

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

Parent 1 (living in primary)	Relationship	Cell #
Employer	Work #	Email Address
Parent 2 (living in primary)	Relationship	Cell #
Employer	Work #	Email Address

Home Address (street, City, Zip)	Home Phone
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Mailing Address (Street, City, Zip)

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

Parent 1 (living in secondary)	Relationship	Cell #
Employer	Work #	Email Address
Parent 2 (living in secondary)	Relationship	Cell #
Employer	Work #	Email Address

Home Address (street, City, Zip)	Home Phone
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Mailing Address (Street, City, Zip)

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

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
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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: _____

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.