

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

The following documents are required by the 30th day of school:

- Current Immunization Record
- All children entering NC public schools for the first time must submit proof of a Health Assessment within 30 days of the start of school.

For more information contact the following:

- Guardianship questions should be directed to Student Placement at student.placement@cms.k12.nc.us or 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 and the International Center are located at
1600 Tyvola Road Charlotte, NC 28210*

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

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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 and legal name and legal residence in Mecklenburg County.

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 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, email student.placement@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"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		
Who does the student live with? (Name and Relationship)			

Family Information

Father's Last Name	Father's First Name	Father's Middle Name	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 ()	

Mother's Last Name	Mother's First Name	Mother's Middle Name	Mother's Maiden Name	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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7/2014

Special Services

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

Does your child have a 504 Educational Plan? Yes No

Home Language Survey

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 _____

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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: _____