



Phone: (517)541-5115

Fax: (517)541-5105

Application for Non-Resident Enrollment

School of Choice / Release

School Year 20____-20____

IMPORTANT:

- Completion of this form does not automatically enroll a student in Charlotte Public Schools
- The parent(s) is responsible for contacting the district registrar, completing enrollment papers, supplying immunization records and a certified birth certificate, and any other required information.
- **Please return completed form to Registrar's Office, 378 State Street**
- Transportation is the responsibility of the parent.

Parent Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Name of school district of where you live: _____

Student Name: _____ Date of Birth: _____

Student Grade: _____ (Grade for the application school year)

Name of school district currently attending: _____

Has the student ever been expelled, suspended from school? ___ No ___ Yes

If yes, please state school, date & reason: _____

Are charges for expulsion pending against the student(s)? ___ No ___ Yes

Has the student been receiving special education services? ___ No ___ Yes (Attach copy of last IEP)

Please share with us why you would like your child enrolled in Charlotte Public Schools.

Note: The signature of the parent/guardian/student (if over 18 years of age) found below indicates understanding of, and adherence to, the stipulations, and operational aspects of the Schools of Choice application procedures. Further, it is understood that if the parent(s), guardian(s), or student (if over 18 years of age) withholds information or provides false or inaccurate information, the request and approval are immediately null and void.

Signature of Parent, Guardian, or Student (if over 18 years of age)

INTERNAL USE ONLY

Application determination under: SOC 105 (02) SOC 105C (03) Release (06)

I hereby ACCEPT DENY the application for enrollment of the above-named student to Charlotte Public Schools for the 20____ – 20____ school year. Determination Notes: _____

Signature of Superintendent or Designee of CPS

Date



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Request for Educational Records Application Screening

The student named below has applied for out of district enrollment into Charlotte Public Schools. Eligibility for enrollment has not yet been determined. **A request for permanent records (CA-60) will be sent when/if the student does enroll.**

Student Name _____ Birth Date _____

Grade _____

Previous/Current School Name _____

Address _____
City State Zip

School Phone Number _____ School Fax Number _____

Please email the following Educational Records to **enrollcps@charlottenet.org** as soon as possible

- _____ Academic Transcripts
- _____ Current class schedule (if not reflected on transcript)
- _____ Grades in current classes (if student were to withdraw at this time)
- _____ Discipline
- _____ Special Education/504

I hereby grant permission for the release of the above record(s) under the provisions of the Family Educational Rights and Privacy Act of 1974 to Charlotte Public Schools. Thank you for your prompt attention in this matter.

Signature of Parent/Guardian or Eligible Student

Date

The family Educational Rights and Privacy Act of 1974, sec. 99.34, states in part; Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parent(s) be notified of the transfer, receive a copy of the record, if desired, and has an opportunity to challenge the content of the record.