



2024 – 2025 Student Forms

IMPORTANT FORMS NEEDING YOUR
SIGNATURE ARE INCLUDED



2024-2025 Student Forms

Please read this full booklet, fill out and return the applicable forms to your student's school. The complete 2024-2025 Student Forms Booklet can be found on the CMS website: www.cmsk12.org

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Mission and Vision

The mission of Charlotte-Mecklenburg Schools is to create an innovative, inclusive, student-centered environment that supports the development of independent learners.

The vision of Charlotte-Mecklenburg Schools is to lead the community in educational excellence, inspiring intellectual curiosity, creativity, and achievement so that all students reach their full potentials.

In compliance with Federal Law, Charlotte-Mecklenburg Schools administers all education programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age, or disability. Inquiries regarding compliance with Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex in education programs or activities, may be referred to the District's Title IX Coordinator at titleixcoordinator@cms.k12.nc.us or to the Office for Civil Rights, United States Department of Education.

Charlotte-Mecklenburg Schools also provides accessibility as required by the Americans with Disabilities Act (ADA). If auxiliary aids for communication are necessary for participation in a CMS program or service, please notify the district's ADA coordinator at least one week before the program or service begins. Call 980-343-6661 or email accessibility@cms.k12.nc.us.

STUDENT TECHNOLOGY AGREEMENT

Before students are given access to the Internet from CMS computers or otherwise allowed to use the CMS network, they must accept the terms of the "Student Internet Use Agreement." This Agreement defines the educational objectives and guidelines for use, informs student users that their online activities are subject to monitoring, and sets forth unacceptable uses that may lead to revocation of access and possible legal action. Parents of students younger than age 18 who do not want their children to use the CMS network and/or to access the Internet at school must notify the school in writing. (S-SINT)

CMS STUDENT INTERNET USE AGREEMENT
<i>Students must accept this Agreement before they can log on to a CMS computer that is connected to the CMS Network.</i>
I understand that my school has computers and the Internet so I can learn more about what I am studying in my classroom. Students at my school also use a computer to check out books from the Media Center.
There are rules in the Student Handbook I must follow if I want to use the Internet at school. My teacher explained these rules to me, and I understand them. If I do not follow the rules and the directions of my teacher when using the Internet, I may not be allowed to use the Internet at school. Not following these rules may also mean I have broken the rules in the Code of Student Conduct. I could be disciplined or be suspended from school for not following the rules and the directions of my teacher.

STUDENT RULES FOR USING THE CMS NETWORK OR INTERNET
Violating the rules for using the Internet or the CMS Network is a serious matter. Students who do not follow the "Netiquette Rules" or do any activities that are "Unacceptable Uses" are violating the CMS Code of Student Conduct and may also be breaking the laws of the United States or North Carolina.
<i>The following list is summarized from Regulation S-SINT/R "Student Internet Use and Network Access" and policy S-SINT, "Student Internet Use," which contains a more detailed statement of these rules. The regulation is reprinted in the Parent-Student Handbook and is available online at www.cms.k12.nc.us.</i>

<p>Unacceptable Uses:</p> <ul style="list-style-type: none"> • Disrupting the CMS network • Introducing (or attempting to introduce) viruses into the network • Hacking • Asking other people to do things that are illegal • Looking at material that is threatening or pornographic • Using profanity, words that hurt or threaten other people • Sending messages or images about sex • Copying the work of other people/plagiarism • Use of Artificial Intelligence (AI) for unethical uses as outlined in the Code of Conduct, S-SINT, and S-SINT/R • Selling things • Working for a political candidate • Sending chain letters or asking for money (phishing) • Posting pictures of a student or schoolwork without permission • Giving out personal information about other students or staff without their permission • Forwarding e-mail without the permission of the author • Giving out information that belongs to a company without permission
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CONSEQUENCES FOR UNACCEPTABLE USES (Code of Conduct Rule)

LEVEL 1: Conference	LEVEL 2: Intervention	LEVEL 3: Suspension for 1–5 days	LEVEL 4: Suspension for 6–10 days
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PARENT/GUARDIAN and STUDENT NOTIFICATION

STUDENT LAST NAME	STUDENT FIRST NAME	GRADE	STUDENT ID
PARENT/GUARDIAN LAST NAME	PARENT/GUARDIAN FIRST NAME		DATE

I am being issued a Charlotte-Mecklenburg Schools (CMS) device and charger. I agree to keep these items safe and well maintained. I will follow the guidelines for care of the device as explained below.

