

CHARLOTTE-MECKLENBURG SCHOOLS

STUDENT PLACEMENT ENROLLMENT INFORMATION

The following documents are required for enrollment:

- Student Enrollment Form**
- Original Certified copy of student's birth certificate**
 - No hospital, souvenir or photocopies accepted
- Current Proof of Mecklenburg County residency**
- Safe Schools Enrollment Declaration**
- Current Immunization record**
 - Complete record required by 1st day of school entry (must meet North Carolina requirements)
- Health Assessments for all new Pre-K and Kindergarten students**
 - Required by 1st day of school entry (must be dated within 12 months prior to school entry)

Magnet/Student Assignment Lottery Information:

- Students who enroll by December 10, 2010 will be eligible to participate in the first lottery.
- Students who enroll December 13 – May 20, 2011, will be eligible to participate in the second lottery.
- New Student Enrollment packets submitted after May 20th will be submitted to your child's home school for processing. You may follow-up with the home school after the first week of July for a status update.
- Lottery application instructions will be sent home the first week of January for the first lottery and will be mailed starting in March for the second lottery.

Special Notes:

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 the Montessori schools Pre-K program must be 4 years of age on or before August 31.

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 Exceptional Children Department at 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. The International Center is located in the Family Application Center.

Enrollment forms may be submitted to the Student Placement - Family Application Center, to any CMS school, or any CMS Zone office. After July 1st, students must enroll at their home school.

Student Placement - Family Application Center
700 Marsh Road
Charlotte, NC 28209
Email: student.placement@cms.k12.nc.us
Phone: 980-343-5335
Office hours: Monday–Friday, 7 a.m. – 5 p.m.

2011-2012 SCHOOL YEAR



REACH FURTHER.
Global competitiveness starts here.

For office use only:

Student ID _____ Enrollment Date _____ Grade _____
 Registration completed _____ School _____
 Need: Immunization Record Birth Cert POR Transportation _____
 School receiving packet _____ Teacher's name _____
 Date Received _____ Name of person receiving packet _____

Referred to International Center 980-343-3784 Date _____ By _____
 Recommendation of International Center Grade _____ School _____

Charlotte-Mecklenburg Schools

72-5110.1

STUDENT ENROLLMENT FORM**Please indicate the student's academic placement.**

- New Kindergartener for the _____ school year
 New Pre-Kindergarten - Montessori for the _____ school year
 New student entering grade _____ for the _____ school year

Student Information

Birth certificate or other satisfactory evidence of age and official record of immunizations must be presented at time of enrollment. Copies of these documents are to be placed in folder and originals returned to parent/guardian.

Legal Name _____ / _____
Last First Middle Nickname

Address _____
Street City State Zip Code

Home Phone _____

Male Female Date of Birth _____ Place of Birth _____
Month / Day / Year City / State / Country

Ethnicity: Hispanic Non Hispanic

Race: (select all that apply) American Indian Black Asian Hawaiian/Pacific Islander White

Child resides with _____
Relationship

Family Information

Father's Full Name _____ Deceased Yes No

Address _____ Zip _____ Home Phone _____

Employer _____ Cell Phone _____

Highest education level completed _____ Business Phone _____

E-mail _____

Mother's Full Name (include maiden name) _____ Deceased Yes No

Address _____ Zip _____ Home Phone _____

Employer _____ Cell Phone _____

Highest education level completed _____ Business Phone _____

E-mail _____

Stepparent's, Legal Guardian's, or Sponsor's information (if applicable)

Name _____ Relationship _____

Address _____ Zip _____ Home/Cell Phone _____

Employer _____ Business Phone _____

E-mail _____

Other Information

Emergency Contact _____
(Other than parent) Name Relationship Phone

Other children in the family

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Give pertinent health or medical information and instructions _____

Permission to obtain medical attention Yes No

Please indicate the student's previous academic placement (if applicable)

- Private school in Mecklenburg County Charter school outside Mecklenburg County
- Charter school in Mecklenburg County Public school (other than Charter) outside Mecklenburg County
- Group home or other institution Home School setting
- Private school outside Mecklenburg County Other _____

School Information

Last School Attended _____ Grade _____

Address _____
Street City State Zip Code

Date last attended _____ / _____
Month Year Homeroom Teacher _____

Has the student ever been enrolled in CMS? Yes No

If yes, School Name _____
School Year _____

Is the student identified as a student with special needs and being served with an Individualized Education Program (IEP)? Yes No

Home Language Survey

Please answer the following questions. Circle English or write the name of the language used most often.

1. What language did your child speak when he or she first began to talk? English Other _____
2. What language does your child speak most often at home with parents? English Other _____
3. What language does your child speak most often with his or her friends? English Other _____
4. What language do **YOU** use most often when speaking to your child? English Other _____

Any student that indicates a language other than English, must be administered the English language proficiency test to meet federal NCLB Title III regulations.

If this is an exchange student, please contact Global Studies (980-343-2672) for enrollment information.

Parent/Legal Guardian _____ Date _____
Signature

CHARLOTTE-MECKLENBURG SCHOOLS

NEW PROCEDURES FOR PROOF OF RESIDENCY

Before any student is assigned to attend Charlotte-Mecklenburg Schools (CMS), the student's parent or legal guardian* must provide proof of legal residence in Mecklenburg County.

Effective October 6, 2008, all students must submit three proofs of residency.

All Documents must be pre-printed with the name and Mecklenburg County address of the student's parent or legal guardian* and must be presented at the time of enrollment. Families can enroll at any CMS school or at the Family Application Center.

Change of address request will require one document from each of the following columns.

All applicants must submit at least one document from each of the following columns. These documents are for address verification, and must all reflect the address provided for enrollment or change of address.		
COLUMN A	COLUMN B	COLUMN C
<ul style="list-style-type: none"> • Copy of Deed OR record of most recent mortgage payment • Copy of Lease (including Charlotte Housing Authority and HUD leases) • HUD Closing Statement • Residency Affidavit from landlord affirming tenancy • Section 8 agreement • Letter from approved agency (group & foster home purposes only) 	<p>A utility bill or work order dated within the past 30 days, including:</p> <ul style="list-style-type: none"> • Gas bill • Water bill • Electric bill • Telephone bill • Cable bill 	<ul style="list-style-type: none"> • Valid North Carolina driver's license • Current vehicle registration • Valid North Carolina photo identification card <p><i>Dated within the past year:</i></p> <ul style="list-style-type: none"> • W-2 form • Vehicle tax bill • Property tax bill • Medicaid Card <p><i>Dated within the past 60 days:</i></p> <ul style="list-style-type: none"> • Payroll stub • Bank or credit card statement

If a family has difficulties providing these proofs of residence CMS has an appeal process. Specialists at Student Placement and the International Center can provide guidance to families and schools in determining whether adequate documentation has been provided so that students may be enrolled without unnecessary delay.

**Legal guardianship requires additional documentation from a court or agency.*

This residency policy does not apply to homeless students, as defined by the McKinney-Vento Act.

Group homes are required to provide proofs from Columns A & B only.

For more information about the CMS residency policy visit www.cms.k12.nc.us, or email student.placement@cms.k12.nc.us or call 980-343-5335.

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: _____