Important forms needing your signature are included.

STUDENT FORMS

2022-2023
Please read this full booklet, fill out and return the applicable forms to your child’s school. The complete 2022-2023 Student Forms Booklet can be found on the CMS website: www.cms.k12.nc.us

TABLE OF CONTENTS

Student Technology Device Program ................................................................. 1
Student Locker Assignment (Grades 6-12) ......................................................... 3
Participation in Physical Education (Grades K-12) ............................................. 3
Photo and Video Release Form ............................................................................ 4
Musical Instrument Disclaimer Form ............................................................... 5
Medication Authorization for CMS Students .................................................. 6, 7
Diet Order Form ................................................................................................. 8
Title VI Student Eligibility Certification ......................................................... 9

Vision and Mission

The vision of Charlotte-Mecklenburg Schools is to lead the community in educational excellence, inspiring intellectual curiosity, creativity, and achievement so that all students reach their full potentials.

The mission of Charlotte-Mecklenburg Schools is to create an innovative, inclusive, student-centered environment that supports the development of independent learners.
AGREEMENT
This agreement is made by and between the Charlotte-Mecklenburg Schools (hereafter “CMS”) and the student (“student”) and parent/guardian and takes effect on the date of signature on this form. For the purpose of this agreement the term “provided device(s)” shall refer to the mobile device make, model, and all accompanying accessories provided under this agreement.

PURPOSE
The purpose of the Student Device Program is to provide CMS students with the technological resources to receive online, at home, and in-person instruction. The devices being provided are the property of CMS and are to be used for educational purposes only.

EXPECTATIONS
Students/Parent(s)/Guardian(s) may not:

- Operate or place CMS devices near food or liquids.
- Engage in illegal or prohibited conduct of any kind using any of the devices checked out to the student.
- Copy, modify, remove or replace CMS’s software, configuration, or the operating system (i.e. hack or jailbreak the system).
- Remove, edit or apply any stickers or labels on any of the devices checked out to the student.
- Under no circumstances should the student, parent(s), or guardian(s) attempt to or allow anyone other than CMS staff to fix or repair the equipment.

STUDENTS MUST:

- Handle devices properly to prevent breakage and drops.
- Properly maintain devices and keep clean.
- Secure and store away CMS devices when not in use.
- Only use CMS provided charging adapter(s) to charge the devices.
- Abide by the expectations listed in CMS Board Policy (Policy IJNDB-R) for Acceptable Use of Internet and Websites.

CONTENT FILTERING DISCLAIMER
CMS uses technology protection measures to limit or restrict access to material considered harmful or inappropriate to students. It may not be possible for CMS to absolutely prevent such access. Despite our best efforts and beyond the limits of content filtering technology, a student may run across some material that is objectionable.

No user of technological resources, including a person sending or receiving electronic communications, may engage in creating, intentionally viewing, accessing, downloading, storing, printing, or transmitting images, graphics (including still or moving pictures), sound files, text files, documents, messages, or other material that is obscene, defamatory, profane, pornographic, harassing, abusive, advocating illegal acts, or considered to be harmful to minors.

The use of anonymous proxies to circumvent content filtering is prohibited.

NO RIGHT TO PRIVACY
CMS reserves the right to examine CMS devices and search their contents at any time for any reason. Neither students or guardians have any right to privacy of any data saved on the devices or in a cloud-based account to which the devices connect. CMS may involve law enforcement if the devices are thought to have been used for an illegal purpose. CMS reserves the right to require the return of any provided devices at any time.

NOTIFICATION OF LOSS, DAMAGE, OR MALFUNCTIONING
The student, parent(s) or guardian(s) agree to immediately notify CMS personnel upon the occurrence of any loss to, damage to, or malfunctioning of any part of the provided device(s) for any reason. If the device is stolen outside of school premises/grounds, it is the parent/guardian responsibility to contact the applicable local law enforcement agency and file a police report and provide a copy to CMS.
DAMAGE OR LOSS OF CMS PROVIDED DEVICES
The parent/guardian/student are responsible for the cost of repair or replacement at the date of loss if the property is:
• Not returned
• Intentionally damaged
• Lost because of negligence
• Stolen, but not reported to school and/or police
All devices and chargers are the property of Charlotte-Mecklenburg Schools. If you are issued a device, you are obligated to present the device for inspection or collection at any given time throughout the school year. If a student fails to provide his or her device at that time, the parent and student are responsible for the cost to replace the device. If a student damages two devices in a single school year, CMS at its discretion will issue an older, used device to the student or require that the device remain at school.
Fees associated with damages can be found in the Online School Payment system. For further information regarding obligations and damages, please contact your school’s principal.

