cms®
Charlotte-Mecklenburg Schools

STUDENT FORMS

2018-2019

Important: Forms needing your signature are included

P.O. Box 30035 • Charlotte, NC 28230 • www.cms.k12.nc.us

2018 – 2019 Student Forms

Please read this full booklet, fill out and return the applicable forms to your child's school. The complete 2018-2019 Student Forms Booklet can be found on the CMS website: **www.cms.k12.nc.us**.

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Vision

Charlotte-Mecklenburg Schools provides all students the best education available anywhere, preparing every child to lead a rich and productive life.

Mission

The mission of Charlotte-Mecklenburg Schools is to maximize academic achievement by every student in every school.

Charlotte-Mecklenburg Schools

CMS STUDENT TEXTBOOK ACCOUNTABILITY STANDARDS

Agreement for Students Enrolled in CMS

Charlotte-Mecklenburg Schools teachers and administrators are committed to providing students with textbooks during the first 10 days of school. We are committed to working together to promote a sound and positive teaching and learning experience for each student. This contract is an agreement to work in partnership to ensure the successful attainment of our mutual goal.

As a **student**, I pledge to

- ❑ use textbooks appropriately
- ❑ avoid damaging and losing textbooks
- ❑ pay for textbooks that I damage or lose

Student signature:_____ Date: _____

As a **parent/guardian** of _____, I pledge to

- ❑ encourage appropriate use of textbooks and monitor the textbooks my child brings home from school
- ❑ support the school staff in their efforts to provide my child with the textbooks needed for learning
- ❑ monitor the textbooks my child brings home from school
- ❑ encourage my child to be responsible for the proper use of the textbooks
- ❑ return textbooks at the end of the year, or if my child moves to another school within or outside the district
- ❑ pay for textbooks that are damaged or lost

Parent/Guardian signature:_____ Date: _____

As a **teacher,** I pledge to

- ❑ explain my expectations and instructional goals to students and parents during orientation and throughout the year
- ❑ assign textbooks to students being careful to evaluate the book before issuing it to the student
- ❑ provide a challenging, caring, learning environment, using the textbook as a teaching tool to support the *North Carolina Standard Course of Study*
- ❑ maintain accurate records on textbooks
- ❑ collect and issue a receipt for lost and/or damaged textbooks

Homeroom Teacher signature: _____ Date: _____

The principal, as the instructional leader of the school, is committed to providing your child with the textbooks needed to support the *North Carolina Standard Course of Study*. Parental involvement is essential as we work to give your child the best educational experiences possible.

FOR SCHOOL USE ONLY

Issued Textbooks for the _____ - _____ School Year

Subject	Course #	Title	Book #	Condition	Cost	Teacher #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Please complete form and return to your student's school.

Charlotte-Mecklenburg Schools

STUDENT LOCKER ASSIGNMENT (GRADES 6-12)

Lockers are the property of the district. They should only contain supplies needed for school and are subject to authorized searches at any time, including sniff inspections done by specially trained dogs, as permitted by CMS Board Policy JIHD.

Student signature: _____

Parent/Guardian signature: _____

School: _____ No. of locker assigned: _____

Date assigned: _____ Date: _____

Assigned by: _____ Locker combination: _____

Charlotte-Mecklenburg Schools

PARTICIPATION IN PHYSICAL EDUCATION (GRADES K-12)

All students shall participate in physical education. No student shall be permitted to waive or substitute other classes for the physical education requirement except as follows: Suitably adapted physical education shall be included as part of the Individualized Education Program for students with a chronic health problem, other disabling conditions, or other special needs that preclude following the Physical Education portion of the Essential Standards: http://goo.gl/mHNC0R. (IDEA: http://goo.gl/1Tuike).

Name of student: _____

Teacher: _____ Grade: _____

School: _____

Please Check One:

- ❑ My child is able to fully participate in physical education
- ❑ I would like the physical education teacher to be aware of the following health concerns (e.g., diabetes, allergic reactions, asthma, heart conditions) that may require modifications or a specially designed physical education program:

_____

_____

Parent/Guardian signature: _____ Date: _____

Please complete form and return to your student's school.

Charlotte-Mecklenburg Schools

PHOTO AND VIDEO RELEASE FORM

I grant Charlotte-Mecklenburg Schools the unlimited right to use and/or reproduce photographs*, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Charlotte-Mecklenburg Schools. I also agree to allow my child to be interviewed and/or photographed* by representatives of the external news media, school staff and CMS Communications Services in relation to any and all coverage of Charlotte-Mecklenburg Schools in which he/she is involved. I also agree to allow my child's work and/or photograph* to be published in any CMS communication, including web and intranet sites, social and broadcast media channels and print and electronic publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s) including, print, electronic and online media.

School name: _____

Student's name: _____ Homeroom teacher: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name (Print): _____

Parent/Guardian address: _____

** "Photograph" in this Release Form is intended to only refer to photos and videos of your child alone. Group photographs and videos (two or more children), with no additional identifying information, are considered Directory Information. Please review the FERPA information sheet in the Parent-Student Handbook.*

This information to be completed by school officials only.

