

Board of Education, Administration Office 378 State Street, Door 20 <u>enrollcps@charlottenet.org</u> 517-541-5100 Charlotteorioles.com

Enrollment Checklist

Items that **must** be presented to the District Registrar prior to your child being enrolled into Charlotte Public Schools in addition to enrollment packet

o Certified Birth Certificate

o Parent/Guardian Identification

• Copy of any court order establishing the right of custody will be required for registration if adult enrolling the student is not listed on the certified birth certificate.

o Up-to-date Immunization Records

o 2 Proofs of Residency (See Residency Affidavit in enrollment packet for accepted proofs)

${\rm o}$ Special Education Services with Copy of Last IEP

o Students entering their first year of school

- Hearing and Vision Screening Verification
- Dental Oral Assessment

In order to provide the best transition for your child into Charlotte Public Schools, it may take up to <u>two (2) school days</u> for your child to be placed upon receipt of all enrollment paperwork.

Charlotte Public Schools required enrollment forms found in packet

o Enrollment Form	o Request for Educational Records (if applicable)
o Enrollment Transition Questionnaire Form	o Student Network Application
o Consent for Disclosure of Immunizations	o Transportation Form
o Residency Verification Affidavit (Include two Proofs	o Technology Acceptable Use Policy Form
of Residency)	o SEL Dog Support Notice
	o McKinney-Vento Assistance Form (if applicable)



You must present ID, a certified birth certificate, immunization record & 2 proofs of residency

Student Information

Child's Lo	egal Nan	ne:							
(As shown	on birth c	ertificate)	First Name			Middle Name		Last Name	
Gender:	MALE	FEMALE	Date of Birth:	/		/	_ Place of Birth:		
	(Circle	e One)		Month	Day	Year		City	State
Current	Address								
		Stree	et Address	Apt/Unit#		City		Zip Code	
County c	of Reside	ence:			_ Schoo	l District of Re	sidence:		
Previous	School	Attended:							
			School Name /Pre	-School or Day	/care	City/State	#	of Years Attended	
Grade Er	ntering:	De	pes your child p	resently rec	eive Spe	ecial Education	Services? No	Yes,	
	0.		, ,		•			Service	
Fthnic ar	nd Race	Category: F	Both Part A and Part	B must be an	swered				
		87-							
PART A		I	s this student H	ispanic/Lati	ino?				
ETHNICIT	ΓY	-	N	o, not Hispa	anic/Lati	no			
		-	Ye	es, Hispanic	/Latino				
			A person of Cuban, regardless of race)	Mexican, Pue	rto Rican,	South or Central A	merican or other S	spanish culture or c	origin,
PART B		v	/hat is this stud	ent's race?	(Choose o	ne or more)			
RACE		_	Am	erican India	an or Ala	ska Native			
		(4	A person having orig	ins in any of tl	he original	peoples of North	n and South America	, including Central	America)
			Asi	an					
			person having origi ilippine Islands, Tha	•	-	peoples of the Far	⁻ East, Japan, Korea,	Malaysia, Pakistan,	, The
		_	Blac	ck or Africar	n Americ	an (A person havi	ng origins in any of t	he black racial grou	ups of Africa)
			Nat	ive Hawaiia	n or Oth	er Pacific Islan	der		
		(A	person having origi	ns in any of th	ne original	peoples of Hawaii	, Guam, Samoa or of	ther Pacific Islands)	
			Whi	te					
		(A	person having origi	ns in any of th	ne original	peoples of Europe	e, the Middle East or	North Africa)	

Note: Both Parts A and B must be completed. We encourage you to select an answer for both parts. If either A or B is not answered, the U.S. Department of Education *requires* the school district to supply an answer on your behalf.

