

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 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*

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"/> 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 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"/> Asian		<input type="checkbox"/> Black or African American	
		<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> White			
		<input type="checkbox"/> Native Hawaiian or other Pacific Islander					
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			

CHARLOTTE-MECKLENBURG SCHOOLS

Form 725110.1

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 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 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: _____

**NOTICE OF REQUIREMENTS FOR SCHOOL ATTENDANCE:
2020 – 21 NC HEALTH ASSESSMENT AND IMMUNIZATIONS** (rev. 1/27/2020)

Physical Exam/Health Assessments: Parents/guardians must submit a completed NC Health Assessment Transmittal Form for each child who is presented for admission to a N.C. public school for the first time unless there is a written religious exemption on file. The Health Assessment may be no more than 12 months old at the time of program entry. (General Statute 130A-440; 10A NCAC09.3005)

Immunizations/Vaccines: For school attendance, parents/guardians must ensure that their child has received the required immunizations at the age required by law unless there is a written medical or religious exemption on file. (General Statute 130A-152-157)

2020-21 Immunization Requirements by Grade

This table provides general information about school immunization requirements. *Some immunizations require exact spacing between doses or age requirements that are not noted here.* If you have questions, contact your doctor's office or the nurse at the school where your child will attend.

See N.C. Administrative Code 10A NCAC 41A.0401 for details.

<p><u>Pre-K</u> 4 DTP/DTaP/DT 3 Polio 1 - 4 Hib (Note: Dose # depends on vaccine type and age when vaccinated) 3 Hepatitis B 1 MMR 1 Varicella (2nd dose required between 4-6 years old) 1 - 4 Pneumococcal (Note: Dose # depends on age when vaccinated)</p>	<p><u>Grades K – 6</u> 5 DTP/DTaP/DT/Td 4 Polio (Note: 4th dose on or after 4th birthday as of 7/1/15) 1 - 4 Hib (Note: Dose # depends on vaccine type and age when vaccinated; not required after the age of 5 yrs.) 3 Hepatitis B 2 MMR 2 Varicella (2nd dose required for all children entering school for the first time on or after July 1, 2015) 1 - 4 Pneumococcal (Note: # of doses depends on age when vaccinated; not required after the age of 5 yrs. <u>or</u> if born before 7/1/15)</p>
<p><u>Grades 7</u> 5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 1 Varicella (if born on or after 4/1/2001) 1 Tdap 1 Meningococcal</p>	<p><u>Grades 8 – 12</u> 5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 1 Varicella (if born on or after 4/1/2001) 1 Tdap 1 - 2 Meningococcal* (<i>please see note below</i>)</p>

*NC now requires two doses of Meningococcal conjugate vaccine (MCV). One dose is required for individuals entering the seventh grade or by 12 years of age, whichever comes first, on or after July 1, 2015. A booster dose is required for individuals entering the 12th grade or by 17 years of age, whichever comes first. Individuals who entered seventh grade before July 1, 2015 are not required to receive the first dose. The booster dose does not apply to individuals who entered the 12th grade before August 1, 2020. If the first dose is administered on or after the 16th birthday, a booster dose is not required. Individuals born before January 1, 2003 shall not be required to receive meningococcal conjugate vaccine.

I have been informed that my child's immunization record and/or health assessment is due on or before their first day of school. I understand that my child will be excluded from school if the required documentation is not received within 30 days of starting school.

Child's/Student's Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

After your child receives any required immunizations and/or the health assessment, please bring an updated record to school.

Office Instructions: Give copy to parent/guardian. Attach original to orange card and place in student's cumulative folder.

**Cornelius Elementary School
21126 Catawba Ave.
Cornelius, N.C. 28031**

Please initial and fill in your responses to the following questions:

1. Did your child receive Special Education Services or EC services at the previous school?
_____Yes _____No

2. Does your child have a current IEP or 504 plan?
_____Yes _____No

3. Is your child classified as a McKinney Vento Student?
_____Yes _____No

4. Does your child have any medical issues?
_____Yes _____No

5. Did your child receive services in a separate or self-contained setting?
_____Yes _____No

6. Did your child receive Speech/Language Services?
_____Yes _____No

7. Do you have copies of any Special Education or Exceptional Children's paperwork?
(i.e. testing reports, IEP's etc.)
_____Yes _____No

Student's Name/Grade: _____

Parent's Signature: _____

Date: _____