

# Cumberland County Schools Student Enrollment Form

Homeroom \_\_\_\_\_ State Student Number \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Has the 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 ____/____/____	Place of Birth (City, County, State)		Social Security Number (optional) ____-____-____
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? <input type="checkbox"/> No <input type="checkbox"/> Yes	AM Bus Number: _____ PM Bus Number: _____ Miles Transported: _____

Is a language other than English used in your home?:  No  Yes: \_\_\_\_\_

Race:  American Indian or Alaskan Native  Asian  Black or African American  Pacific Islander/Hawaiian  White

Is this student Hispanic or Latino?:  No  Yes      U.S. Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      First Date in U.S. Schools: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has this student ever been evaluated for special education?:  No  Yes

Services Received: Special Education/IEP  No  Yes    Speech Therapy  No  Yes    504 Accommodations  No  Yes    Gifted  No  Yes

This student is a dependent of a: (select all that apply)  Active Duty Military Personnel  Reserve Personnel  National Guard Personnel  None Apply

This student has a sibling currently attending a school in Cumberland County:  No  Yes (more information will be completed on the back)

Student resides with:  Both Parents in One Residence  Mother and Father Equally in Separate Residences  Legal Guardian, Relation \_\_\_\_\_  
(check one)  
 Mother  Father  Mother/Stepfather  Father/Stepmother  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 RESIDENCES (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 FROM SCHOOL**

Name	Contact Number	Relationship
Name	Contact Number	Relationship
Name	Contact 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
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Complete if student doesn't live with both parents. Parents are: <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated <input type="checkbox"/> N/A	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 <input type="checkbox"/> Yes
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If student is not living with either legal parent: Foster Care / Legal Guardian Name: _____
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**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: <b>IMPORTANT!!</b> 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.**