	ed below. AM	PM Both		
Address (911 street address)		Ci	ty		
,					
Parent Home Phone		Parent Cell Phone			
PARENT NAME/SIGNATURE					
TAKENT NAME/SIGNATORE					
Printed Name:		Signature:			
ALTERNATE LOCATION					
Only complete this portion if your child will h	nave an alternate lo	cation for pick up and	drop off. Must be within same district.		
My child will ride the bus to/from an alternate	Alocation AM	PM Bc	oth		
wiy child will fide the bus to/from an alternate	e location. Aivi	FIVI BC	<u> </u>		
AM Stop Location:					
PM Stop Location:					
Name & Relation of Person at Alternate Address (daycare, babysitter, etc):					
Name & Relation of Ferson at Alternate Addition					
OFFICE USE ONLY					
AM Bus Number	Stop Location		Time (am)		
DM Due Number					
PM Bus Number	Stop Location		Time (pm)		

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PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction

WWW.NCPUBLICSCHOOLS.ORG

Occupational Survey

Student I	Name :				
	Last Name	Fir	st Name		ORTH CAROLIN
School:	Charles B. Ayco	ck HS	Grade:		
instructional fishing work	t Education Program, thro services to children and . We appreciate your help ease answer the following	families who have mo	ved in the past three yer r children or relatives q	ears and who have do ualify to receive servi	one agriculture or
yea 	No Yes (Select all that app e you or your family m	oly and continue to o	question number 2)		
Work in the tobacco, sw	harvest of fruits and vege veet potatoes, nuts, cottor ral farms, ranches, fields, vineyards	Working in a dairy	Working in a fishery or on a shrimp or catfish farm		
Working in slaughter ho (chicken, co pig)	ouse a poultry or	Working in a plant nursery or orchard; growing or harvesting trees		κ in agriculture, pleasε κρlain:	e
4. Par	v long ago did you arri ent(s)' Name(s) at is your current addre		Month	Year	
City 6. Pho	State	Zip Code			

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

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 COMPLE	TE THIS SECT	TON					
Student Name:								
(Last)		1iddle)						
Birthdate (M/D/YYYY):	School Name:							
Home Address:	City:		State:	County:				
Parent Information: Name of Parent, Gua loco parentis:	ardian, or person standing in	Telephone	e(s)					
		Home:						
		Work:						
		Cell Phone:						
Health Concerns to be shared with author information to perform their assigned du	orized persons (school admini uties):	strators, teache	ers, and other school	personnel who require such				
HE	EALTH CARE PROVIDER TO	COMPLETE T	HIS 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 2016rev

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 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 of form is accurate and complete to the best of meaning form.	and hearing, and if ap	sessment in acco ppropriate, testir	ordance with G.S. 130A-440(b) that in ng for anemia and tuberculosis. I certi	cluded a medical history and fy that the information on this		
Name:			Title:			
Signature:			Date (m/d/yyyy):			
			Date of Exam (if Different):			
Practice/Clinic Name:			Practice/Clinic Address:			
Practice/Clinic City:	State:	Zip:	Phone:	Fax:		
Provider Stamp Here:						



CBA HS New Student Course Registration Form 2022-23

Last Name:	st Name: First Name:				
Current Grade: □ 9 th □ 1	$10^{\text{th}} \square 11^{\text{th}} \square 12^{\text{th}}$				
	You will be scheduled for 8 class n, Science, History) are guarantee flicts.	,	heduled l	pased	
Course Type	Course Name	Course	Level		
English		□Standard □	Honors [□AP	
Math		□Standard □	Honors [□AP	
Science		□Standard □	Honors [□ АР	
History		□Standard □	Honors [□ АР	
Health/PE or Elective		□Standard □	Honors [□ АР	
Elective		□Standard □	Honors [□ АР	
Elective		□Standard □	Honors [□ АР	
Elective		□Standard □	Honors [□ АР	
Elective Alternate (9th-11th only)		□Standard □	Honors [□АР	
Elective Alternate (9th-11th only)		□Standard □	Honors [□ АР	
		1			
We'd like to get t	to know you! Please answe	er the following quest		NO	
Are you interested in taking online cou	urses?		YES	NO 🗆	
Are you graduating mid-year in Decem	nber? (seniors only)				
Are you interested in late arrival and/o	or early release? (seniors only)				
Are you interested in taking college cla	asses while in HS? (juniors & seniors	only)			
Do you have an IEP or 504 Plan?					
Is English your primary language?					
Schedule change	es are allowed the first 3 o	days of each semest	er.		
Parent Signature		Date			
Student Signature		Date			

