

# 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 2, 2011 will be eligible to participate in the first lottery.
- Students who enroll December 5 – May 4, 2012, will be eligible to participate in the second lottery.
- After May 4, please submit your new student enrollment packet directly to your child's home school. If you are unsure of what your home school is based on your address, you may stop by any CMS school, CMS Zone Office, Student Placement or call 980-343-5335 with your address to find out the name of your home school. Any of these offices can also courier the information to the correct home school for you.
- 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](mailto: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](mailto: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 Learning Community 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](mailto:student.placement@cms.k12.nc.us)  
Phone: 980-343-5335  
Office hours: Monday–Friday, 7 a.m. – 5 p.m.

**2012-2013 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**

**CLEAR/RESET  
FORM**

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 \_\_\_\_\_ / \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Male  Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Ethnicity:  Hispanic  Non Hispanic  
Race: (select all that apply)  American Indian  Black  Asian  Hawaiian/Pacific Islander  White  
Child resides with \_\_\_\_\_

**Family Information**

Father's Full Name \_\_\_\_\_ Deceased  Yes  No  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Highest education level completed \_\_\_\_\_ Business Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Mother's Full Name (include maiden name) \_\_\_\_\_ Deceased  Yes  No  
Address \_\_\_\_\_ 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 \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

## Other Information

Emergency Contact \_\_\_\_\_  
(Other than parent)

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)

- |                                                                    |                                                                                        |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Private school in Mecklenburg County      | <input type="checkbox"/> Charter school outside Mecklenburg County                     |
| <input type="checkbox"/> Charter school in Mecklenburg County      | <input type="checkbox"/> Public school (other than Charter) outside Mecklenburg County |
| <input type="checkbox"/> Group home or other institution           | <input type="checkbox"/> Home School setting                                           |
| <input type="checkbox"/> Private school outside Mecklenburg County | <input type="checkbox"/> Other _____                                                   |

## School Information

Date your child first attended K-12 school in U.S (do not include Pre-K) \_\_\_\_\_

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Date last attended \_\_\_\_\_ / \_\_\_\_\_ 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. Indicate English or 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

This form must be signed and submitted with your child's original birth certificate, proofs of residency and Safe Schools Enrollment Declaration.

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

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](http://www.cms.k12.nc.us), or email [student.placement@cms.k12.nc.us](mailto: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: \_\_\_\_\_