

CHARLOTTE-MECKLENBURG SCHOOLS

Form 725110.1

PROCEDURES FOR ENROLLMENT

Enrollment forms may be submitted to Student Placement - Smith Family Center, to any CMS school or any CMS Learning Community Office. After the enrollment deadline for the second lottery, students must submit enrollment forms directly to their home schools. (Lottery dates are available on the Student Placement and Magnet sections of the CMS website.)

In compliance with North Carolina law, students must be 5 years of age on or before August 31 to be considered for Kindergarten. Students applying for any Pre-K program must be 4 years of age on or before August 31.

The following documents are required for enrollment:

- Student Enrollment Form
- Proof of date of birth and legal name (see page 2)
- Proof of Residency (see page 2)
- Safe Schools Declaration
- Current Immunization Record*
- All children entering NC public schools for the first time must submit proof of a Health Assessment.*

*These documents are required upon student entry. A "30 calendar day grace period" for submission is granted for students not having required documentation.

For more information contact the following:

- Guardianship questions should be directed to Student Placement at 980-343-5335.
- Questions about students with special needs should be directed to the Programs for Exceptional Children at ec@cms.k12.nc.us or 980-343-6960.
- Students whose primary language is not English should contact the International Center at ic@cms.k12.nc.us or 980-343-3784.

*Student Placement is located at
1901 Herbert Spough Lane, Charlotte NC 28208*

*Programs for Exceptional Children is located at
4421 Stuart Andrew Boulevard, Charlotte, NC 28217*

*The International Center is located at
4000 Applegate Road, Charlotte NC 28209*

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REQUIREMENTS FOR ENROLLMENT

Before any student is assigned to attend Charlotte-Mecklenburg Schools (CMS), the student's parent, legal guardian or sponsor (*legal guardianship or sponsorship requires additional documentation from a court or agency*) must provide proof of date of birth, proof of legal name, proof of legal residence in Mecklenburg County, current immunizations, and NC Health Assessment for students new to a NC public school.

For Proof of Date of Birth and Legal Name

One (1) of the following documents must be shown:

- | | |
|--|---|
| <input type="checkbox"/> Original or photocopy of birth certificate | <input type="checkbox"/> Student's driver's license |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Life insurance policy |
| <input type="checkbox"/> State-issued identification document | <input type="checkbox"/> A certified copy of any medical record of the child's birth issued by the treating physician or the hospital in which the child was born |
| <input type="checkbox"/> US Department of State (I-94 Arrival/Departure Record) | <input type="checkbox"/> A certified copy of a birth certificate issued by a church, mosque, temple, or other religious institution that maintains birth records of its members |
| <input type="checkbox"/> Refugee resettlement letter (Local sponsoring agency, US Department of Health and Human Services, Office of Refugee Resettlement) <i>Questions? Call the International Center at 980-343-3784</i> | <input type="checkbox"/> Previously verified school records |
| <input type="checkbox"/> Decree of Adoption | |

For Proof of Residency

ONE (1) of the following documents must be shown:

- | | |
|--|--|
| <input type="checkbox"/> Copy of residential deed OR record of most recent residential mortgage statement | <input type="checkbox"/> Copy of residential lease |
| <input type="checkbox"/> Notarized Residency affidavit AND copy of mortgage statement, deed or lease from homeowner/leaseholder affirming tenancy | <input type="checkbox"/> HUD closing statement |

AND

ONE (1) document from one of the following columns:

- | | |
|--|---|
| <input type="checkbox"/> Any ONE utility bill or work order dated within the past 30 Days, including: gas, water, electric, telephone, or cable | <input type="checkbox"/> Current Vehicle Registration |
| <input type="checkbox"/> Valid North Carolina Driver's License OR Valid North Carolina Identification CARD | <input type="checkbox"/> Dated within the Past Year |
| <input type="checkbox"/> Dated within the past 30 days | <input type="checkbox"/> Vehicle Tax Bill
<input type="checkbox"/> Property Tax Bill
<input type="checkbox"/> W-2
<input type="checkbox"/> Medicaid Card |
| <input type="checkbox"/> Payroll Stub
<input type="checkbox"/> Bank Statement
<input type="checkbox"/> Credit Card Statement | |

OR

ONE (1) of the following documents must be shown:

- Letter from approved agency (group home)
- Refugee resettlement letter
- Copy of Charlotte Housing Authority lease

These documents are for address verification and must reflect the current address for enrollment or change of address. CMS has an appeal process for families who have difficulty verifying proof of residency, so students can be enrolled without unnecessary delay. Call Student Placement at 980-343-5335 or the International Center at 980-343-3784 for more information.

