



Student Enrollment Form
(Please print all information)

Student Number: _____
Enrollment Date: _____ Grade Level: _____
E1: Int. enroll this year E2: Int. enroll from non NC sch R2: Transfer within same LEA
R3: Transfer from another LEA R5: Re-enroll previous W1 R6: Re-enroll previous W2
Internal use only.

Has the student attended a preschool? Yes [] No [] Has the student attended a NC school before? Yes [] No []

Name of last school attended? _____ City _____ State _____

Student's Legal Name: _____
Last _____ First _____ Middle _____

Date of Birth: ____/____/____ Gender: Male [] Female [] Primary Phone* _____
*Primary Phone is the contact phone number used for general communication. Primary, cell and day/work are called in case of emergency.

Ethnicity: (choose one): Hispanic [] Non-Hispanic [] Race (check all that apply): American Indian/Alaskan Native []
Asian [] Black or African American [] Native Hawaiian/Pacific Islander [] White []

Student's Current Grade Level: _____

Table with 4 columns: Sibling Info., Name of Sibling, Gender, Name of School, Grade. Includes instruction: List only siblings who are currently enrolled in Cabarrus County Schools.

Presently the student is living in: Apartment or Home [] Shelter [] Motel/Car/Campsite []
With friends/relatives temporarily (with Parent/Guardian) [] With friends/relatives (without parent/guardian) []

Home Address Street: _____ Apt/Suite _____ City _____ Zip Code _____

Mother/Guardian Name: _____ Mother [] Guardian []

Mother/Guardian Street _____
If different from Home Address
Apt/Suite _____ City _____ Zip Code _____

Primary Phone* (If different) _____ Cell Phone _____ Day/Work Phone _____
*Primary Phone is the contact phone number used for general communication. Primary, cell and day/work are called in case of emergency.

Email Address: _____ Employer: _____

Father/Guardian Name: _____ Father [] Guardian []

Father/Guardian Street _____
If different from Home Address
Apt/Suite _____ City _____ Zip Code _____

Primary Phone* (If different) _____ Cell Phone _____ Day/Work Phone _____
*Primary Phone is the contact phone number used for general communication. Primary, cell and day/work are called in case of emergency.

Email Address: _____ Employer: _____

If parents are separated or divorced, who has primary custody? _____

How was custody awarded? *You must provide a copy.* Court Order: Written Separation Agreement

Does the Court Order or Separation Agreement limit the non-custodial parent's rights? Yes No

Contact Information: Please list the person(s) authorized to pick up this child **other than the parent** or who may be contacted in case of an emergency when the school is unable to contact the parent.

	Contact Name	Relation to Student	Home Phone	Day/Work Phone	Cell Phone
1					
2					
3					

Special Program/Exceptional Children: Does this student participate in any special service programs or have an educational disability?

Yes No

If yes, check all that apply: 504 Plan AIG/Gifted Exceptional Children/IEP ESL Other

If the student has an after-school provider, record the name of the provider: _____

Work Phone of Provider: _____ Cell Phone of Provider: _____

Emergency Medical Information: Identify and explain any specific health problems the student may have:

We are required to ask each parent /guardian to provide language information so that we may better serve English as a Second Language Students. Where was the student born? _____

What language does the student speak most often? *(Other than those learned in school)*

English Spanish French Vietnamese Korean Russian
Arabic German Japanese Portuguese Chinese Other _____

What is the first language the student learned to speak?

English Spanish French Vietnamese Korean Russian
Arabic German Japanese Portuguese Chinese Other _____

What language is most used in the student's home?

English Spanish French 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).

Effective July 1, 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 would have first been eligible for initial entry into the public schools. The health assessment must be completed on the state health assessment form 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).

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 and enrollment at the correct school and,
2. The student losing his/her athletic eligibility for up to the remainder of his/her school tenure in the Cabarrus County School System.

Signature of Parent/Guardian

Date

To be completed ONLY when a student transfers into Cabarrus County Schools:

Suspension, expulsion and felony conviction information: North Carolina General Statute 115C-366 (a4): When a 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 expulsion 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

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: _____

I, the undersigned parent or legal guardian of the child named above, 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.