DEVICE FEES	
<i>Students and parents/guardians are responsible for the cost of repairing devices that have been damaged, lost, or stolen while in their possession.</i>	
FEE SCHEDULE	EXAMPLES INCLUDE
\$10 for chargers	Lost or Damaged: Chromebook Chargers, iPad Chargers
\$15 damaged device	Keyboard damage, screen damage, headphone jack/charging port damage, cracked casing
\$50 lost and stolen or total replacement	Lost, stolen or damaged beyond repair: Chromebooks, iPads, hotspots
\$5 miscellaneous	Missing keyboard keys, missing asset tags, stickers or written markings

RULES AND REGULATIONS
<p>SECURITY</p> <ul style="list-style-type: none"> I agree to keep track of where my assigned device is at all times. I will never leave my assigned device unattended. It must be properly secured when not in use. I understand that I am not permitted to loan my assigned device to anyone under any circumstances. I acknowledge that the assigned device is equipped with security features for tracking purposes and that my usage will be monitored. I will prioritize my personal safety and exercise discretion when using the device, avoiding actions that may attract unwanted attention. <p>CARE</p> <ul style="list-style-type: none"> I will take measures to prevent scratches on the screen of my assigned device. I will ensure that food and beverages are kept away from my assigned device to prevent any damage. I will refrain from marking, drawing, writing, or placing unapproved stickers on the device or its case. I understand that any attempt to disassemble or repair any part of my assigned device is not permitted, and I agree not to undertake such actions. In the event of damage, including but not limited to scratches, cracks, or dents, I will promptly report the damage to the school administration within 24 hours. If my assigned device is stolen or vandalized, I will file a police report and promptly notify the school administration within 24 hours. <p>USAGE</p> <ul style="list-style-type: none"> I will follow the CMS Acceptable Use Policy (AUP) for use of the CMS devices and network systems. I will not reformat the device, tamper with security settings, or change its operating system. I will adhere to all applicable copyright and software license agreements that forbid downloading of media and software that has not been legally acquired. I will not engage in any harassment or acts of intimidation (cyber-bullying) to harm other people using my assigned device or any other electronic device (S-DISC/R). <p>RESPONSIBILITY</p> <ul style="list-style-type: none"> I understand that my assigned device is subject to inspection by any staff member, teacher or administrator at the school, at any time and without notice. I further understand that the device remains the property of CMS. I agree to return the device and charger in good working condition immediately upon request by CMS. I will return the assigned device to my school upon request, if I withdraw, am expelled, or terminate enrollment at my school for any reason. I will complete the Digital Citizenship lessons.

Responsibility for Student-Assigned Loaned Devices

This notice outlines your legal responsibilities regarding the device and charger that Charlotte-Mecklenburg Schools (CMS) is loaning to your child.

CMS may hold a parent or guardian liable for any minor who willfully defaces, damages, or fails to return any CMS property ([S-DISC/R](#)).

- I agree to the *Security, Care, Usage, and Responsibility* conditions listed in the *Rules and Regulations* on the previous page. I understand that if my child fails to abide by these *Rules and Regulations*, resulting in damage or loss of their assigned device, I am responsible to pay the fees associated with the damage or loss.
- The student-assigned device is the property of Charlotte-Mecklenburg Schools, with the sole intended use for the student whom it has been assigned.
- I further agree to abide by Charlotte-Mecklenburg Schools' Acceptable Use Policy for use of computer equipment and Charlotte-Mecklenburg Schools' Student Internet Use Agreement.

Print Student Name (Last, First): _____

Student Signature: _____ Date: _____

Print Parent (Guardian) Name: _____

Parent (Guardian) Signature: _____ Date: _____



STUDENT LOCKER ASSIGNMENT (GRADES 6-12)

Lockers are the property of the district. They should only contain supplies needed for school and are subject to authorized searches at any time, including sniff inspections done by specially trained dogs, as permitted by CMS Board Policy JIHD.