INDEMNIFICATION
To the fullest extent allowed by law, the parent/guardian and their heirs, agree to indemnify, defend, and hold harmless CMS, its Board of Education, and its individual Board members, employees, and agents, from any and all claims, damages, losses, causes of action, and the like relating to, connected with, or arising from the use of the district provided devices or this Agreement.

ACKNOWLEDGEMENT
I (parent/guardian signed below) have reviewed this agreement, understand it, and agree to the terms and conditions, disclaimers, and statements listed in this agreement. I furthermore give my student permission to use CMS provided devices for learning. I will also help ensure the safe and timely return of the device to CMS within the loan period.

STUDENT NAME ____________________________________________________________________________________________________

STUDENT NUMBER _________________________________________________________________________________________________

PARENT/GUARDIAN NAME ___________________________________________________________________________________________

PARENT/GUARDIAN SIGNATURE _______________________________________________________________________________________

PARENT/GUARDIAN EMAIL ___________________________________________________________________________________________

PARENT/GUARDIAN PHONE ___________________________________________________________________________________________

DATE _____________________________________________________________________________________________________________
STUDENT LOCKER ASSIGNMENT
(GRADES 6-12)

Lockers are the property of the district. They should only contain supplies needed for school and are subject to
authorized searches at any time, including sniff inspections done by specially trained dogs, as permitted by CMS
Board Policy JIHD.

Student signature: ________________________________________________________________

Parent/Guardian signature: _______________________________________________________

School: ________________________ No. of locker assigned: ________________________

Date assigned: ________________________ Date: ________________________

Assigned by: ________________________ Locker combination: ________________________

PARTICIPATION IN PHYSICAL EDUCATION
(GRADES K-12)

All students shall participate in physical education. No student shall be permitted to waive or substitute other
classes for the physical education requirement except as follows: Suitably adapted physical education shall be
included as part of the Individualized Education Program for students with a chronic health problem, other
disabling conditions, or other special needs that preclude following the Physical Education portion of the Essential

Name of student: ________________________________________________________________

Teacher: ________________________ Grade: ________________________

School: ________________________

Please Check One:

❑ My child is able to fully participate in physical education

❑ I would like the physical education teacher to be aware of the following health concerns
  (e.g., diabetes, allergic reactions, asthma, heart conditions) that may require modifications
  or a specially designed physical education program:

  _________________________________________________________________________________

  _________________________________________________________________________________

Parent/Guardian signature: ________________________ Date: ________________________
PHOTO AND VIDEO RELEASE FORM

I grant Charlotte-Mecklenburg Schools the unlimited right to use and/or reproduce photographs*, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Charlotte-Mecklenburg Schools. I also agree to allow my child to be interviewed and/or photographed* by representatives of the external news media, school staff and CMS Communications Services in relation to any and all coverage of Charlotte-Mecklenburg Schools in which he/she is involved. I also agree to allow my child’s work and/or photograph* to be published in any CMS communication, including web and intranet sites, social and broadcast media channels and print and electronic publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s) including, print, electronic and online media.

School name: ______________________________________________________________________________________________________

Student’s name: _________________________________________________________ Homeroom teacher: __________________________

Parent/Guardian signature: ________________________________________________ Date: _____________________________________

Parent/Guardian name (Print): _________________________________________________________________________________________

Parent/Guardian address: _____________________________________________________________________________________________

* “Photograph” in this Release Form is intended to only refer to photos and videos of your child alone. Group photographs and videos (two or more children), with no additional identifying information, are considered Directory Information. Please review the FERPA information sheet in the Parent-Student Handbook.

This information to be completed by school officials only.

Your Name: ____________________________________________________________ Date: _________________________________

Type of Material

[ ] Photograph

[ ] Slide

[ ] Videotape

[ ] Other (please specify) __________________________________________________________________________

Use of Material

(Please provide additional information such as name of news outlet, brochure, purpose of presentation, etc.)

[ ] News outlet______________________________________________________________

[ ] CMS website/Intranet site____________________________________________________

[ ] Brochure_______________________________________________________________

[ ] PowerPoint presentation__________________________________________________

Form # 6162.5 | 7/2021 Please complete form and return to your student’s school.
Students enrolled in instrumental music (band or strings) must complete this form.

**Instrument Storage Areas**

*If necessary,* individual schools may provide storage areas where instruments may be kept overnight. These storage areas are not individual lockers, but open shelving areas. Since students have access to these areas as well as other areas of campus, the Charlotte-Mecklenburg Board of Education assumes no responsibility for any loss or damage to any instrument stored at these locations, on buses or at bus stops.

**School-Owned Instruments**

Before a school owned instrument can be assigned to the student, parents or guardians must complete a *Music Instrument Loan Form*, stating students are financially responsible for the instrument beyond normal wear and tear. This form can be obtained from the instrumental music teacher.

**Instrument Changes**

All changes of instruments are at the discretion of the music director.

