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	Stu	udent Legal First Name		Studer	nt Legal Middle Name Suffix		
Date of Birth		Place of Birth (City, County, State) Social Security Number (optional)			ber (optional)		
Student Cell Number		Mother's Ma	aiden Name		Year Entered Ninth Grade (if applicable)		
Grade: PK K 1 2 3 4 5 6 7 8 9 10	11 12	Gender: □ Male □ F	- emale	Will the stu be transpo by bus?		ber:	
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 L	Yes U.S. Entry Date://					
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 Father/Stepmother Other:							
PRIMARY RESIDENCE							
Parent 1 (living in primary)		Relationship	Relationship		Cell #		
Employer		Work #	Work #		Email Address		
Parent 2 (living in primary)		Relationship	Relationship		Cell#		
Employer		Work #	Work # Email Address				
Home Address (street, City, Zip)			Home Phone	9			
Mailing Address (Street, City, Zip)							
SECONDARY RESIDENCE (if applicable)	IF STUDENT	LIVES IN 2 RESIDENC	CES DURING	THE SCHO	OL YEAR, PLEASE COMPLE	TE THIS SECTION:	
Parent 1 (living in secondary)		Relationship			Cell#		
Employer		Work #	Work#		Email Address		
Parent 2 (living in secondary)		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	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? □ No □ Yes					
Student has No Medical alert: Yes:		□ Allergies:					
Physician's Name		Physician's Office Number					
Complete if student doesn't		A copy of the court order awarding custody of child □ No is required for student records. Is a copy in the student's file? □ Yes					
If student is not living with either legal parent: Foster Care / Legal Guardian Name:							
SIBLINGS							
School Age Siblings Legal Name	A	ge School Attending					
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School Age Siblings Legal Name	A	.ge School Attending					
School Age Siblings Legal Name	A	ge 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.