



# STUDENT FORMS

**Important forms needing your signature are included.**





# 2022-2023 Student Forms

Please read this full booklet, fill out and return the applicable forms to your child’s school. The complete 2022-2023 Student Forms Booklet can be found on the CMS website: [www.cms.k12.nc.us](http://www.cms.k12.nc.us)

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### Vision and Mission

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.

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

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](mailto: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](mailto:accessibility@cms.k12.nc.us).



## AGREEMENT

This agreement is made by and between the Charlotte-Mecklenburg Schools (hereafter “CMS”) and the student (“student”) and parent/guardian and takes effect on the date of signature on this form. For the purpose of this agreement the term “provided device(s)” shall refer to the mobile device make, model, and all accompanying accessories provided under this agreement.

## PURPOSE

The purpose of the Student Device Program is to provide CMS students with the technological resources to receive online, at home, and in-person instruction. The devices being provided are the property of CMS and are to be used for educational purposes only.

## EXPECTATIONS

Students/Parent(s)/Guardian(s) may not:

- Operate or place CMS devices near food or liquids.
- Engage in illegal or prohibited conduct of any kind using any of the devices checked out to the student.
- Copy, modify, remove or replace CMS’s software, configuration, or the operating system (i.e. hack or jailbreak the system).
- Remove, edit or apply any stickers or labels on any of the devices checked out to the student.
- Under no circumstances should the student, parent(s), or guardian(s) attempt to or allow anyone other than CMS staff to fix or repair the equipment.

## STUDENTS MUST:

- Handle devices properly to prevent breakage and drops.
- Properly maintain devices and keep clean.
- Secure and store away CMS devices when not in use.
- Only use CMS provided charging adapter(s) to charge the devices.
- Abide by the expectations listed in CMS Board Policy (Policy IJNDB-R) for Acceptable Use of Internet and Websites.

## CONTENT FILTERING DISCLAIMER

CMS uses technology protection measures to limit or restrict access to material considered harmful or inappropriate to students. It may not be possible for CMS to absolutely prevent such access. Despite our best efforts and beyond the limits of content filtering technology, a student may run across some material that is objectionable.

No user of technological resources, including a person sending or receiving electronic communications, may engage in creating, intentionally viewing, accessing, downloading, storing, printing, or transmitting images, graphics (including still or moving pictures), sound files, text files, documents, messages, or other material that is obscene, defamatory, profane, pornographic, harassing, abusive, advocating illegal acts, or considered to be harmful to minors.

The use of anonymous proxies to circumvent content filtering is prohibited.

## NO RIGHT TO PRIVACY

CMS reserves the right to examine CMS devices and search their contents at any time for any reason. Neither students or guardians have any right to privacy of any data saved on the devices or in a cloud-based account to which the devices connect. CMS may involve law enforcement if the devices are thought to have been used for an illegal purpose. CMS reserves the right to require the return of any provided devices at any time.

## NOTIFICATION OF LOSS, DAMAGE, OR MALFUNCTIONING

The student, parent(s) or guardian(s) agree to immediately notify CMS personnel upon the occurrence of any loss to, damage to, or malfunctioning of any part of the provided device(s) for any reason. If the device is stolen outside of school premises/grounds, it is the parent/guardian responsibility to contact the applicable local law enforcement agency and file a police report and provide a copy to CMS.

**DAMAGE OR LOSS OF CMS PROVIDED DEVICES**

The parent/guardian/student are responsible for the cost of repair or replacement at the date of loss if the property is:

- Not returned
- Intentionally damaged
- Lost because of negligence
- Stolen, but not reported to school and/or police

All devices and chargers are the property of Charlotte-Mecklenburg Schools. If you are issued a device, you are obligated to present the device for inspection or collection at any given time throughout the school year. If a student fails to provide his or her device at that time, the parent and student are responsible for the cost to replace the device. If a student damages two devices in a single school year, CMS at its discretion will issue an older, used device to the student or require that the device remain at school.

Fees associated with damages can be found in the Online School Payment system. For further information regarding obligations and damages, please contact your school's principal.

**INDEMNIFICATION**

To the fullest extent allowed by law, the parent/guardian and their heirs, agree to indemnify, defend, and hold harmless CMS, its Board of Education, and its individual Board members, employees, and agents, from any and all claims, damages, losses, causes of action, and the like relating to, connected with, or arising from the use of the district provided devices or this Agreement.

**ACKNOWLEDGEMENT**

I (parent/guardian signed below) have reviewed this agreement, understand it, and agree to the terms and conditions, disclaimers, and statements listed in this agreement. I furthermore give my student permission to use CMS provided devices for learning. I will also help ensure the safe and timely return of the device to CMS within the loan period.