Medical Information

amily Dhysisian					
-amily Physician:				Office Phone:	
<u>Military</u>					
s a parent Full-Time Arm	ed Forces, Natio	nal Guard or Acti	ve Duty: No	Yes Branch:	
amily Information					
biblings Attending Charlo	otte Public Schoo	ols:			
Name:				Building they attend:	
Name:				Building they attend:	
lame:				Building they attend:	
Adults in This Family, Liv	ing with Child at	documented ad	dress		
Name: First Nai			ddle Name	Last Name	
				Marita	
				Work:	
Name:					
First Nai			iddle Name	Last Name	
				Work:	
		rent address that	n documented.	provide that information here.	
f child's mother or fathe	er lives at a diffe	chi addi cos thai	,		
			· · · · · · · · · · · · · · · · · · ·		
f child's mother or fathe Name: First Nai			iddle Name	Last Name	
Name: First Nai Relationship to Child: F	^{me} ather Mother	Mi Foster Parent	iddle Name Other (Specify)	Last NameMar	
Name: First Nai	^{ne} ather Mother	Mi Foster Parent	iddle Name Other (Specify)		
Name: First Nai Relationship to Child: F Address: Street Address	ne Father Mother Apt/Unit	Mi Foster Parent C	iddle Name Other (Specify) ity	MarMar	tal Status Zip Code
Name: First Nai Relationship to Child: F Address: Street Address Phone: Primary:	ne ather Mother Apt/Unit	Mi Foster Parent C Cell:	iddle Name Other (Specify) ity	MarState	tal Status Zip Code
Name: First Nai Relationship to Child: F Address: Street Address	ne ather Mother Apt/Unit	Mi Foster Parent C Cell:	iddle Name Other (Specify) ity	MarState	tal Status Zip Code
Name: First Nai Relationship to Child: F Address: Street Address Phone: Primary: Email Address:	ne Father Mother Apt/Unit	Mi Foster Parent Cell: e school may con	iddle Name Other (Specify) ity tact and/or rele	Mar	tal Status Zip Code
Name:	ne Father Mother Apt/Unit an emergency the I by phone. List in	Mi Foster Parent Cell: e school may con n order which you	iddle Name Other (Specify) ity tact and/or rele u would like con	Mar	zip Code
Name:	ne Father Mother Apt/Unit an emergency the I by phone. List in	Mi Foster Parent Cell: e school may con n order which you Pho	iddle Name Other (Specify) ity tact and/or rele u would like con	Mar	zip Code

Parent / Guardian Signature:



Enrollment Transition Questionnaire

Welcome to Charlotte Public Schools!

Please fill out the information below in order to make your child's transition to our school district as smooth as possible.

Child's Name	Date of Birth	
Current supports or criteria that applies t	o your child (Check all that apply)	
 Individual Education Plan (IEP) 504 Plan Math Support Reading Support Behavior Support Resource Room School Counseling Support 	 Speech/Language Therapy Physical Therapy Occupational Therapy Eligible for Free/Reduced Lunch Chronic Absenteeism Victim of Child Abuse or Neglect Pregnant Teen or Teen Parent 	 Family/Student History of School Failure, Incarceration or Substance Abuse Immigrant (last 3 years) Limited English (ESL/ELL) Primary Language
	rested in enrolling in DK (2 year Kinderga al conditions we should be aware of?	
Does your child take any medication regu	Ilarly at school?	
Has your child ever been suspended or e Do you have any concerns about your chi academically)?	ld that have not been addressed (emotio	nally, behaviorally, socially,
What other information do you think we	should know to best serve your child? Sp	ecial interests, clubs, sports, hobbies
Signature of Parent/Guardian:		Date:
Office Use Only: Student Grade: Registrar N	Notes:	
Form Received By Registrar On:		Administrator On:

Charlotte Public Schools

Consent for Disclosure of Health Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

Other health information shared with the health department could include: Hearing & Vision Screening and Dental Oral Assessment.

You may withdraw your consent to share this information in writing at any time.

I authorize <u>Charlotte Public Schools</u> to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name:	Date of Birth:	/ /	

Printed Parent/Guardian Name: ______

 Date:	/	'/	

Signature of Parent/Guardian OR Eligible Student

Rev.3/3/21



Residency Verification Affidavit

Name of Student_____

Student's DOB:

According to State Attorney General Opinion N. 5925, school districts have the right to ask new enrollees to prove residency. By signing this affidavit you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental or lease agreement, that person must also sign this document under "Person with whom family is residing with" and prove their residency.