This residency policy does not apply to homeless students, as defined by the McKinney-Vento Act.

For more information visit www.cms.k12.nc.us or call 980-343-5335

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STUDENT ENROLLMENT FORM

7/2014

Student Information *Satisfactory proof of age, legal name and residency must be submitted at the time of enrollment*

Student's Legal Last Name		Student's Legal First Name		Student's Legal Middle Name		Student's Preferred Name	
Address						Apartment Number	
City			State			Zip Code	
Home Phone				Cell Phone			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)		Place of Birth (city, state, county, or country)			
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which category best describes the student's race? <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> White		<input type="checkbox"/> Black or African American	
Who does the student live with? (Name and Relationship)							

Family Information

Parent 1 Last Name		Parent 1 First Name		Parent 1 Middle Name		Parent 1 Maiden Name <small>(if applicable)</small>		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address <input type="checkbox"/> same as above								Apartment Number	
City				State				Zip Code	
Employer						Email			
Home Phone			Cell Phone			Business Phone			

Parent 2 Last Name		Parent 2 First Name		Parent 2 Middle Name		Parent 2 Maiden Name <small>(if applicable)</small>		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address <input type="checkbox"/> same as above								Apartment Number	
City				State				Zip Code	
Employer						Email			
Home Phone			Cell Phone			Business Phone			

Stepparent **Legal Guardian** **Sponsor Information** (check if applicable)

Last Name		First Name		Middle Name		Relationship			
Address <input type="checkbox"/> same as above								Apartment Number	
City				State				Zip Code	
Employer						Email			

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STUDENT ENROLLMENT FORM

7/2014

Home Phone	Cell Phone	Business Phone
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Other children in the family enrolled in CMS

Legal Name	School	Grade
Legal Name	School	Grade
Legal Name	School	Grade

Health Information

List pertinent health or medical information and instructions:

Immunization Records Provided Yes No

If no, in compliance with North Carolina law, parents/guardian must present certification of immunizations on the first day of school entry. If documentation is not presented, parents and/or guardians have 30 calendar days to provide documentation or the student shall be excluded from school until proof is presented.

Permission for school/nurse to share my child's shot records with a healthcare provider who needs it when giving my child immunizations.

Yes No

School Information/Academic Placement

Please indicate the student's current academic placement

- New Kindergartener for the _____ school year
- New student entering grade _____ for the _____ school year
- New Pre-Kindergartener, please select program: Montessori NC Pre-K/Bright Beginnings EC

Please indicate the student's previous academic placement

- Charter school: in Mecklenburg County outside Mecklenburg County
- Private school: in Mecklenburg County outside Mecklenburg County
- Public school (other than Charter): in Mecklenburg County outside Mecklenburg County
- Group home or other institution Registered Home School Other _____
- Preschool Licensed Childcare Head Start NC Pre-K/Bright Beginnings
- None - this is the student's first academic placement

Last School Attended	Grade
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Address

City	State	Zip Code
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Date last attended Month _____ Year _____	Previous Student ID Number
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Has the student ever been enrolled in CMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, last school attended School Name _____ School Year _____
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High School Only

Where did the student attend Middle/Junior High?

Name	Address	City	State
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Has your student graduated from high school? Yes No

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STUDENT ENROLLMENT FORM

7/2014

Does your child have an Individualized Education Program (IEP)? Yes No

Does your child have a 504 Educational Plan? Yes No

Federal and state polices require schools to determine the language(s) spoken at home by each student. If the answer to any of the questions below is a language other than English, your child may be assessed on the WIDA ACCESS Placement Test (W-APT) to determine English language proficiency. Based on the results, your child may be identified as Limited English Proficient (LEP) and qualify for English Language Learner (ELL) services.

Date your child first attended K-12 school in the U.S. (do not include Pre-K) _____

What language does your son/daughter most frequently use to communicate? _____

What language did your son/daughter learn when he/she first began to talk? _____

What language do you most frequently speak to your son/daughter? _____

Do you need an interpreter for school meetings involving your child's education?

Yes No If yes, in which language? _____

Custody

Do you have legal custody of this child? Yes No

Are both parents authorized to pick up the child from school? Yes No If no, please provide legal documentation

Emergency Contact Information *Please provide information for contacts, other than parents*

Emergency Contact _____ (_____) _____
(Other than Parent) Name Relationship Phone

Can this person pick up the student from school? Yes No

Emergency Contact _____ (_____) _____
(Other than Parent) Name Relationship Phone

Can this person pick up the student from school? Yes No

Emergency Contact _____ (_____) _____
(Other than Parent) Name Relationship Phone

Can this person pick up the student from school? Yes No

Required Parent/Legal Guardian Signature

Parent/Legal Guardian _____ Date _____

This form must be signed and submitted with your child's proof of age and legal name, proofs of residency and Safe Schools Enrollment Declaration.

For Office Use Only

Student ID _____ Enrollment Date _____ Grade _____

Registration Completion Date _____ School _____

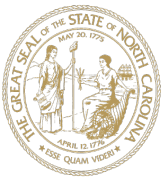
Immunization Record Yes No Transportation _____

Proof of Age/Legal Name Yes No Teacher's Name _____

Proof of Residency Yes No Previous School Records Yes No

School Receiving Packet _____ Name of Person Receiving Packet _____

Referred to International Center 980-343-3784 Date _____ By _____



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Catherine Truitt, Superintendent of Public Instruction

WWW.DPI.NC.GOV











Occupational Survey

Student Name : _____
Last Name First Name

School: _____ Grade: _____

The Migrant Education Program, through the North Carolina Department of Public Instruction, provides support and instructional services to children and families who have moved in the past three years and who have done agriculture or fishing work. We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.

<p>1. Have you or someone in your family worked in any of the following areas below in the last three years? No _____ Yes _____ (Select all that apply and continue to question number 2)</p>			
<p>2. Have you or your family moved to another school district or to another city or county in the last three years? No _____ Yes _____</p>			
 Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards <input type="checkbox"/>	 Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant <input type="checkbox"/>	 Working in a dairy <input type="checkbox"/>	 Working in a fishery or on a shrimp or catfish farm <input type="checkbox"/>
 Working in a slaughter house (chicken, cow, or pig) <input type="checkbox"/>	 Working on a poultry or hog farm <input type="checkbox"/>	 Working in a plant nursery or orchard; growing or harvesting trees <input type="checkbox"/>	 Other similar work in agriculture, please explain: _____ _____ _____
<p>3. How long ago did you arrive to this school district? Month _____ Year _____</p>			
<p>4. Parent(s)' Name(s) _____</p>			
<p>5. What is your current address? Address _____ City _____ State _____ Zip Code _____</p>			
<p>6. Phone Number(s): _____</p>			

FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (984) 236-2786 | Fax (984) 236-2099

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

CHARLOTTE-MECKLENBURG SCHOOLS

SAFE SCHOOLS ENROLLMENT DECLARATION

North Carolina General Statute 115C-366 (a4) requires that parents, guardians, or legal custodians of all students who transfer into Charlotte-Mecklenburg Schools provide a statement as to whether the student is, under suspension or expulsion from attendance at a private or public school in this or any other state or has been convicted of a felony in this or any other state. This does not apply to a student who has never been enrolled in or attended a private or public school in this or any other state.

Enrolling Student Information

Name _____
 Last First Middle

Address _____
 Street City State Zip Code

Date of Birth _____ Age _____ Grade _____

Suspensions and Expulsions

Please check the appropriate box as it relates to the student named above.

- IS NOT** currently suspended or expelled from any school and does not have a pending suspension or expulsion
- Has been recommended for long term (more than 10 days) suspension or expulsion from _____ (school). Explain offense and pending discipline.

- Has been long-term suspended or expelled from _____ (school). Explain offense and pending discipline.

Address of Previous School: _____

Previous School Telephone: _____

Felony Convictions

Please check the appropriate box as it relates to the student named above.

- HAS NOT** been convicted of a felony in this or any other state.
- Has been convicted of a felony.

Convicted of: _____

in (City, Town, & State): _____

Date of Conviction: _____

Description of offense: _____

Probation Officer: _____ Phone: _____

Court Counselor: _____ Phone: _____

I, _____ (Parent/Guardian/Legal Custodian) hereby swear or affirm that the above information is true and accurate.

Parent/Guardian/Legal Custodian Name: _____

Home/Cell/Work Phone: _____