STUDENT NAME \_\_\_\_\_

STUDENT NUMBER \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

PARENT/GUARDIAN PHONE \_\_\_\_\_

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 instrumental music (band or strings) 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 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 AUTHORIZATION FOR CMS STUDENTS

<b>School Name</b>	<b>School Phone #</b>	<b>For School Use Only</b>
		<b>Date Received/Receiver's Signature:</b>
<b>If submitting by fax: 704-432-2079 (School Health)</b>		
		<b>Medication Received?</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Student's Name (Please print.)</b>	<b>Student's Date of Birth</b>	<b>Date Approved/Nurse's Signature</b>
		<b>Entered in EHR?</b> <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.

<b>SECTION 1: LICENSED HEALTHCARE PROVIDER AUTHORIZATION</b>	
<ul style="list-style-type: none"> <li>When possible, medications should be taken before or after school. Administration of non-prescription medications at school is discouraged.</li> <li>CMS action plans for asthma, diabetes, seizure disorders and severe allergies may be used instead of this form. See CMS Coordinated School Health webpage.</li> <li>When using this form, complete a separate form for each medication; write legibly; use lay terms.</li> <li>Complete Section 3 for students who will self-carry and/or self-medicate.</li> </ul>	
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:** \_\_\_\_\_

<b>Stamp, Print or Type Healthcare Provider's Name &amp; Address</b>	<b>Office Phone</b>
	<b>Office Fax</b>

## 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.

<b>Parent/Legal Guardian Signature:</b>	<b>Date:</b>	<b>Phone Numbers (mobile, work, home):</b>
<b>Parent/Legal Guardian (Print Name):</b>		

# MEDICATION AUTHORIZATION FOR CMS STUDENTS, CONTINUED

## SECTION 3: AUTHORIZATION FOR SELF-MEDICATION BY CMS STUDENTS

<b>Student's Name</b>	<b>Student's Date of Birth</b>
<b>Name of Medication</b>	<b>Purpose of Medication</b>

### 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.

Is this medication a controlled substance?  yes  no

**Check applicable items below:**

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

<b>Healthcare Provider Signature:</b>	<b>Date:</b>
<b>Healthcare Provider (Print Name):</b>	

### 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. 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 any and 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.

<b>Parent/Legal Guardian Signature:</b>	<b>Date:</b>
<b>Parent/Legal Guardian (Print Name):</b>	

### 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.

<b>Student Signature:</b>	<b>Date:</b>
<b>Student (Print Name):</b>	

### SCHOOL NURSE

I have reviewed this request and acknowledge that this student has demonstrated the skill level to self-administer this medication. 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.

<b>Nurse Signature:</b>	<b>Date:</b>
<b>Nurse (Print Name):</b>	

### PRINCIPAL / DESIGNEE

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

<b>Principal/Designee Signature:</b>	<b>Date:</b>
<b>Principal/Designee (Print Name):</b>	



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

0542247318

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 healthcare professional 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 E-mail Address

13) Does the student have an identified disability (IEP or 504 Plan)? ¿Ha sido el estudiante identificado con una discapacidad (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: Available options to substitute Lactaid Milk Additional beverages: 100% Fruit Juice Water (Sustitución de leche: Opciones disponibles para sustituir son:) (leche lactaid) (bebidas adicionales) (100% jugo de fruta) (Agua)

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) Other (otro)

Other Condition (Must be diagnosed by physician using Part B) (Otra condición- debe ser diagnosticada 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 COMPLETED BY THE PHYSICIAN ONLY: Complete Items 16 - 20 (16 al 20 - Esta sección para ser completada por el médico solamente.)

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

If "YES", specify disability below. If "no", a special diet is not warranted. A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.

Disability (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 disability:

DAIRY

Fluid Milk. Substitute with lactose-free milk juice water
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

CORN

Whole corn such as corn kernels, tortilla chips, corn muffin
Recipes with corn listed as an ingredient (corn syrup, corn starch, etc.)

SOY

Soy Lecithin Soy Protein (concentrate, hydrolyzed, isolate)
Recipes with any soy listed as an ingredient

FISH OR SHELLFISH

Fish Shellfish (CMS cafeterias do not serve shellfish)

OTHER

Other, specify if it is a cooked ingredient or when consumed fresh

18) Food Texture Modifications: If needed check ONE: Pureed Ground Chopped

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

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

Healthcare Provider Signature

Date

Medical Office Stamp (required for processing)

X

Healthcare Provider Printed Name







# 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: 04/30/2023

**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**

Director of Diversity & Inclusion  
Title VI Indian Education Program Director

### **Office of the Superintendent**

4421 Stuart Andrew Blvd., Suite 102  
Charlotte, NC 28217  
980-343-8638 - Office  
980-343-7135 - Fax  
Courier #835-A

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