--PLEASE READ CAREFULLY—

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Charlotte School District, the student will be excluded from the district immediately. Further, the district will require a tuition payment be made for the time in attendance as a non-resident and will take any legal steps to recover the same. Finally, the falsification of documents will result in filing of a complaint with the appropriate law enforcement agency for criminal prosecution against all parties involved.

BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE READ AND UNDERSTAND THIS DOCUMENT

Address	_City	Zip
Parent/Guardian Signature		_Date
Signature of Person with whom family is residing with (if application of the second se	able)	_Date
Office Use: Verification of residency may be made with two of the following	g (Check those that apply):	
Driver's License Property Tax Statement	Utility Bill	Lease Agreement
Voters Registration Mortgage/Home Closing Documen	its Other (describe)	
CPS Staff Signature & Title		Date



REQUEST FOR EDUCATIONAL RECORDS & AFFIRMATION OF PRIOR DISCIPLINE RECORD

Please forward all transcripts, grades, test records, psychological & diagnostic evaluations, health records & special education records at your earliest opportunity

(Student's Name)		(Grade)	(Date of Birth)
Last School Attended:			
		Fa	x #
	(Name of Scho		
(Address)	(City)	(State)	(Zip)
DIRECTIONS: Check the box next	to the appropriate paragraph.	Please provide inform	ation, and sign this document.
Paragraph 1:			
	that	has NOT	been suspended or expelled from any scho
Paragraph 2:			
	that	HAS been	n suspended or expelled from any school.
If you checked the box in paragra	ph 2, please explain the circur	mstances. Include the s	chool name, date of suspension or
I hereby authorize the release of a		ate)	
(Parent/Guardian Signatu		ate)	
(Parent/Guardian Signatu	ıre) (Da		
(Parent/Guardian Signatu	ıre) (Da		
(Parent/Guardian Signatu	ıre) (Da		
(Parent/Guardian Signatu FOR OFFICE USE ONLY: Date sent: <u>Please Send Records To:</u> Charlotte High Schoo	Ire) (Da Signature of C DI Charlotte Middl	e School	arlotte Upper Elementary School
(Parent/Guardian Signatu FOR OFFICE USE ONLY: Date sent: Please Send Records To: Charlotte High School 378 State Street	Ire) (Date of Content	e School	arlotte Upper Elementary School 68 Carlisle Hwy
(Parent/Guardian Signatu FOR OFFICE USE ONLY: Date sent: Please Send Records To: Charlotte High School 378 State Street Charlotte, MI 48813	Ire) (Da Signature of C DI Charlotte Middl 1068 Carlisle Hv Charlotte, MI 48	EPS Staff Member: e School Cł vy 10 3813 Cł	arlotte Upper Elementary School 68 Carlisle Hwy arlotte, MI 48813
(Parent/Guardian Signatu FOR OFFICE USE ONLY: Date sent: Please Send Records To: Charlotte High School 378 State Street Charlotte, MI 48813 FAX:517-541-5625	DI Charlotte Middl 1068 Carlisle Hw Charlotte, MI 48 FAX: 517-541-57	EPS Staff Member: e School Cf vy 10 3813 Cf 775 FA	arlotte Upper Elementary School 68 Carlisle Hwy arlotte, MI 48813 X: 517-541-5775
(Parent/Guardian Signatu FOR OFFICE USE ONLY: Date sent: Please Send Records To: Charlotte High School 378 State Street Charlotte, MI 48813 FAX:517-541-5625 Parkview Elementary	Ire) (Date of Content	e School Cr vy Cr 3813 Cr 775 FA mentary School Ga	arlotte Upper Elementary School 68 Carlisle Hwy arlotte, MI 48813 X: 517-541-5775 alewood Early Elementary School
(Parent/Guardian Signatu FOR OFFICE USE ONLY: Date sent: Please Send Records To: Charlotte High School 378 State Street Charlotte, MI 48813 FAX:517-541-5625 Parkview Elementary 301 E Kalamo Hwy	Ire) (Dates of Constraints of Const	e School Cr vy 10 3813 Cr 775 FA mentary School Ga 51	aarlotte Upper Elementary School 68 Carlisle Hwy aarlotte, MI 48813 X: 517-541-5775 alewood Early Elementary School 2 E Lovett Street
(Parent/Guardian Signatu FOR OFFICE USE ONLY: Date sent: Please Send Records To: Charlotte High School 378 State Street Charlotte, MI 48813 FAX:517-541-5625 Parkview Elementary	Ire) (Dates of Constraints of Const	e School Cr vy Cr 3813 Cr 775 FA mentary School Ga 51 3813 Cr	arlotte Upper Elementary School 68 Carlisle Hwy arlotte, MI 48813 X: 517-541-5775 alewood Early Elementary School

