

CHARLOTTE-MECKLENBURG SCHOOLS

Form 7251001

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
- Health Assessments for all new Pre-K and Kindergarten students

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
700 East Stonewall Street, Suite 404, 28202*

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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"/> Payroll Stub | <input type="checkbox"/> Property Tax Bill |
| <input type="checkbox"/> Bank Statement | <input type="checkbox"/> W-2 |
| <input type="checkbox"/> Credit Card Statement | <input type="checkbox"/> Medicaid Card |

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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STUDENT ENROLLMENT FORM

7/2014

Home Phone
() ()Cell Phone
() ()Business Phone
() ()

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

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 _____

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: _____