Student signature: _____

Parent/Guardian signature: _____

School: _____ No. of locker assigned: _____

Date assigned: _____ Date: _____

Assigned by: _____ Locker combination: _____



PARTICIPATION IN PHYSICAL EDUCATION (GRADES K-12)

All students shall participate in physical education. No student shall be permitted to waive or substitute other classes for the physical education requirement except as follows: Suitably adapted physical education shall be included as part of the Individualized Education Program for students with a chronic health problem, other disabling conditions, or other special needs that preclude following the Physical Education portion of the Essential Standards: IDEA: <http://goo.gl/1Tuike>.

Name of student: _____

Teacher: _____ Grade: _____

School: _____

Please Check One:

- My child is able to fully participate in physical education
- I would like the physical education teacher to be aware of the following health concerns (e.g., diabetes, allergic reactions, asthma, heart conditions) that may require modifications or a specially designed physical education program:

Parent/Guardian signature: _____ Date: _____

PHOTO AND VIDEO RELEASE FORM

I grant Charlotte-Mecklenburg Schools the unlimited right to use and/or reproduce photographs*, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Charlotte-Mecklenburg Schools. I also agree to allow my child to be interviewed and/or photographed* by representatives of the external news media, school staff and CMS Communications Services in relation to any and all coverage of Charlotte-Mecklenburg Schools in which he/she is involved. I also agree to allow my child's work and/or photograph* to be published in any CMS communication, including web and intranet sites, social and broadcast media channels and print and electronic publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s) including, print, electronic and online media.

School name: _____

Student's name: _____ Homeroom teacher: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name (Print): _____

Parent/Guardian address: _____

** "Photograph" in this Release Form is intended to only refer to photos and videos of your child alone. Group photographs and videos (two or more children), with no additional identifying information, are considered Directory Information. Please review the FERPA information sheet in the Parent-Student Handbook.*

This information to be completed by school officials only.

Your Name: _____ Date: _____

Type of Material

- Photograph
- Slide
- Videotape
- Other (please specify) _____

Use of Material

(Please provide additional information such as name of news outlet, brochure, purpose of presentation, etc.)

- News outlet _____
- CMS website/Intranet site _____
- Brochure _____
- PowerPoint presentation _____

MUSICAL INSTRUMENT DISCLAIMER FORM

Students enrolled in any instrumental music (band, orchestra, guitar, etc.) must complete this form.

Instrument Storage Areas

If necessary, individual schools may provide storage areas where instruments may be kept overnight. These storage areas are not individual lockers, but open shelving areas. Since students have access to these areas, as well as other areas of campus, the Charlotte-Mecklenburg Board of Education assumes no responsibility for any loss or damage to any instrument stored at these locations, on buses or at bus stops.

School-Owned Instruments

Before a school-owned instrument can be assigned to the student, parents or guardians must complete a **Music Instrument Loan Form**, stating students are *financially responsible for the instrument beyond normal wear and tear*. This form can be obtained from the instrumental music teacher.

Instrument Changes

All changes of instruments are at the discretion of the music director.

Instrument Repair

If a student-owned instrument needs repair, it should be taken to an instrument repair shop in a timely manner. Please provide a written note or email from the parent or guardian with the name of the repair shop, the date the instrument was taken in and when it is expected to be returned so that your child's grade will not be affected. School-owned instruments needing repair should be brought directly to the music director's attention.

Name of school: _____
(Please print)

Student name: _____
(Please print)

Parent/Guardian signature: _____ Date: _____



**MEDICATION ADMINISTRATION
AUTHORIZATION FOR CMS STUDENTS
MECKLENBURG COUNTY PUBLIC HEALTH**

School Name:	School Phone #:	Fax:
Student's Name (Please print):		Student's Date of Birth:

Parent/Guardian: Please read both pages of the medication order. Sign and date the bottom of both pages to show your agreement.

- When possible, medications should be taken before or after school. Administration of non-prescription medications at school is discouraged.
- Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R). Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.
- Unless changed in writing, this plan will be used for the entire school year within which it was written.
- Medications are given by a nurse or trained CMS staff.
- No medication will be given at school until this authorization has been approved by a school nurse.
- New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. Parents/guardians must supply the medications.
- Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for school use.
- Information about this medication and the student's health may be shared with other school staff or agents of the school to help assure the student's safety and success at school.
- The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and the student's health.