Charlotte Public Schools Acceptable Use Policy Electronic Information Access and Use for Educational Purposes Member Responsibility Declaration

Charlotte Public Schools has developed an <u>Electronic Information Access and Use for Educational Purposes</u> <u>Policy</u> for using the Internet, local and wide area networks, computers and related technical and audio visual equipment. Access and use of these technologies is a privilege for the User and must be used responsibly in the pursuit of educational endeavors.

I have read, understand, and will abide by the <u>Electronic Information Access and Use Policy</u> located at <u>https://www.charlotteorioles.com/downloads/technology_files/use_access_policy.pdf</u> and the <u>Lab/Classroom-Computers/Equipment/Internet Use Policy</u>, and the applicable sections of the <u>Student Handbook</u>. I agree to be responsible for and abide by all rules and regulations of these policies and handbook. I understand that should I commit any violation, my privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

User's Signature: _____

Date:_____

(If you are a student of Charlotte Public Schools, a parent or guardian must also read and sign this agreement)

Charlotte Public Schools has taken precautions to prohibit access to inappropriate materials. However, I also recognize it is impossible for Charlotte Public Schools to restrict access to all inappropriate or copyrighted materials and I will not hold them responsible for materials acquired on the network.
I will instruct my child about any other access restrictions in addition to those set forth in District Policy. I will emphasize to my child the importance of following the District rules for personal safety.
Users are responsible for following instructions in the use and care of educational technology and should refrain from using any technology for which they have not received instructions
Users may be required to make full financial restitution for any damages to educational technology or unauthorized expenses incurred through the use of educational technology.
I give permission for my child to use available technologies for educational endeavors.
As the parent or guardian of this student, I have read the <u>Electronic Information Access and Use</u> <u>Policy</u> located at <u>https://www.charlotteorioles.com/downloads/technology_files/use_access_policy.pdf</u> and the <u>Lab/Classroom-Computers/Equipment/Internet Use Policy</u> and the applicable sections of the <u>Student Handbook</u> . I understand that this access is designed for educational purposes.
Parent/Guardian SignatureDate:

		CHARLOTTE PUBLIC SCHOOLS Lab/Classroom Computers/Equipment/Internet Use Policy	
	The goal of using computers, the Internet, and/or computers and/or the Internet will increase their with data and other people. Students using comp	The goal of using computers, the Internet, and/or any type of equipment, is to locate information for educational purposes. Students usin computers and/or the Internet will increase their technological skills, communication skills and information gathering skills as they work with data and other people. Students using computers/Internet agree to follow these guidelines:	ttional purposes. Students using n gathering skills as they work
	K-4 student	5-8 Student	9-12 Student
•	I will always follow my teacher's directions for us- ing computers, equipment and the Internet.	 I will always follow my teacher's directions for us- ing computers, equipment and the Internet. 	 I will not use the Internet unless I have a Charlot- teNet account and/or Instructor's permission.
•	I will not use the Internet unless I have my teacher's permission.	 I will not use the Internet unless I have my teacher's permission. 	 I will follow the Instructor's directions on the Internet and use it only for school purposes.
• •	I will use computers and equipment with respect. I will follow the rules about using the Internet.	 I will use computers, equipment, and the Internet responsibility and respectfully. I will ask for help if I do not know how to use com- 	 I will not abuse any policies, procedures or computer hardware, software, and/or other technology equip- ment.
• •	I will ask for help when I need it. I will not give out my name, address or phone num- ber on the Internet.	 puters or equipment. I will not give out personal information on the Internet without my teacher's permission. 	• I will not give out any personal information (<i>name</i> , <i>address, phone number</i>) about others or myself on the Internet without my Instructor's permission.
• •	I will tell my teacher if the computer or equipment isn't working. I will not copy or use someone else's files or soft- ware.	 I will follow the rules about using the Internet. I will tell my teacher if the computer or equipment if not working properly. 	 I understand that the web sites I access and the lan- guage I use on the Internet must be respectful, re- sponsible, and educational. If I have any doubts as to the appropriateness of a site, I will contact my Instructor BEFORE accessing that site.
		 I will not share my login, password or files with others. 	 I will notify my Instructor immediately if a problem exists with hardware, software or Internet use.
		 I will not copy or download files or software from the Internet or a ccess someone else's files on school computers. 	• I will not copy, alter, install, download or give out files unless I get permission from my Instructor.
1		 I will make sure that the web sites I access and the language I use on the Internet is respectful, re sponsi- ble, and educational. 	• I understand class accounts are to be used ONLX during that class period with permission from my Instructor <i>no other time is allowed unless special</i> <i>permission is granted and supervision is provided by</i> <i>the classroom teacher in charge.</i>
	A full version of the District's Policy for E www.charlotteorio	A full version of the District's Policy for Electronic Information Access and Use for Educational Purposes can be located at www.charlotteorioles.com/downloads/technology_files/use_access_policy.pdf	ional Purposes can be located at s_policy.pdf
			2/1/05

