

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 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***



Every Child. Every Day. For a Better Tomorrow.

CHARLOTTE-MECKLENBURG SCHOOLS

Form 725110.1

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, email student.placement@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"/> 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 ()			
<input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Sponsor Information <input type="checkbox"/> (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 ()
-----------------------	-----------------------	---------------------------

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
----------------------	-------

Address

City	State	Zip Code
------	-------	----------

Date last attended Month Year	Previous Student ID Number
---	----------------------------

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
--	--

High School Only

Where did the student attend Middle/Junior High?

Name	Address	City	State
------	---------	------	-------

Has your student graduated from high school? ☐ Yes ☐ No

CHARLOTTE-MECKLENBURG SCHOOLS

Form 725110.1

STUDENT ENROLLMENT FORM

7/2014

Special Services

Does your child have an Individualized Education Program (IEP)? ☐ Yes ☐ NoDoes your child have a 504 Educational Plan? ☐ Yes ☐ No

Home Language Survey

Federal and state policies 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 ☐ NoAre 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation _____
Proof of Age/Legal Name <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher's Name _____
Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous School Records <input type="checkbox"/> Yes <input type="checkbox"/> No
School Receiving Packet _____	Name of Person Receiving Packet _____

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



PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT TO COMPLETE THIS SECTION

Student Name:

☐ M ☐ F

(Last)

(First)

(Middle)

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: ☐ 1 Yes ☐ 2 No

Race:

☐ 1 Other Non-White ☐ 2 White ☐ 3 Black ☐ 4 American Indian ☐ 5 Chinese
☐ 6 Japanese ☐ 7 Hawaiian ☐ 8 Filipino ☐ 9 Other Asian ☐ 10 Unknown

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: ☐ Yes ☐ No

Concerns related to student's vision:



Public Health
HEALTH AND HUMAN SERVICES

**PUBLIC SCHOOLS OF NORTH CAROLINA**

State Board of Education | Department of Public Instruction

January 2016

Hearing screening information:Passed hearing screening: ☐ Yes ☐ No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:School follow-up needed: ☐ Yes ☐ No**Medical Provider Comments:****Please attach other applicable school health forms:**Immunization record attached: ☐School medication authorization form attached: ☐Diabetes care plan attached: ☐Asthma action plan attached: ☐Health care plans for other conditions attached: ☐**Health Care Professional's Certification**

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:

Public Health
HEALTH AND HUMAN SERVICES