Healthcare Provider's Name / Address / Phone / Fax	Fax Parent/Guardian Contact Information (please print)	
(please print or use stamp)	Parent/Guardian:	
	Phone:	Phone:
	Parent/Guardian:	
	Phone:	Phone:

I have read and understand the "Important Information about Medication Administration in CMS Schools" in this medication order. I give permission for my child to receive the medications noted in this plan during school hours. I give permission for the healthcare provider, pharmacist, and their staff to provide information to the school nurse about this medication and my child's health. On behalf of my child, I release the Charlotte-Mecklenburg Board of Education, their agents, and employees from any and all liability whatsoever that may result from my child taking this medication at school.

Parent's/Guardian's Name (print)	Signature	Date
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FOR SCHOOL USE ONLY				
Date Received:	Medication Received?	Date Approved:	Entered in EHR?	<input type="checkbox"/> Student Self Carries
Receiver's Signature:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nurse's Signature:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication in Health Room <input type="checkbox"/> Medication in Classroom

MEDICATION ADMINISTRATION AUTHORIZATION FOR CMS STUDENTS CONTINUED

School Name	School Phone #	For School Use Only
		Date Received/Receiver's Signature:
Fax		Medication Received? <input type="checkbox"/> yes <input type="checkbox"/> no
Student's Name (Please print.)	Student's Date of Birth	Date Approved/Nurse's Signature
		Entered in EHR? <input type="checkbox"/> yes <input type="checkbox"/> no

Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R). Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.

SECTION 1: LICENSED HEALTHCARE PROVIDER AUTHORIZATION	
<ul style="list-style-type: none"> When possible, medications should be taken before or after school. Administration of non-prescription medications at school is discouraged. CMS action plans for asthma, diabetes, seizure disorders and severe allergies may be used instead of this form. See CMS Coordinated School Health webpage. When using this form, complete a separate form for each medication; write legibly; use lay terms. Complete Section 3 for students who will self-carry and/or self-medicate. 	
Medication: (Generic/Brand)	Controlled Substance? <input type="checkbox"/> yes <input type="checkbox"/> no
Dose/Dosing Instructions:	Route:
Administration Time: _____ Relationship to meals: <input type="checkbox"/> Not applicable <input type="checkbox"/> With meals <input type="checkbox"/> With snacks <input type="checkbox"/> Other:	<input type="checkbox"/> PRN (specify time interval):
Purpose:	Check here if this medication is to be used for emergencies only. <input type="checkbox"/>
Side Effects/Adverse Reactions:	
Anticipated length of treatment: <input type="checkbox"/> School Year <input type="checkbox"/> _____ Months <input type="checkbox"/> _____ Weeks <input type="checkbox"/> _____ Days	Other Instructions (including emergency situations):

In my professional opinion, it is medically necessary for this student to receive this medication during school hours.

Signature of Healthcare Provider: _____ **Date:** _____

Stamp, Print or Type Healthcare Provider's Name & Address	Office Phone
	Office Fax

SECTION 2: PARENT / LEGAL GUARDIAN CONSENT

- I understand: No medication will be given at school until this authorization has been approved by a school nurse. New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. It is my responsibility to supply the medication. Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for school use. Information about this medication and my child's health may be shared with school staff or agents of the school to help assure my child's safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child's health. Medications are given by a nurse or trained CMS staff.
- I give permission for my child to receive the medication described above during school hours. I give permission for the healthcare provider, pharmacist, and their staff to provide information to the school nurse about this medication and my child's health.
- On behalf of my child, I release the Charlotte-Mecklenburg Board of Education, their agents, and employees from any and all liability whatsoever that may result from my child taking this medication at school.