Last Name, First Name

Expected Graduation Date

Charlotte Public Schools Charlottenet **Student Account**

Member Information		Date	
Name (full name-no aliases)			
FIRST	MIDDLE	LAST	
Street Address			
City, M	I Zip	Birth Date/	_/
Phone Numbers (Home)			
Mother's maiden name (for security reasons)		
You are a student at which school or site?			

Please read the following VERY carefully and follow the instructions EXACTLY or your application cannot be processed!

Your Account will be identified by your login name. **The first six characters of your last name followed by your first name initial and grad year**. If you last name is less than 6 digits, then your login name will just be your last name flowed by your first initial. You must use all lower case letters. In the event of a duplicate login name request, middle initials will be added as the seventh digit.

Example: Abraham Lincoln would graduate in 2025 so his username would be lincola25

Applications will be processed upon receipt. Please allow 3 working days <u>after we receive this application</u> for your account to be established. You can tell it has been established when your login name and password are accepted at the login prompt. <u>Return Membership Application</u> and <u>Membership Responsibility Declaration</u> to:

Charlotte Technology Department 1068 Carlisle Hwy Charlotte, MI 48813 Phone 517-541-5750 Fax 517-541-5755

PASSWORD:

Your password to access Charlotte Public Schools network should be known to you and no one else. You are responsible for all activity related to this login account and your password is your protection. You must provide a password on this application. Should you lose or forget your password, you will need to contact the System Administrator to request assistance. If you feel that someone else has learned your password, change it immediately and notify the System Administrator. Allowing another person to use your password is strictly forbidden and may result in cancellation of your account.

GUIDELINES:

The password must be no less than 8 characters and no more than 10 characters. Use a combination of letters and numbers. No spaces. Passwords must contain at least one number.

- 1. Don't use your CharlotteNet ID, name, family names, initials, your department or office mate's name, your hobbies or pets' names.
- 2. Avoid the use of sports or other activities in which you participate.
- 3. Make it something you can remember. Don't write it down!
- 4. Make it something you can type easily and quickly.
- 5. Avoid the use of nouns.
- 6. Don't use dates such as birthdays, anniversaries, etc.
- 7. Use a combination of letters and numbers. No spaces.
- 8. Upper and lower case letters may be used.
- 9. Your password must be entered **exactly**, including the correct upper and lower case letters.
- 10. Carefully distinguish uppercase from lowercase, I's from 1's (ones) and O's from 0's (zeros)

(Please circle UPPERCASE letters and underline numbers)

Not required_

(REMINDER: 8-10 Characters only)

Signatures:

Please be sure to sign and date this application. By signing this application, you acknowledge you have read the <u>Use and Access Policy</u> for the use of the network and agree to use this service for <u>educational purposes</u> only. As a member of the Charlotte Public Schools, you understand that changes are made occasionally to the <u>Use and Access Policy</u> document and agree to abide by the current version of the document as posted electronically on Charlottenet.org. Any questions related to the <u>Use and Access Policy</u> should be directed to the System Administrator. As a member of Charlotte Public Schools, you agree that if you are unwilling to comply with any provision in the current <u>Use and Access Policy</u>, you will immediately cease using the Network Log on and contact the System Administrator to request that your login account be closed. Any violation of the <u>Use and Access Policy</u> may result in the loss of Network privileges and/or legal action against the individual(s).