2022-23 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		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	H+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	H+AP	12	Must enroll in both courses concurrently. Students will earn 2 credits (1 Honors and 1 AP).				
Journalism/ Yearbook 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	9-12	Level I, II, III on NC 8 th 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 th 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			
Introduction to Derivatives + AP Calculus AB	H+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).			
*Course accepted as a 4 th math cre	dit for gradu	ation.	1			

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	H+AP	10-12	Biology, Chemistry. Must enroll in both courses concurrently. Students will earn 2 credits (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						
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	10-12						
AP World History	AP	9-12						
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 requ			nt: 1 Health/PE credit
Health/PE	S	9	This course is required for graduation.
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 nd Language (Beg)	S	9-12	Instructor approval. Placement only.
English as a 2 nd 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 B=Beginner/Level I Standard I=Intermediate/ Level II Standard P=Proficient/Level III Honors A=Advanced/Level IV Honors			
Band-Percussion (B, I, P, A)	S, H	9-12	Auditions (contact Mrs. Crawford: daniellehoffer@wcps.org)
Concert Band (B, I, P, A)	S, H	9-12	Previous band experience or audition
Flag Guard	S	9-12	Auditions (contact Mrs. Crawford: daniellehoffer@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 Mrs. Crawford: daniellehoffer@wcps.org)
Music Appreciation	S	9-12	
Theater Arts (B, I, P, A)	S, H	9-12	
Visual Art (B, I, P, A)	S, H	9-12	Instructor approval required for Proficient/ Advanced levels
Vocal Music (B, I, P, A)	S, H	9-12	

AGRICULTURE	LEVEL	GRADE	PREREQUISITE
Agricultural Mechanics I	S	9-12	
Agricultural Mechanics II	Н	10-12	Agricultural Mechanics I
Animal Science I	S	9-12	
Animal Science II Food/Animals	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	LEVEL	GRADE	PREREQUISITE				
Accounting I*	S, H	10-12					
Accounting II*	Н	10-12	Accounting I				
Adobe Visual Design I	Н	9-12					
Adobe Visual Design II	Н	10-12	Adobe Visual Design I				
Adobe Digital Design I	S	9-12					
Computer Science I	Н	9-12					
Computer Science II	Н	10-12	Computer Science I				
AP Computer Science*	AP	9-12	Computer Science I				
*Course accepted as a 4 th math credit for graduation.							

MARKETING	LEVEL	GRADE	PREREQUISITE
Entrepreneurship I	Н	9-12	
Entrepreneurship II	Н	10-12	Entrepreneurship I
Hospitality & Tourism	S,H	10-12	Mktg or Princ. of Bus, or Sports Mktg I
Marketing I	S, H	9-12	
Sports & Event Marketing I	S,H	9-12	
Sports & Event Marketing II	Н	10-12	Sports & Entertainment Mktg. I

FAMILY & CONSUMER	SCI LEVEL	GRADE	PREREQUISITE				
Apparel & Textiles I*	S	9-12					
Apparel & Textiles II*	S	10-12	Apparel I				
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 Fundamental	s S, H	9 -12					
Interior Design Studio	Н	11-12	Interior Design Fundamentals				
*Course accepted as a 4 th ma	*Course accepted as a 4 th 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			
Technology, Engineering & Design	S	9-12				
Technological Design	S	10-12	Technology, Engineering & Design			
*Course accepted as a 4 th 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/ Bravo	S	9-12						
Army JROTC LET 2 Alpha/ Bravo	S	10-12	Army JROTC LET 1 Alpha/ Bravo					
Army JROTC LET 3 Alpha/ Bravo	S	11-12	Army JROTC LET 2 Alpha/ Bravo					
Army JROTC LET 4 Alpha/ Bravo	Н	12	Army JROTC LET 3 Alpha/ Bravo					

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

COLLEGE & CAREER PROMISE (CCP)

11th /12th 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.

CAREER and COLLEGE READINESS GRADUATE (CCRG)

Any NC high school student with an **unweighted GPA between 2.2 and 2.799** at the end of the junior year is required to take CCRG Math and/or English content in their senior year unless they meet one or more of the exemptions below. Students needing this requirement will be placed in the appropriate course(s) by their school counselor.

