

Hardship Caregiver Enrollment for Student Placement

- ❖ **The Student Placement Office does not give out information about Athletics.**
- ❖ If you have athletic questions, please contact the Charlotte-Mecklenburg Schools Athletic Department at 980-343-6980.
- ❖ If the child is receiving Resource or Self-Contained Exceptional Children's services, please contact the Charlotte-Mecklenburg Schools Exceptional Children's Department at 980-343-6960.

CHARLOTTE-MECKLENBURG SCHOOLS

PARENT, LEGAL CUSTODIAN OR LEGAL GUARDIAN AFFIDAVIT OF RESIDENCE and STUDENT HARDSHIP STATUS (Parent, legal custodian or legal guardian domiciled in Mecklenburg County)

To be completed by the student's parent, legal custodian or guardian

Assignments made under this Affidavit are effective for the _____ School Year only. For subsequent school years, the parent, legal custodian or legal guardian must provide an updated Affidavit and documentation by _____. Failure to provide an updated Affidavit may result in the student being assigned to the school serving the residence of the parent, legal custodian or legal guardian.

The student named _____ (Student's full name)
is living with: _____ (Name of adult with whom student resides)
who lives at: _____ (Street address / city / state / zip)

Student's Date of Birth: _____ / _____ / _____ Student's CMS ID: _____

I _____, am this student's

(Name of Parent / Legal Guardian)

- Parent
- Legal custodian (provide court order)
- Legal guardian (provide court order)

My address is: _____ (Street address / city / state / zip)

My phone number is _____

- I. The student is living with _____ as a result of (check all that apply and provide documentation of the checked reason(s))
- A. The serious illness or incarceration of my spouse or myself
 - Statement from doctor or medical care facility that sets forth the nature, onset and duration of the illness, date last examined, and the reason you are unable to care for child
 - Documentation of incarceration and length of the sentence
 - B. My abandonment of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance (appropriate documentation required)
 - C. Abuse or neglect in our family
 - Statement from Department of Social Services, law enforcement, or other appropriate agency documenting reported abuse or neglect
 - D. A physical or mental condition that I have that causes me to be unable to provide adequate care and supervision of the student
 - Statement from doctor or medical care facility that sets forth the nature, onset and duration of the physical or mental condition, date last examined, and the reason you are unable to care for child
 - E. My relinquishment of physical custody and control of the student as recommended by the Department of Social Services or Division of Mental Health
 - Custody order from DSS or Division of Mental Health
 - F. I am on active military duty and am deployed (or will be deployed) out of Mecklenburg County for 30 or more days
 - Evidence of deployment from the military
 - Dates of planned deployment: _____ to _____
 - G. The loss or inhabitability of our home as the result of a natural disaster

II. This request for the student named above to live with the adult named above is not primarily related to attendance at a particular school in CMS.

III. The student named above is not under a long-term suspension or expulsion from his/her most recent school nor is he/she currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.



**PARENT, LEGAL CUSTODIAN OR LEGAL GUARDIAN AFFIDAVIT OF RESIDENCE and STUDENT HARDSHIP STATUS
(Parent, legal custodian or legal guardian domiciled in Mecklenburg County)**

IV. I have given to the adult named above the responsibility for educational decisions for this child, including receiving notices of discipline, attending conferences with school personnel, granting permission for school related activities, and taking appropriate action in connection with student records.
 Educational Power of Attorney is attached. If not attached, state the reason below:

V. I understand that a student approved to attend high school (grades 9-12) may not be eligible to participate in interscholastic athletics in CMS. I will contact the CMS Athletic Department at 980-343-6980 for questions about athletic eligibility.

VI. This student last attended school at _____
and was in the _____ grade.
VII. Does this student have an Individualized Education Plan (IEP)? Yes No Not Sure

The above information is true. I am aware that if I am not truthful in any of these statements, the enrollment and privileges available to the student living with me may be affected. Penalties may include the student being withdrawn from school or denied athletic eligibility. In addition, if I have knowingly provided false information, I am subject to criminal prosecution for a Class 1 misdemeanor and shall pay to the Charlotte-Mecklenburg Schools an amount equal to the cost of education of the student for the time enrolled.

Signature: _____ Date: _____
(Signature of student's parent, legal custodian or legal guardian)

CMS Student Placement Representative: _____ **Date:** _____

State of : _____ County : _____

I, _____ a Notary Public of the County and State aforesaid,
certify that _____ personally appeared before
me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal, this _____ day of _____, 20 _____ .

My commission expires: _____, 20 _____

(Notary Public)

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: _____