

CHARLOTTE-MECKLENBURG SCHOOLS
STUDENT HARDSHIP STATUS

*To be completed by the caregiver who **MUST BE** a Mecklenburg County Resident*

Assignments made under this Affidavit are effective for the _____ School Year only. For subsequent school years, the Caregiver must provide an updated Affidavit and Documentation by _____. Failure to provide an updated Affidavit may result in the student being ineligible for enrollment and withdrawn from Charlotte Mecklenburg Schools.

Please note that this document must be notarized. False information provided on this document may result in penalties to the student such as denial of athletic eligibility and assignment to a different school as well as criminal prosecution of the caregiver.

Section I: Student Information

Student's Full Name _____

Student's Date of Birth _____ Student's CMS ID _____

Student's previous address (Street address / city / state / zip):

This student last attended school at: _____ and was in the _____ grade.

Does this student have an Individualized Education Plan (IEP)?

Yes (Contact the Exceptional Children's Department at 980-343-6960) No Not Sure

Section II: Current Caregiver Contact Information

The student lives with (caregiver's name): _____

Mecklenburg County Address (Street address / city / state / zip):

Phone Number _____ Email _____

I, am this student's: Grandmother/Grandfather Aunt/Uncle Cousin
Family Friend/Other _____

When did the student start living with the caregiver named above? _____

DATE

Section III: Reason For Hardship Caregiver Status

Please check the letter and number (if g is applicable) below of the condition that exists. You may provide any documentation you have to support the condition you have selected unless you select a criteria where documentation is required. If none of these conditions apply, the student does not qualify for Hardship Caregiver status and must attend school based on where the parents/legal custodian/legal guardians reside.

Pursuant to North Carolina General Statute 115C -366 (a3), A student who is not a domiciliary of a local school administrative unit may attend if one of the conditions below exists:

- a. The death, serious illness, or incarceration of a parent or legal guardian.
- b. The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance.
- c. Abuse or neglect by the parent or legal guardian.
- d. The physical or mental condition of the parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student.
- e. The relinquishment of physical custody and control of the student by the student's parent or legal guardian upon the recommendation of the department of social services or the Division of Mental Health.
- f. The loss or uninhabitability of the student's home as the result of a natural disaster.
- g. The parent or legal guardian is one of the following: (state statute requires documentation if this criteria is selected):
 1. On active military duty and is deployed out of the local school administrative unit in which the student resides. For purposes of this sub-sub-subdivision, the term "active duty" does not include periods of active duty for training for less than 30 days
 2. A member or veteran of the uniformed services who is severely injured and medically discharged or retired, but only for a period of one year after the medical discharge or retirement of the parent or guardian.
 3. A member of the uniformed services who dies on active duty or as a result of injuries sustained on active duty, but only for a period of one year after death. For purposes of this sub-sub-subdivision, the term "active duty" is as defined in G.S. 115C-407.5 Assignment under this sub-subdivision is only available if some evidence of the deployment, medical discharge, retirement, or death is tendered with the affidavits required under subdivision (3) of this subsection.

Section IV: Athletic Eligibility

I understand that a student approved to attend high school (grades 9-12) may not be eligible to participate in interscholastic athletics in CMS. I will contact the CMS Athletic Department at 980-343-6980 for questions about athletic eligibility.

Certification

In the presence of a NC notary, please read, check each statement, sign and date

I _____
Caregiver Name

- **Attest that the above information is true.**
- **I am aware that if I am not truthful in any of these statements, the enrollment and privileges available to the student may be affected.**
- **Penalties may include the student being withdrawn from the assigned school or denied athletic eligibility.**
- **If I have knowingly provided false information, I am subject to criminal prosecution for a Class 1 misdemeanor and shall pay to the Charlotte-Mecklenburg Schools an amount equal to the cost of education of the student for the time enrolled.**

Signature: _____ Date: _____
Signature of caregiver adult with whom student is living)

State of : _____ County : _____

I, _____ a Notary Public of the County and State aforesaid, certify that personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal, this _____ day of _____, 20____.
My commission expires: _____, 20____.

(Notary Public)

CMS Student Placement Representative: _____
Date: _____