Users have no exception of privacy as to information or activity on the Districts electronic information technologies. The District retains the right to monitor all use, including but not limited to email and voicemail communications, computer files, databases, web logs, audit trails, or any other electronic transmissions accessed through District's electronic information technologies.

Member Signature	Date//
Parent Signature	Date / /
(Required if member is under 18)	



1101 Mikesell, Charlotte, MI 48813 PH: 517·543·3400 FAX: 517·543·8558

Dear Parents,

WELCOME! Charlotte Public Schools is pleased to have you as part of our school district. The Transportation Department is looking forward to transporting your child safely to and from school.

A transportation registration form must be completed for each student. After a form is completed and received by the transportation department, it may take up to five (5) school days before your child can begin riding the school bus.

REGISTERING FOR BUS TRANSPORTATION

Each student will only have <u>one</u> pick-up location and <u>one</u> drop-off location within the school district - five days a week. <u>This is for the safety of all students</u> and for the purpose of eliminating any potential confusion at to where a child is to be picked-up and/or dropped-off. The single pick-up and drop-off locations can be different as long as they are both within your student's assigned school zone.

CHILD CARE

We offer transportation to and from daycare if the daycare address is located within the student's school boundary. Please check with the transportation office to determine if your day care is located in the proper school zone.

If you have any questions or concerns concerning transportation, please call us at

(517)543-3400.

Sincerely,

The Transportation Department

CHARLOTTE PUBLIC SCHOOLS TRANSPORTATION REGISTRATION FORM

378 State St. Charlotte, MI 48813 Phone (517) 543-3400 Fax (517) 543-8558	One PICK-UP Location:	
*ONE REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT	[] Not Needed [] At Home or nearest designated bus stop	
Today's Date:	[] At Daycare or nearest designated bus stop	
Student's Name:	**For Daycare complete information below:	
Home Address:	Daycare Provider's Name:	
City: Zip:	Address:	
Home Phone:	Phone:	
School: Grade:	One DROP-OFF Location:	
Parents/Guardians Names:	[] Not Needed [] At Home or nearest designated bus stop	
Mom's Cell Phone:	[] At Daycare or nearest designated bus stop	
Dad's Cell Phone:	**For Daycare complete information below:	
Mom's Work Phone:	Daycare Provider's Name:	
Dad's Work Phone:	Address:	
In Case of Emergency, contact Mom or Dad first?	Phone:	
Emergency Contact Name:	*Date you would like this to begin	
Relationship: Phone:	Parent SignatureDate	
Emergency Contact Name:	*I understand that it may take up to 5 school days for transportation to begin	
Relationship: Phone:	and that if my student is DK-3 rd Grade, it is Charlotte Public Schools policy that	
Medical Info/Other Concerns:	a parent must be at the stop in the PM or my student may be returned to the Transportation Department (see Transportation Student Handbook for full policy)	



Charlotte Public Schools SEL Support Dog Notice

Charlotte Public Schools will be implementing a SEL Support Dog program during the 2023-2024 school year at your child's school. Research has shown that support dogs in schools can help build strong social emotional skills in students. A support dog presence has also been shown to reduce anxiety, help students work through anger management concerns, reduce bullying tendencies, and address other personal and social issues that all of our developing students deal with. There are specific goals of the SEL support dog program and they include but are not limited to: increase empathy and compassion in students; help students connect with something in the school setting and reduce anxiety; and improve academic performance, while increasing confidence and self-esteem.

Our SEL support dog will be trained and certified through Canines for Change. Our dog has passed a temperament evaluation for suitability to become certified and to work in a variety of settings around people.