Parent/Legal Guardian Signature:	Date:	Phone Numbers (mobile, work, home):

MEDICATION ADMINISTRATION AUTHORIZATION FOR CMS STUDENTS CONTINUED

SECTION 3: Authorization for Self- Medication by CMS Students

Student's Name	Student's Date of Birth	Name of Medication

CMS ELIGIBILITY REQUIREMENTS FOR SELF-MEDICATION

Students with chronic conditions such as asthma, diabetes, severe allergies, and those who require frequent doses of non-prescription products, may be eligible to self-medicate. Self-administration of a controlled substance will be considered in rare instances where potentially harmful medical episodes may occur. For self-medication, students: 1) must be mentally, emotionally, and physically capable of self-administering medication, 2) must have been instructed in proper use and safe-keeping of their medications, 3) must demonstrate mature and responsible behavior using their medication 4) must keep their medication secure on their own person or in some other manner agreed upon with the school nurse and the school administration, and 5) must not share medication with or display to other students. The privilege of being allowed to self-medicate may be taken away if there is any just cause. Failure to follow CMS policies and regulations may result in disciplinary actions as noted in the Student Code of Conduct. The CMS Board of Education, its designees, and agents, do not assume responsibility for self-medication by students. Additional details are noted in CMS Policy JLCD/Regulation JLCD-R.

HEALTHCARE PROVIDER

The student named above meets the CMS eligibility requirements for self-medication. This student is capable of, has been instructed on the procedures for and has demonstrated the skill to self-administer this medication as directed in Section 1 of this form. This student will not require adult supervision while taking this medication. **Check applicable items below:**

- This medication is a controlled substance.
- Please allow this student to self-administer this medication while at school during school hours.
- This student should always carry this medication with him/her during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities.

Healthcare Provider Signature:	Date:
Healthcare Provider (Print Name):	

PARENT/LEGAL GUARDIAN

My child is capable of self-medicating and meets the CMS eligibility requirements. I give consent to the Charlotte-Mecklenburg Schools to allow my child to self-administer this medication at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medication. I will ensure my student carries the correct and non-expired medication to school. If this medication is for a life-threatening emergency such as anaphylaxis or asthma, I agree to provide a backup supply of the medication to be kept at school in a location to which my child has immediate access to assure the medication is available if needed. I release the Charlotte-Mecklenburg Board of Education, their agents, and employees from all liability whatsoever that may result from my child carrying or taking this medication at school. I understand that information about this medication and my child's health may be shared with other school staff and agents of the school to help assure my child's safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child's health.

Parent/Legal Guardian Signature:	Date:
Parent/Legal Guardian (Print Name):	

STUDENT

I am capable of taking this medication on my own. I agree to take this medication as ordered. I will keep it safe and out of the sight of others when I am not using it. I will not let others hold or use my medication or medical supplies. I understand that I will be disciplined under the CMS Student Code of Conduct if I abuse the privilege of being allowed to self-medicate while at school or school sponsored activities. I understand that I may lose the privilege of self-administering my medication if I do not follow these rules. I understand that if I self-administer my medication and my symptoms do not improve, I will notify the school nurse or other CMS staff.

Student Signature:	Date:
Student (Print Name):	

SCHOOL NURSE

I have reviewed this request and acknowledge that this student has demonstrated the skill level to self-administer this medication and has the correct and non-expired medication with them at the time of signage of this document. I have informed this student that he or she must tell an appropriate staff member whenever he or she has used the medication at school.

Nurse Signature:	Date:
Nurse (Print Name):	

PRINCIPAL / DESIGNEE

I have reviewed this request and approve this student for self-administering this medication.

Principal/Designee Signature <u>and</u> Print Name:	Date:
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Medical Statement for Students with Unique Mealtime Needs for School Meals

Return completed form to: CMS School Nutrition Services PO Box 668847 Charlotte, NC 28266 Phone (980) 343-6041 Fax (980) 343-6045 specialdiets@cms.k12.nc.us

DO NOT WRITE IN THIS AREA

9154476286

PART A Parent / Guardian: Complete Items 1 - 15 (Padre/madre/tutor: complete la información en los espacios 1 al 15)

Parent/Guardian: It is REQUIRED that this completed form be returned to CMS School Nutrition Services. This form must be completed by a state licensed authorized medical authority each time student's diagnosis or change of treatment is indicated. This written statement will remain in effect until the parent or legal guardian revokes such statement.

* Monthly menus with carbohydrate content in grams and major food allergens are posted at http://cms.nutrislice.com. A completed Diet Order Form is not required if nutrislice information is sufficient for parent/guardian to manage a student's diet at school.

(El menú mensual, con la información sobre los gramos de carbohidratos y los principales alérgenos de los alimentos se encuentra en http://cms.nutrislice.com. No es necesario completar esta planilla si la información mencionada en nutrislice es suficiente para que los padres/tutores supervisen la dieta del estudiante en la escuela)

1) Student's Power School #(N° de estudiante) 2) Student's Last Name (Apellido del estudiante) 3) Student's First Name (Nombre del estudiante) 4) Date of Birth (Fecha de nacimiento)

Grid for student information: Power School #, Last Name, First Name, Date of Birth

5) Request Type (Solicitud) 6) School (Escuela) 7) Grade (Grado) 8) Meals Eaten at School (Los alimentos que su niño(a) consumirá en la escuela)
Initial Diet Order (nueva)
Revision to Diet Order (revisión)
Breakfast (Desayuno)
Lunch (Almuerzo)
Snack (Merienda)
None (Nada)

Parent/Guardian Contact Information (Información del padre/madre/tutor)

9) Name (Nombre) 10) Phone Number (Teléfono) 11) Mailing Address, City, State, Zip (Dirección postal, ciudad, estado, código postal)

12) E-mail Address (We will use this to send acknowledgement and details of your child's menu plan. PRINT NEATLY)

Dirección electrónica (será usada para mandarle la confirmación de recibo y los detalles sobre el menú de su niño(a). IMPRIMA)

Grid for email address

13) Does the student have an identified IEP or 504 Plan? ¿Ha sido el estudiante identificado con una PEI o Plan 504? IEP 504 No

Describe concerns you have about your student's nutritional needs and ability to safely participate in meal time at school

14) Request for fluid milk substitution and cultural/personal preferences do not require medical approval. If you request a substitute for fluid milk, state the medical or dietary need that restricts the student's diet. School Nutrition Services reserves the right to modify the menu based on product availability.

(La solicitud de sustitución de la leche fluida y las preferencias culturales/personales no requieren aprobación médica. Si solicita un sustituto de la leche fluida, indique la condición médica o dietética que restringe la dieta del estudiante. School Nutrition Services se reserva el derecho de modificar el menú basado en la disponibilidad de los productos.)

Fluid Milk Substitution: (Sustitución de leche:) Lactaid Milk (leche lactaid)
Medical or dietary need for this request (condición médica o dietética para esta solicitud)
Cultural/Personal Preferences (preferencias culturales/personales)
No Pork (carne de cerdo)
No Beef (carne de res)
Vegan (vegana)
Vegetarian (vegetariana)
Other Condition (Must be diagnosed by authorized medical authority using Part B) (Otra condición- debe ser autoridad médica reconocida por un médico en la parte B)

15) I consent to the exchange of information between the Healthcare Provider and district/school personnel, as needed.

(Doy mi consentimiento para que la información sea intercambiada entre el médico y el personal del distrito/escuela, según sea necesario)

Parent / Guardian Signature (required for processing) (Firma del padre/madre/tutor - requerido para ser procesado) X Date (Fecha)

PART B/Food Allergies (Items 16 - 20 to be completed by a RECOGNIZED MEDICAL AUTHORITY, i.e. Licensed physicians, physician assistants, nurse practitioners, and registered dietitians) (Artículos 16 - 20 para ser completado por una AUTORIDAD MÉDICA RECONOCIDA, es decir, médicos con licencia, asistentes médicos, enfermeras practicantes, y dietistas registradas)

16) Does the student have a medical condition or severe food allergy warranting a special diet? Yes No If "YES", specify

Describe major life activities affected Eating Learning Digestion Other (specify)
Student Diagnosis or Condition: For the following diagnosis, section 17 below must be completed to identify which foods must be omitted due to the identified condition:
Food Intolerance Food Allergy *Life Threatening Food Allergy - Check appropriate box: Ingestion Contact Inhalation
*Students with life threatening food allergies must have an emergency action plan in place at school

17) Please check all food(s) to omit from the child's meals while at school due to the above noted medical condition or severe food allergy:

DAIRY: Fluid Milk Substitution, Lactaid milk, Cheese and recipes with cheese listed as an ingredient, Ice Cream, Yogurt, Recipes with any dairy listed as an ingredient
EGG: Whole eggs such as scrambled eggs or hard cooked eggs, All food items with egg listed as an ingredient including baked goods
WHEAT / GLUTEN: Recipes with wheat listed as an ingredient, Recipes with Gluten (wheat, barley, rye, triticale) listed as an ingredient
PEANUTS OR TREE NUTS: (CMS cafeterias do not serve peanuts or tree nuts) Peanuts, Tree nuts
SOY: Soy Lecithin, Soy Protein (concentrate, hydrolyzed, isolate), Recipes with any soy listed as an ingredient
FISH OR SHELLFISH (CMS cafeterias do not serve shellfish) Fish, Shellfish
SESAME: Sesame Oil, Sesame Seed
OTHER: Other, specify if it is a cooked ingredient or when consumed fresh

18) Food Texture Modifications: Designate safest consistency, CHOOSE ONE: Pureed Ground Chopped

19) Other Nutrition Requirements due to documented concern in Section #16: Please specify:

20) Recognized Medical Authority* Information Form will be returned to parent / guardian and NO accommodations will be made if this section is not filled in its entirety.

Signature of Recognized Medical Authority* Printed Name of Recognized Medical Authority* Date *A recognized medical authority in N.C. includes licensed physicians, physician assistants, nurse practitioners, and registered dietitians.

PART C (To be completed by SCHOOL DISTRICT REGISTERED DIETITIAN)

NOTES: (School Nutrition Registered Dietitian)

School Nutrition Registered Dietitian Signature: Date:



Charlotte-Mecklenburg Schools and Charlotte Mecklenburg Library are partnering to support students' ongoing education. We share the belief that a love of books and learning is a strong foundation for student success, and it is with these shared goals in mind that we are working together to ensure that every CMS student will have access to books and resources found at their public library.

Through this partnership, CMS students can use their Student ID number to access and check out public library resources. We call this initiative **ONE Access**, because *one* number (a CMS student ID number) is all that a student needs. Visit cmlibrary.org/oneaccess

ONE Access Parent Opt-Out Form

If you would like your student to participate in ONE Access in the 2024-2025 academic year, then you do not need to do anything. Your student will automatically be enrolled.

If you **do not** want your student to participate, then please complete this parent opt-out form and return it to any Charlotte Mecklenburg Library branch.

Student's Name (Please print)

School

Grade

Student ID Number

Parent or Guardian's Name (Print)

Phone Number

By signing this form, I understand my student will **not** have a ONE Access library account. I also understand that by signing this form my student will not be able to participate in classroom use of library resources unless they have a Charlotte Mecklenburg Library card and know the full card number and PIN.

Parent/Guardian Signature

Date



TITLE VI ED INDIAN STUDENT ELIGIBILITY CERTIFICATION

U.S. DEPARTMENT OF EDUCATION OFFICE OF INDIAN EDUCATION

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Definition: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Name of Child _____ Date of Birth _____
(As shown on school enrollment records) PLEASE NOTE: A separate form is required for each Indian child that is enrolled.

School Name _____ Grade _____

TRIBAL ENROLLMENT

Name of individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: ___ Child ___ Child's Parent ___ Child's Grandparent ___ Child's Guardian

Name of tribe or band for which individual above claims membership: _____

Tribe or Band is (select only one):

- Federally Recognized State Recognized Terminated Tribe (Documentation required. Must attach to form)
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by the tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
- B. Other Evidence of Membership in the tribe listed above (describe and match) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zipcode _____

ATTESTATION STATEMENT: I verify that the information provided above is accurate:

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zipcode _____

Email Address _____ Date _____

NOTICE: Public Reporting Burden Notice on next page.
Contact information for Title VI Indian Education program is also provided.

OMB Number: 1810-0021

Expiration Date: 06/30/2026

Please complete form and return to your student's school.

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335.

Charlotte-Mecklenburg Schools

Please submit a copy of the completed Title VI ED Indian Student Eligibility Certification form to:

Chiquitha Lloyd

Executive Director of Diversity, Equity & Inclusion

Title VI Indian Education Program

4421 Stuart Andrew Blvd., Suite 350

Charlotte, NC 28217

Courier #835-A

980-343-8638 - Office

980-343-7135 - Fax

diversity@cms.k12.nc.us

CharMeckschools



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