

## Cumberland County Schools Student Enrollment Form

Homeroom
State Student Number
Enrollment Date

Has	student ever attended a Cumberland County Sch	ool?	No	Yes, Wher	re:					
Student Legal Last Name			Student Legal First Name S				tudent Legal Middle Name Suffix			
	Date of Birth		Place of Pivth (City County State)					Social Secu	rity Number	
	/ /		Place of Birth (City, County, State)					-	-	
	Student Cell Number			Mother's Maiden Name				Year Entered Ninth Grade (if applicable)		
				Mother's Malacin Name						
AM Due Number										
Grade: PK K 1 2 3 4 5 6 7 8 9 10 11 12   Gender: Male Female   Will the student No be transported PM Bus Number:										
Is a language other than English used in your home?: No Yes: by bus?: Yes: Miles Transported:										
Race: Amer. Indian or Alaskan Native Asian Black or African American Pacific Islander/Hawaiian White										
Is th	is student Hispanic or Latino?: No Yes	U.S.	Entry Date	e:/_		First	Date in U.S.	Schools:/_	/	
Has	this student ever been evaluated for special educati	on?: 「	No	Yes						
	rices Received: Special Education/IEP No		Speech The	<u> </u>	□ Voc 50	4 Accomoda	utions	lo Yes Gifted	d	
		•								
This student is a dependent of a: (select all that apply) Active Duty Military Personnel Reserve Personnel National Guard Personnel None Apply										
gs	School Age Sibling's Legal Name		Age Schoo			Sibling Attends				
Siblings							THE AND I			
	School Age Sibling's Legal Name			Age School Si			ibling Attends			
	School Age Sibling's Legal Name				Age	School Sibl	ing Attends			
Roth Parents in One Pesidence Mether and Father Equally in Separate Pesidences Legal Guardian Polation										
Stuc	lent resides with: Mother Father		er/Stepfat		ather/Stepmothe		<del></del>			
	Mother Tather		Сі/Эсеріас		аптет/этеритоти					
	Parent/Guardian 1		Polatic	anchin			Cell #			
_	Parent/Guardian I			Relationship			Cell#			
Custodial Family #1	Home Address						Home Phone			
Fami	Tionic Address									
dial	Email Address			Employer			Work#			
usto										
Ū	Parent/Guardian 2			Relationship			Cell #			
Email Address				Employer				Work#		
	If the parents/guardians of this child do not resic	la in tha	sama loc	ration nlease	complete the in	formation (	or Family #3	) helow		
	in the parents/guardians of this clinic do not resid	ic iii tiic	Jame loc	.ution picuse	complete the in		or running #2	. DCIOW		
	Parent/Guardian 1		Relatio	onship			Cell #			
				retaile						
	Home Address						Home Phone			
Family #2										
	Email Address			Employer			Work #			
	Parent/Guardian 2			Relationship			Cell #			
							Work #			
Email Address				Employer						

ncy Contacts	Name	Contact Number  Contact Number		Relationship	Pick Up Allowed?  No Yes  Pick Up Allowed?  No Yes					
Emergency	Name	Contact Number		Relationship  Relationship	Pick Up Allowed?  No Yes					
	ool Last Attended		School System of Previous School  Did your child receive Speech Therapy and/or Special Education Services at the last school attended?  No Yes							
Stuc	School Address School									
Phys	ician's Name		Physician's Office Number							
live	mplete if student doesn't Divorced e with both parents. rents are: Legally Separated	Unmarried  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?							
If student is not living with either legal parent: Foster Care / Legal Guardian Name:										
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.										
Parent or Guardian Signature: Date:										
A person who knowlingly 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.