

Student Number:	Enrollment Code:			
Enrollment Date:	Grade Level:			
Internal use only.				

A County Sch	.0015			Int	ternal use only.			
			Enrollme					
		(Please	print all info	rmation)				
Has the student attend	ded a NC school be Y	es No		If Yes, NC	School Name?			
Special Program/Exce	eptional Children: Do	oes this stude	ent particip	ate in an	y special servi	ce programs?		
•	/Gifted	Exce	eptional (	Children/	IEP	ESL		Other
Student's Legal Name	ı.		-					
otaaont o Logai Itamo	Last		First			Middle		
Date of Birth:  * Primary Phone is the contact			Male Prin		male	Primary Pho		
T filliary i florie is the contac	ct phone number used for g	eneral commun	ication. Thi	lary, cen ar	id day/ work are de	aned in case or em	ergency.	
Ethnicity: (circle one):	: Hispanic/Latino		N	lon-Hispa	nic/Latino			_
Race (circle all that apply):	American Indian/Alas Native Hawaiian/Pac			Asian Black/Afi	rican American	Whi	ite	
Student's Current Gra	de Level:							
Presently the student	is living in:	Apartment	or Home		Shelter	Mote	I/Car/Camp	site
With friends/relatives te	emporarily (with Parent	/Guardian)		Wi	th friends/relat	ives (without pa	arent/guard	lian)
Home Address Stre	eet:	Apt/	Suite		City		Zip Code	
Parent 1 Name:			O:-	ala On a	Mother	Father	Guardian	
			— Cir	cle One	Stepmother	Stepfather	Other	
Parent 1 Street								
f different from Home Addres  Apt/Suite	ss City					Zip Cod	e	
						•		
Primary Phone* (If differ *Primary Phone is the contact		Cell Phoi		any cell an		/Work Phone	raency	
Email Address:	it priorie namber asea for ge	eneral communic	cauon. Tim	-	-	ned in case of eme	argency.	
			_	Emplo				
Parent 2 Name			— Cir	cle One	Mother Stepmother	Father Stepfather	Guardian Other	ı
Parent 2 Street							-	
f different from Home Addres <b>Apt/Suite</b>	city					Zip Cod	e	
•						p		
Primary Phone* (If differ		Cell Pho				//Work Phone		
*Primary Phone is the contac 	et phone number used for ge	eneral communic	cation. Prim	-	-	lled in case of eme	ergency.	
Email Addres <u>s:</u>				Emplo	oyer:			
If parents live in sepa	rate households,	N A = 41= = ··/ -	- tl	locat Cath		Fath /0t	-41	
with whom does the s	student reside?	Mother/Fa		Just Fath		Father/Stepm	outei	
Circle one.		Just Moth	ner	Mother/S	Stepfather	Other		
Sibling Info.	Name of Sik	oling	Gender		Name o	f School		Grade
List only siblings who			243					
are currently aprolled								

are currently enrolled

in Cabarrus C Schools.	ounty					
Continue to Next Page						
NOTE: Parents	are already listed	as Contact 1 and 2. C	ontacts listed here ar	re other than the pa	rent(s).	
		when the school is un				
	Contact Name	Relation Student		ne Day/Work	Phone Cell	Phone
2						
3						
Emergency Me	dical Information:	Identify and explain a	ny specific health pr	oblems the student	may have:	
•	-	ent /guardian to provi Where was the stude		nation so that we n	nay better serve E	nglish as
What language English	does the student Spanish	speak most often? ( French	Other than those lea Vietnamese	rned in school) (Cir Korean	rcle one) Russian	
Arabic	German	Japanese	Portuguese	Chinese	Other	
What is the firs English	t language the stu Spanish	udent learned to spea French	ak? (Circle One) Vietnamese	Korean	Russian	
Arabic	German	Japanese	Portuguese	Chinese	Other	
What language English	is most used in t Spanish	he student's home? French	(Circle one) Vietnamese	Korean	Russian	
Arabic	German	Japanese	Portuguese	Chinese	Other	
Immunization Requirements: Every parent/guardian shall ensure a child has received the required immunizations at the age required by law. It is the responsibility of the parent/guardian to provide the immunization record no later than 30 days after the child enters school or the child shall be suspended until a valid immunization record can be provided to the school. (G.S. 130-A 152-157).  Initial:  Your initial means that you have read and understand the immunization requirements.						
Effective July1, 2016 - Health Assessment Requirement: Every parent, guardian, or person standing in loco parentis shall submit proof of a health assessment for each child in this state who is presented for admission into kindergarten or higher grade in the public schools for the first time. The health assessment shall be made no more than 12 months prior to the date the child enter a NC public school. The health assessment must be completed on the state health assessment form and returned to the school within 30 calendar days of the child's first day of attendance, or the child will not be permitted to attend school (G.S. 130-A-440).						
Initial: Your initial means th	nat you have read and u	understand the health asses	sment requirements.			

CCS Student Enrollment Form 2 April 22, 2019

	С	onti	nue	to N	lext	Page
--	---	------	-----	------	------	------

**Certificate of Domicile:** A student is enrolled in the school that serves his/her domicile or within the guidelines set forth by the Board of Education as in the event of a magnet school or open enrollment school. To establish a new domicile, one must actually move to a new location intending to abandon one's prior domicile and remain in the new location as a permanent home for an indefinite period. In contrast, a residence is an established home, but it need not be one's exclusive home. A person may have more than one residence, but only one domicile.

Pursuant to G.S. 14-209, if it is found that a person willfully and knowingly provided false information in this sworn affidavit, the student will be removed from school and the maker of the affidavit shall be guilty of a Class F felony and shall pay the local board an amount equal to the cost of educating the student during the period of enrollment (if the student is not a domiciliary of the local administrative unit). Repayment shall not include state funds. Offenders will be prosecuted to the full extent of the law

## Falsifying any information about a student's domicile will result in:

- 1. The student's immediate withdrawal from his/her current school and enrollment at the correct school and,
- The student losing his/her athletic eligibility for up to the remainder of his/her tenure in the Cabarrus County School System.

Initial:				
Vour initial	moone that you have re	ad and undereta	nd Cortificate o	f Domicila

Suspension, expulsion and felony conviction information: Nort	` ,					
student transfers into the public school of a local administrative unit (school district), that local board shall require the						
student's parent, guardian or custodian to provide a statement made	under oath or affirmation before a qualified official					
indicating whether the student is, at the time, under suspension or ex	epulsion from attendance at a private or public school or					
has been convicted of a felony in this or any other state.						
Is this student currently under suspension or expulsion? No	Yes					
If yes, please explain and provide documentation:						
Has the student ever been convicted of a felony? No	Yes					
If yes, please explain and provide documentation:						
ii yes, piedse explain and provide documentation.						
I, the undersigned parent or legal guardian of the child named a	bove, certify that all of the information provided on					
this form is true to the best of my knowledge and belief.						
Signature of the Parent/Guardian	Date					
Sworn to and subscribed before me this day of	20					
Notary Public:	My Commission Expires:					

In compliance with Federal Law, Cabarrus County Schools administers all educational programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.

CCS Student Enrollment Form 3 April 22, 2019

CCS Student Enrollment Form 4 April 22, 2019