**Instrument Repair**

If a student-owned instrument needs repair, it should be taken to an instrument repair shop in a timely manner. Please provide a written note or email from parent or guardian with the name of the repair shop, the date the instrument was taken in and when it is expected to be returned so that your child’s grade will not be affected. School-owned instruments needing repair should be brought directly to the music director’s attention.
Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R). Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.

**SECTION 1: LICENSED HEALTHCARE PROVIDER AUTHORIZATION**

- When possible, medications should be taken before or after school. Administration of non-prescription medications at school is discouraged.
- CMS action plans for asthma, diabetes, seizure disorders and severe allergies may be used instead of this form. See CMS Coordinated School Health webpage.
- When using this form, complete a separate form for each medication; write legibly; use lay terms.
- Complete Section 3 for students who will self-carry and/or self-medicate.

<table>
<thead>
<tr>
<th>Medication: (Generic/Brand)</th>
<th>Controlled Substance?</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose/Dosing Instructions:</td>
<td>Route:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration Time:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to meals:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side Effects/Adverse Reactions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipated length of treatment:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Year</td>
<td>Months</td>
<td>Weeks</td>
<td>Days</td>
</tr>
</tbody>
</table>

In my professional opinion, it is medically necessary for this student to receive this medication during school hours.

<table>
<thead>
<tr>
<th>Signature of Healthcare Provider:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Stamp, Print or Type Healthcare Provider’s Name &amp; Address</th>
<th>Office Phone</th>
<th>Office Fax</th>
</tr>
</thead>
</table>

**SECTION 2: PARENT / LEGAL GUARDIAN CONSENT**

- I understand: No medication will be given at school until this authorization has been approved by a school nurse. New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. It is my responsibility to supply the medication. Each medication must be in the original labeled container from the pharmacy or healthcare provider’s office. Some pharmacies will provide an extra container for school use. Information about this medication and my child’s health may be shared with school staff or agents of the school to help assure my child’s safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child’s health. Medications are given by a nurse or trained CMS staff.
- I give permission for my child to receive the medication described above during school hours. I give permission for the healthcare provider, pharmacist and their staff to provide information to the school nurse about this medication and my child’s health.
- On behalf of my child, I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child taking this medication at school.

<table>
<thead>
<tr>
<th>Parent/Legal Guardian Signature:</th>
<th>Date:</th>
<th>Phone Numbers (mobile, work, home):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Legal Guardian (Print Name):</th>
</tr>
</thead>
</table>
SECTION 3: AUTHORIZATION FOR SELF-MEDICATION BY CMS STUDENTS

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Student’s Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Purpose of Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CMS ELIGIBILITY REQUIREMENTS FOR SELF-MEDICATION

Students with chronic conditions such as asthma, diabetes, severe allergies and those who require frequent doses of non-prescription products, may be eligible to self-medicate. Self-administration of a controlled substance will be considered in rare instances where potentially harmful medical episodes may occur. For self-medication, students: 1) must be mentally, emotionally, and physically capable of self-administering medication, 2) must have been instructed in proper use and safe-keeping of their medications, 3) must demonstrate mature and responsible behavior using their medication 4) must keep their medication secure on their own person or in some other manner agreed upon with the school nurse and the school administration, and 5) must not share medication with or display to other students. The privilege of being allowed to self-medicate may be taken away if there is any just cause. Failure to follow CMS policies and regulations may result in disciplinary actions as noted in the Student Code of Conduct. The CMS Board of Education, its designees and agents, do not assume responsibility for self-medication by students. Additional details are noted in CMS Policy JLCD/Regulation JLCD-R.

HEALTHCARE PROVIDER

The student named above meets the CMS eligibility requirements for self-medication. This student is capable of, has been instructed on the procedures for and has demonstrated the skill to self-administer this medication as directed in Section 1 of this form. This student will not require adult supervision while taking this medication.

Is this medication a controlled substance? ☐ yes ☐ no

Check applicable items below:
☐ Please allow this student to self-administer this medication while at school during school hours.
☐ This student should carry this medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities.

Healthcare Provider Signature: ___________________________
Date: ___________________________

Healthcare Provider (Print Name): ___________________________

PARENT/LEGAL GUARDIAN

My child is capable of self-medicating and meets the CMS eligibility requirements. I give consent to the Charlotte-Mecklenburg Schools to allow my child to self-administer this medication as directed at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medication. If this medication is for a life-threatening emergency such as anaphylaxis or asthma, I agree to provide a backup supply of the medication to be kept at school in a location to which my child has immediate access to assure the medication is available if needed. I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child carrying or taking this medication at school. I understand that information about this medication and my child’s health may be shared with other school staff and agents of the school to help assure my child’s safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child’s health.

