

# Cumberland County Schools Pre-K Student Enrollment Form

*Pre-K in Cumberland County is a voluntary program and grant funded.  
Preliminary acceptance is based on income eligibility.*

**Has student ever attended a Cumberland County School?**  No  Yes, Where:

|   |   |   |  |
|---|---|---|--|
| Student Legal Last Name   | Student Legal First Name  | Student Legal Middle Name   | Suffix   |
| Date of Birth<br>____/____/____   | Place of Birth (City, County, State)                                  |   | Social Security Number (optional)<br>____-____-____                      |
| Student Cell Number   | Mother's Maiden Name  | Year Entered Ninth Grade (if applicable)  |  |
| Grade: PK K 1 2 3 4 5 6 7 8 9 10 11 12  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Will the student be transported by bus?<br><input type="checkbox"/> No <input type="checkbox"/> Yes | AM Bus Number: _____<br>PM Bus Number: _____<br>Miles Transported: _____ |
| Is a language other than English used in your home?: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____  |   |   |  |
| Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> White  |   |   |  |
| Is this student Hispanic or Latino?: <input type="checkbox"/> No <input type="checkbox"/> Yes   | U.S. Entry Date: ____/____/____                                       | First Date in U.S. Schools: ____/____/____  |  |
| Has this student ever been evaluated for special education?: <input type="checkbox"/> No <input type="checkbox"/> Yes   |   |   |  |
| Services Received: Special Education/IEP <input type="checkbox"/> No <input type="checkbox"/> Yes    Speech Therapy <input type="checkbox"/> No <input type="checkbox"/> Yes    504 Accommodations <input type="checkbox"/> No <input type="checkbox"/> Yes    Gifted <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |   |  |
| This student is a dependent of a: (select all that apply) <input type="checkbox"/> Active Duty Military Personnel <input type="checkbox"/> Reserve Personnel <input type="checkbox"/> National Guard Personnel <input type="checkbox"/> None Apply  |   |   |  |
| This student has a sibling currently attending a school in Cumberland County: <input type="checkbox"/> No <input type="checkbox"/> Yes (more information will be completed on the back)   |   |   |  |
| Student resides with: <input type="checkbox"/> Both Parents in One Residence <input type="checkbox"/> Mother and Father Equally in Separate Residences <input type="checkbox"/> Legal Guardian, Relation _____<br>(check one<br><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Other: _____ |   |   |  |

**PRIMARY RESIDENCE**

|                                     |              |               |
|-------------------------------------|--------------|---------------|
| <b>Parent 1 (living in primary)</b> | Relationship | Cell #        |
| Employer                            | Work #       | Email Address |
| <b>Parent 2 (living in primary)</b> | Relationship | Cell #        |
| Employer                            | Work #       | Email Address |
| Home Address (street, City, Zip)    |              | Home Phone    |
| Mailing Address (Street, City, Zip) |              |               |

**SECONDARY RESIDENCE (if applicable) IF STUDENT LIVES IN 2 RESIDENCES DURING THE SCHOOL YEAR, PLEASE COMPLETE THIS SECTION:**

|                                       |              |               |
|---------------------------------------|--------------|---------------|
| <b>Parent 1 (living in secondary)</b> | Relationship | Cell #        |
| Employer                              | Work #       | Email Address |
| <b>Parent 2 (living in secondary)</b> | Relationship | Cell #        |
| Employer                              | Work #       | Email Address |
| Home Address (street, City, Zip)      |              | Home Phone    |
| Mailing Address (Street, City, Zip)   |              |               |

**EMERGENCY CONTRACTS - YOU ARE GIVING THESE PEOPLE PERMISSION TO PICK UP YOUR CHILD**

|      |                 |              |
|------|-----------------|--------------|
| Name | Contract Number | Relationship |
| Name | Contract Number | Relationship |
| Name | Contract Number | Relationship |

|                      |   |
|----------------------|---|
| School Last Attended | School System of Previous School  |
| School Address       | Did your child receive Speech Therapy and/or Special Education Services at the last school attended? <input type="checkbox"/> No <input type="checkbox"/> Yes |

|  |   |
|--|---|
| Student has <input type="checkbox"/> No            | <input type="checkbox"/> Allergies: _____   |
| Medical alert: <input type="checkbox"/> Yes: _____ | <input type="checkbox"/> Medications: _____ |
| Physician's Name                                   | Physician's Office Number                   |

|  |   |
|--|---|
| Complete if student doesn't live with both parents. <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried | A copy of the court order awarding custody of child is required for student records. Is a copy in the student's file? <input type="checkbox"/> No |
| Parents are: <input type="checkbox"/> Legally Separated <input type="checkbox"/> N/A                                     | <input type="checkbox"/> Yes  |

If student is not living with either legal parent: Foster Care / Legal Guardian Name: \_\_\_\_\_

**SIBLINGS**

|                                      |           |                        |
|--------------------------------------|-----------|------------------------|
| School Age Siblings Legal Name _____ | Age _____ | School Attending _____ |
| School Age Siblings Legal Name _____ | Age _____ | School Attending _____ |
| School Age Siblings Legal Name _____ | Age _____ | School Attending _____ |
| School Age Siblings Legal Name _____ | Age _____ | School Attending _____ |

Legal Alert: **IMPORTANT!!** List all persons with whom your child cannot leave. Note: Proper legal documents must be provided to support this area.

\_\_\_\_\_

\_\_\_\_\_

In case of emergency (accident, injury, illness, etc.) and parent(s) or legal guardian can not be contacted, school personnel are hereby authorized to take whatever action deemed necessary for the health and well being of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for my child.

A person who knowingly falsifies on a form required for a student's enrollment in Cumberland County Schools shall be liable to the district if the student is not eligible for enrollment, but is enrolled on the basis of false information. For the period during which the student is enrolled, the person is liable for the maximum tuition fee that the district has in effect at the time, or the amount that the district has budgeted per student as maintenance and operating expenses, whichever is greater.

Having read and understood the above notice, I certify that I am the parent, guardian, or person having lawful control of the student named on this enrollment form. I further certify that we are residents of Cumberland County or the parents of an open enrollment student at the above address and that this student, in my charge, meets all other qualifications for admission.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Due to the potential of child abductions and custody disputes, it is important that the office knows the current legal status of your child's guardianship. If there is a guardianship issue concerning your child, the school requires a copy of the court order that explains the rights of the custodial and noncustodial parent. Any other instructions should be in writing. Thank you for your cooperation.**