



Phone: (517)541-5115
Fax: (517)541-5105

Application for Non-Resident Enrollment Schools of Choice / Release / Renewal For the School Year of 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: _____

Current Grade: _____ Grade in Fall _____

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 or remain 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	SOC 105 (02)	SOC 105C (03)	Release (06)	Renewal
I hereby <input type="checkbox"/> ACCEPT <input type="checkbox"/> DENY the application for enrollment of the above named student(s) to Charlotte Public Schools for the 20__ – 20__ school year.				
_____ Signature of Superintendent or Designee of CPS			_____ Date	



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Request for Educational Records

The student named below has inquired about attending Charlotte Public Schools, but has not completed the enrollment process. **A request for permanent records (CA-60) will be sent when/if the student does enroll.**

Student Name _____ Birth Date _____

Grade Last Enrolled _____

Previous School Name _____

Address _____

City

State

Zip

School Phone Number _____ School Fax Number _____

Please email the following Educational Records to Emily Nenortas nenorte@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 hear by 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.