

# CHARLOTTE-MECKLENBURG SCHOOLS

Form 725110.1

## PROCEDURES FOR ENROLLMENT

Enrollment Forms must be submitted directly to the student's home school after the lottery deadline. (Lottery dates are available on the Student Placement and Magnet/School Choice 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](mailto: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](mailto:ic@cms.k12.nc.us) or 980-343-3784.

*Student Placement is located at  
1901 Herbert Spaugh 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*

# CHARLOTTE-MECKLENBURG SCHOOLS

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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:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Original or photocopy of birth certificate</li> <li><input type="checkbox"/> Passport</li> <li><input type="checkbox"/> State-issued identification document</li> <li><input type="checkbox"/> US Department of State (I-94 Arrival/Departure Record)</li> <li><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></li> <li><input type="checkbox"/> Decree of Adoption</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Student’s driver’s license</li> <li><input type="checkbox"/> Life insurance policy</li> <li><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</li> <li><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</li> <li><input type="checkbox"/> Previously verified school records</li> </ul> |
|---|--|

### For Proof of Residency

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of residential deed <b>OR</b> record of most recent residential mortgage statement</li> <li><input type="checkbox"/> Notarized Residency affidavit <b>AND</b> copy of mortgage statement, deed or lease from homeowner/leaseholder affirming tenancy</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of residential lease</li> <li><input type="checkbox"/> HUD closing statement</li> </ul> |
|--|--|

### AND

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Any <b>ONE</b> utility bill or work order dated within the past 30 Days, including: gas, water, electric, telephone, or cable</li> <li><input type="checkbox"/> Valid North Carolina Driver’s License OR Valid North Carolina Identification CARD</li> <li><input type="checkbox"/> Dated within the past 30 days                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Payroll Stub</li> <li><input type="checkbox"/> Bank Statement</li> <li><input type="checkbox"/> Credit Card Statement</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Current Vehicle Registration</li> <li><input type="checkbox"/> Dated within the Past Year                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Vehicle Tax Bill</li> <li><input type="checkbox"/> Property Tax Bill</li> <li><input type="checkbox"/> W-2</li> <li><input type="checkbox"/> Medicaid Card</li> </ul> </li> </ul> |
|--|---|

### 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](http://www.cms.k12.nc.us) or call 980-343-5335**

# CHARLOTTE-MECKLENBURG SCHOOLS

Form 725110.1

## 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			

# CHARLOTTE-MECKLENBURG SCHOOLS

Form 725110.1

## 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

<b>Last School Attended</b>	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

# CHARLOTTE-MECKLENBURG SCHOOLS

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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 \_\_\_\_\_

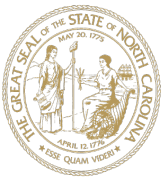
Immunization Record  Yes  No Transportation \_\_\_\_\_

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?</p> <p>Address _____</p> <p>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: \_\_\_\_\_