Parent/Legal Guardian Signature: ___________________________
Date: ___________________________

Parent/Legal Guardian (Print Name): ___________________________

STUDENT

I am capable of taking this medication on my own. I agree to take this medication as ordered. I will keep it safe and out of the sight of others when I am not using it. I will not let others hold or use my medication or medical supplies. I understand that I will be disciplined under the CMS Student Code of Conduct if I abuse the privilege of being allowed to self-medicate while at school or school-sponsored activities. I understand that I may lose the privilege of self-administering my medication if I do not follow these rules.

Student Signature: ___________________________
Date: ___________________________

Student (Print Name): ___________________________

SCHOOL NURSE

I have reviewed this request and acknowledge that this student has demonstrated the skill level to self-administer this medication. I have informed this student that he or she must tell an appropriate staff member whenever he or she has used the medication at school.

Nurse Signature: ___________________________
Date: ___________________________

Nurse (Print Name): ___________________________

PRINCIPAL / DESIGNEE

I have reviewed this request and approve this student for self-administering this medication.

Principal/Designee Signature: ___________________________
Date: ___________________________

Principal/Designee (Print Name): ___________________________

Please complete form and return to your student’s school.
### Parent / Guardian: Complete Items 1 - 15

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Power School #/N° de estudiante</td>
<td>Student’s Last Name</td>
<td>Student’s First Name</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

#### Request Type

<table>
<thead>
<tr>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Diet Order (nueva)</td>
<td>School (Escuela)</td>
<td>Grade (Grado)</td>
<td>Meals Eaten at School</td>
</tr>
</tbody>
</table>

#### Comments

- **Other (specify)**

<table>
<thead>
<tr>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Nombre)</td>
<td>Phone Number (Teléfono)</td>
<td>Mailing Address, City, State, Zip</td>
</tr>
</tbody>
</table>

#### Contact Information

<table>
<thead>
<tr>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address (We will use this to send acknowledgement and details of your child’s menu plan. PRINT NEATLY)</td>
</tr>
</tbody>
</table>

#### Parent/Guardian Information

<table>
<thead>
<tr>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the student have an identified disability (IEP or 504 Plan)?</td>
</tr>
</tbody>
</table>

#### Medical or dietary need for this request (condición médica o dietética para esta solicitud)

<table>
<thead>
<tr>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural/Personal Preferences</td>
</tr>
</tbody>
</table>

#### Parent/Guardian Information

<table>
<thead>
<tr>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>I consent to the exchange of information between the Healthcare Provider and district/school personnel, as needed.</td>
</tr>
</tbody>
</table>

#### Part A

<table>
<thead>
<tr>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Diagnosis or Condition:</td>
<td>Medical Statement for Students with Unique Mealtime Needs for School Meals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Part B

<table>
<thead>
<tr>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Nutrition Requirements due to documented disability in Section #16:</td>
</tr>
</tbody>
</table>

#### Part B

<table>
<thead>
<tr>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Provider Information</td>
</tr>
</tbody>
</table>

---

*Revised by Child Nutrition Services 4/30/2019*
Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Definition:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Name of Child __________________________________________ Date of Birth ____________________
(As shown on school enrollment records) **PLEASE NOTE:** A separate form is required for each Indian child that is enrolled.

School Name __________________________________________ Grade _______________________

**TRIBAL ENROLLMENT**

Name of individual with tribal enrollment: __________________________________________________________
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the:   ___ Child   ___ Child’s Parent   ___ Child’s Grandparent   ___ Child’s Guardian

Name of tribe or band for which individual above claims membership: __________________________________________

**Tribe or Band is (select only one):**

- ☐ Federally Recognized
- ☐ State Recognized
- ☐ Terminated Tribe (Documentation required. Must attach to form)
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by the tribe or band is:

A. Membership or enrollment number (if readily available) ____________________________________________ OR

B. Other Evidence of Membership in the tribe listed above (describe and match) __________________________

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name __________________________________________ Address __________________________________________
City __________________________________________ State __________ Zipcode __________

**ATTESTATION STATEMENT:** I verify that the information provided above is accurate:

Name Parent/Guardian__________________________________ Signature __________________________

Address __________________________ City __________ State ____ Zipcode ______

Email Address _____________________________________________________ Date ______________________

**NOTICE:** Public Reporting Burden Notice on next page.

Contact information for Title VI Indian Education program is also provided.

OMB Number: 1810-0021   Expiration Date: 04/30/2023
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335.

Charlotte-Mecklenburg Schools
Please submit a copy of the completed Title VI ED Indian Student Eligibility Certification form to:

Chiquitha Lloyd
Director of Diversity & Inclusion
Title VI Indian Education Program Director

Office of the Superintendent
4421 Stuart Andrew Blvd., Suite 102
Charlotte, NC 28217
980-343-8638 - Office
980-343-7135 - Fax
Courier #835-A