Our SEL support dog is owned by Charlotte Public Schools and is cared for by our employees. Each SEL support dog has a host that takes care of them while they are not at work and a handler that cares for them while at work. Both the host and handler have been properly trained through the Canines for Change program and meet very strict requirements for the ongoing care of the dog and the conditions under which our dog works.

You will find attached to this letter more specific information about the SEL support dog assigned to your child's building including: name, age, breed, size, host name and handler name. It also includes a list of expectations for students when interacting with the SEL support dog. We encourage you to review these expectations with your child.

Please complete the form below acknowledging your preference as to whether you wish your child to have contact with a CPS support dog. If we do not receive a response from you within ten (10) business days we will automatically assume you do not have any concerns and approve interaction between your student and the SEL support dog. Please contact your building principal if you have questions regarding this program.

Student's Full Name: ______

Grade:

I understand that my child may have incidental or student-initiated contact with the SEL support dog. I understand that the SEL support dog may be in my child's classroom and may be part of the student support process. I understand that this permission form will remain in effect for the current school year. If I should change my mind regarding my child's interaction and participation with the SEL support dog, I understand I must provide notice in writing to my child's principal.

□ Yes, my child may have contact with the SEL support dog.

 \Box No, my child may NOT have contact with the SEL support dog.

□ Due to Allergies	
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□ Due to Fear of Dogs

□ Other _____

Date: _____

Parent/Guardian Signature:

Our kids. Our community. Our future. www.charlotteorioles.com

CHARLOTTE PUBLIC SCHOOLS MCKINNEY-VENTO QUESTIONNAIRE

STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

School		
Student's Name		MaleFemale
Date of Birth (Month/Date/Year)	Age	_ Grade
Parent(s)/Legal Guardian(s) Name		
Address		
City/State/Zip		
Tel. #/Page #		
I. Where is the student living now? In a shelter In a motel or hotel With more that In a car Campsite or Campground With friends or None of the above Unaccompanied youth Addition	r family members (other than parent/guardian)	
 To your knowledge, was the student listed as a school year? Yes No If you checked the box marked "<u>None of the above</u>" for 		
this form. Please sign below and return this form to you3. Does the living arrangement checked in questi	ur school office.	
YesNoUnsure 4. The student lives with 1 Parent2 Parents1 Parent & another adultA Alone with no adultsAn adult who is not the parent or		
5. If parent, guardian, or unaccompanied has eve	er served in the military, please check this box.	
PARENT/LEGAL GUARDIAN'S SIGNATURE	DATE	
Please return a copy of this form to Gretchen McClellan	-VanArsdale	
FOR SCHOOL USE ONLY Student not covered by McKinney-Vento Act Student covered by McKinney-Vento Act Student not currently MV, but eligible for services for the Follow-up required	remainder of the school year based on status in a	previous district.
Name & telephone # of a contact person At the student's school who may Know of the family's situation	Date Received	_

McKinney-Vento Rights Notification

Date:
Name of Student:
Unaccompanied Youth: Yes No Name of Father:
Name of Mother:
 Name of Guardian: Under the McKinney-Vento Assistance Act the following rights apply to youth/families in transition: Youth in transition are those who lack a fixed, regular, and adequate nighttime residence. Youth in transition have the right to attend either the local school or the school of origin, if this is in the best interest of the student. Youth in transition have the right to receive transportation to and from the school of origin. Youth in transition have the right to enroll in school immediately, even if there are missing records and documents normally required for enrollment (birth certificate, immunizations). Youth in transition have the right to have access to the same programs and services that are available to all other students, including transportation and supplemental educational services. Youth in transition have the right to attend school with children not experiencing transitional housing difficulties; segregation based on a student's status as "youth in transition" is prohibited.
academy with openings in the attendance area:
School of Origin:
School of Residence:
The following transportation options to the School of Origin are offered to this student:
My signature below indicates that these rights have been offered and explained to me on the date above, and that I have received a copy of this information.
Student Signature (if age appropriate):
Parent Signature:
Guardian Signature:
<i>Liaison Note:</i> This information is given to parents and youth via the school district liaison upon enrollment and once again while enrolled in the school district.
Liaison Signature: Date:
School District: