



STUDENT ENROLLMENT FORM

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



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Home Phone () ()	Cell Phone () ()	Business Phone () ()
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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
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Address

City	State	Zip Code
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Date last attended Month _____ Year _____	Previous Student ID Number
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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 _____
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High School Only

Where did the student attend Middle/Junior High?

Name	Address	City	State
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Has your student graduated from high school? Yes No



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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 polices 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 _____