SAT Reading Score= 480 ACT Reading Score= 22 NC Math III EOC= Level IV or V

SAT Math Score= 530 AP Lit/Comp Score= 3 or higher MAT 110, 121, 143, 152 or 171= C or higher

ACT English Score= 18 AP Calculus Score= 3 or higher ENG 110 or 111= C or higher ACT Math Score= 22 AP Lang/ Comp Score= 3 or higher

= Holiday

AL = Annual Leave (built-in) WD = Teacher Workday

DWD = Designated Workday ED = Early Dismissal

First / Last Day

WAYNE COUNTY PUBLIC SCHOOLS 2022-2023 SCHOOL CALENDAR FINAL TRADITIONAL

												.,		
			JULY				JULY July 4Holiday			J	ANUAR	Y		
<u>SUN</u>	<u>MON</u>	TUE	WED	<u>THU</u>	<u>FRI</u>	SAT	, i	SUN	MON	TUE	WED	<u>THU</u>	<u>FRI</u>	SAT
					1	2	AUGUST Aug. 15-16, 26Teacher Workdays	1	Н	DWD	4	5	6	7
3	Н	5	6	7	8	9	Aug. 17-19, 22-25Designated Workdays	8	9	10	11	12	13	14
10	11	12	13	14	15	16	Aug. 23Open House for Elementary Schools Aug. 24Open House for Middle/High Schools	15	н	17	18	19	20	21
17	18	19	20	21	22	23	Aug. 29First Day for Students							
24		26	27	28	29	30	SEPTEMBER	22	23	24	ED	26	27	28
	25	20	21	20	23	30	Sept. 5Holiday	29	30	31				
31							Sept. 28Early Dismissal							
AUGUST					Oct. 20End of 1st Grading Period FEBRUARY									
	1	2	3	4	5	6	Oct. 21Teacher Workday						•	
_							Oct. 26				1	2	3	4
7	8	9	10	11	12	13	•	5	6	7	8	9	10	11
14	WD	WD	DWD	DWD	DWD	20	Nov. 11Holiday	12	13	14	ED	16	17	18
21	DWD	DWD	DWD	DWD	WD	27	Nov. 23Annual Leave	19	WD	21	22	23	24	25
21		DWD	DVVD	DVVD	WD	21	Nov. 24-25. Holidays Nov. 30. Early Dismissal	26	27	28				
28	29	30	31				· •							
							DECEMBER Dec. 21Early Dismissal							
		SF	PTEMB	FR			Dec. 21End of 2nd Grading Period				MARCH	ı		
		OL	I I LIVIL		•	•	Dec. 22				1	2	3	4
				1	2	3	Dec. 28-30Annual Leave	_		_	-			-
4	Н	6	7	8	9	10	JANUARY	5	6	7	8	9	10	11
11	12	13	14	15	16	17	Jan. 2	12	13	14	15	16	17	18
18	19	20	21	22	23	24	Jan. 6Report Card Distribution (K-12)	19	WD	21	22	23	24	25
25	26	27	ED	29	30		Jan. 16Holiday Jan. 25Early Dismissal	26	27	28	ED	30	31	
							FEBRUARY Feb. 15Early Dismissal				APRIL			
		O	СТОВЕ	:R			Feb. 20Teacher Workday				APRIL			
						1	MARCH							1
2	3	4	5	6	7	8	Mar. 17End of 3rd Grading Period	2	3	4	5	6	Н	8
9	10	11	12	13	14	15	Mar. 20Teacher Workday Mar. 24Report Card Distribution (K-12)	9	AL	AL	AL	AL	AL	15
16	17	18	19	20	WD	22	Mar. 29Early Dismissal	16	17	18	19	20	21	22
23	24	25	ED	27	28	29	APRIL	23	24	25	ED	27	28	29
30	31					20	Apr. 7 Holiday Apr. 10-14. Annual Leave	30						
30	31						Apr. 26Early Dismissal							
		NO	VEMBI	ER			MAY				MAY			
		1	2	3	4	5	May 29Holiday		1	2	3	4	5	6
_	_						JUNE	7	8	9	10	11	12	13
6	7	8	9	10	н	12	June 7Last Day of School/Early Dismissal							
13	14	15	16	17	18	19	K-12 Report Cards Distributed (or as determined by individual school)	14	15	16	17	18	19	20
20	21	22	AL	Н	Н	26	June 8-9Designated Workday	21	22	23	24	25	26	27
27	28	29	ED				GraduationAs Determined by Each School	28	Н	30	31			
							Students do not report to school on holidays, annual							
		DE	EMDE	D			leave days, teacher workdays, or closed days.				JUNE			
		טבו	CEMBE		•	•					JUNE	4	•	•
_	_		_	1	2	3	BOARD OF EDUCATION MEETINGS					1	2	3
4	5	6	7	8	9	10		4	5	6	ED	DWD	DWD	10
11	12	13	14	15	16	17		11	12	13	14	15	16	17
18	19	20	ED	AL	Н	24		18	19	20	21	22	23	24
25	Н	Н	AL	AL	AL	31		25	26	27	28	29	30	

^{*}Make-up days will occur on the first available Workday or Closed Day, or as designated by the Superintendent.

OUR MISSION

All Wayne County Public Schools holds high expectations for all students by collaborating with parents and the community to provide individualized support.

INCLEMENT WEATHER POLICY/SchoolMessenger INSTANT Messaging SYSTEM

The Wayne County Public School System may make the decision to close early or cancel school when weather conditions make driving hazardous. Using the SchoolMessenger system, decisions will be communicated to parents/guardians as soon as possible. Announcements regarding inclement weather and how it is affecting the schedule of Wayne County Public Schools can also be accessed by visiting www.waynecountyschools.org or tuning to the following stations:

Radio Stations: WGBR-1150 AM; WFMC-730 AM; Q97.7 FM

Television Stations: Channels 5, 7, 9, 11, 14, 17, WCEA 18 (Time Warner Cable)

If no announcement is made, schools will operate on a normal schedule. Weather conditions sometimes become unfavorable during the day after children have arrived at school. If early dismissal is necessary, the SchoolMessenger system will be used to notify parents electronically according to the method they are registered for. Local radio and TV stations will also make the announcement. Working parents are advised to make arrangements for childcare on days when schools must be dismissed early. <u>Please do not call</u> schools, the central administrative office, or the news media. We will communicate closings and early dismissals as quickly as possible. Our primary concern is the safety of children. Parents are encouraged to keep their contact information up-to-date for the SchoolMessenger instant messaging system.

Kindergarten Information

During the first four days of the school year, kindergarten students will attend school on a staggered schedule with one-fourth of the students in the kindergarten class attending each day. All students in the kindergarten class will attend on the fifth day of school.

SCHOOLS/PHONE NUMBERS

Brogden Middle	919-705-6010	North Drive Elementary	919-731-5950
Brogden Primary	919-705-6020	Northeast Elementary	919-705-6030
Carver Elementary	919-658-7330	Northwest Elementary	919-242-3419
Carver Heights	919-731-7222	Norwayne Middle	919-242-3414
Charles B. Aycock High	919-242-3400	Rosewood Elementary	919-705-6040
Dillard Middle	919-580-9360	Rosewood High	919-705-6050
Eastern Wayne Elementary	919-751-7130	Rosewood Middle	919-736-5050
Eastern Wayne High	919-751-7120	School Street Early Learning Center	919-731-5960
Eastern Wayne Middle	919-751-7110	Southern Wayne High	919-705-6060
Edgewood Community Dev.	919-731-5970	Spring Creek Elementary	919-751-7155
Fremont STARS	919-242-3410	Spring Creek High	919-751-7160
Goldsboro High	919-731-5930	Spring Creek Middle	919-751-7125
Grantham	919-689-5000	Tommy's Road Elementary	919-736-5040
Grantham Middle	919-689-9999	Wayne Early/Middle College High School	919-739-7070
Greenwood Middle	919-751-7100	Wayne Middle/High School Academy	919-580-3609
Meadow Lane Elementary	919-751-7150	Wayne School of Engineering	919-734-0070
Mount Olive Middle	919-658-7320		

BOARD OF EDUCATION

2001 E. Royall Avenue Goldsboro, NC 27534 919-731-5900

Dr. David A. Lewis, Superintendent

District 1	Mr. Don Christopher West	District 5	Mr. Craig Foucht
District 2	Mr. H. Len Henderson	District 6	Mr. D. Wade Leatham
District 3	Ms. Patricia A. Burden	At Large	Mr. J. Tommy Sanders III
District 4	Mrs. Jennifer S. Strickland	· ·	•

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