Your Name: _____ Date: _____

Type of Material

- ❑ Photograph
- ❑ Slide
- ❑ Videotape
- ❑ Other (please specify) _____

Use of Material

(Please provide additional information such as name of news outlet, brochure, purpose of presentation, etc.)

- ❑ News outlet _____
- ❑ CMS website/Intranet site _____
- ❑ Brochure _____
- ❑ PowerPoint presentation _____

Charlotte-Mecklenburg Schools

MUSICAL INSTRUMENT DISCLAIMER FORM

Instrument Storage Areas

Individual schools may provide storage areas where instruments may be kept overnight, **if necessary**.

These storage areas are not individual lockers, but shelving areas. Since students have access to these areas before and after class, the Charlotte-Mecklenburg Board of Education assumes no responsibility for any loss or damage to any instrument stored at these locations.

School-Owned Instruments - Instrument Changes

Students who will be using school-owned instruments such as a tuba, barisax, tenor sax, oboe, bass, clarinet, French horn, cello or string bass must complete a Charlotte-Mecklenburg Schools Liability Form before an instrument can be used by the student. This form can be obtained from the instrumental music teacher.

All changes of instruments are at the discretion of the music director.

Instrument Repair

If a student's instrument (student-owned) needs repair, it should be taken to an instrument repair shop in a timely manner. Please provide a written note with the name of the repair shop, the date the instrument was taken in and when it is expected to be returned so that your child's grade will not be affected.

Name of school: _____
(Please print)

Student name: _____
(Please print)

Parent/Guardian signature: _____ Date: _____

Please complete form and return to your student's school.

Charlotte-Mecklenburg Schools

MEDICATION AUTHORIZATION FOR CMS STUDENTS

School Name	School Phone #	For School Use Only
		Date Received/Receiver's Signature: Medication Received? ❒ yes ❒ no
If submitting by fax: 704-432-2079 (School Health)		
Student's Name (Please print.)	Student's Date of Birth	Date Approved/Nurse's Signature Entered in EHR? ❒ yes ❒ no

Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R). Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.

SECTION 1: LICENSED HEALTHCARE PROVIDER AUTHORIZATION

- When possible, medications should be taken before or after school. Administration of non-prescription medications at school is discouraged.
- CMS action plans for asthma, diabetes, seizure disorders and severe allergies may be used instead of this form. See CMS Coordinated School Health webpage.
- When using this form, complete a separate form for each medication; write legibly; use lay terms.
- Complete Section 3 for students who will self-carry and/or self-medicate.

Medication: (Generic/Brand)	Controlled Substance? ❒ yes ❒ no
Dose/Dosing Instructions:	Route:
Administration Time: Relationship to meals: ❒ Not applicable ❒ With meals ❒ With snacks ❒ Other:	❒ PRN (specify time interval):
Purpose:	Check here if this medication is to be used for emergencies only. ❒
Side Effects/Adverse Reactions:	
Anticipated length of treatment: ❒ School Year ❒ _____ Months ❒ _____ Weeks ❒ ____ Days	Other Instructions (including emergency situations):

In my professional opinion, it is medically necessary for this student to receive this medication during school hours.

Signature of Healthcare Provider: _____ **Date:** _____

Stamp, Print or Type Healthcare Provider's Name & Address	Office Phone
	Office Fax

SECTION 2: PARENT / LEGAL GUARDIAN CONSENT

- I understand: No medication will be given at school until this authorization has been approved by a school nurse. New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. It is my responsibility to supply the medication. Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for school use. Information about this medication and my child's health may be shared with school staff or agents of the school to help assure my child's safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child's health. Medications are given by a nurse or trained CMS staff.
- I give permission for my child to receive the medication described above during school hours. I give permission for the healthcare provider, pharmacist and their staff to provide information to the school nurse about this medication and my child's health.
- On behalf of my child, I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child taking this medication at school.

Parent/Legal Guardian Signature: Date:	Phone Numbers (mobile, work, home):
Parent/Legal Guardian (Print Name):	

Please complete form and return to your student's school.

Charlotte-Mecklenburg Schools

MEDICATION AUTHORIZATION FOR CMS STUDENTS, CONTINUED

SECTION 3: AUTHORIZATION FOR SELF-MEDICATION BY CMS STUDENTS

Student's Name	Student's Date of Birth
Name of Medication	**Purpose of Medication**

CMS ELIGIBILITY REQUIREMENTS FOR SELF-MEDICATION

Students with chronic conditions such as asthma, diabetes, severe allergies and those who require frequent doses of non-prescription products, may be eligible to self-medicate. Self-administration of a controlled substance will be considered in rare instances where potentially harmful medical episodes may occur. For self-medication, students: 1) must be mentally, emotionally, and physically capable of self-administering medication, 2) must have been instructed in proper use and safe-keeping of their medications, 3) must demonstrate mature and responsible behavior using their medication 4) must keep their medication secure on their own person or in some other manner agreed upon with the school nurse and the school administration, and 5) must not share medication with or display to other students. The privilege of being allowed to self-medicate may be taken away if there is any just cause. Failure to follow CMS policies and regulations may result in disciplinary actions as noted in the Student Code of Conduct. The CMS Board of Education, its designees and agents, do not assume responsibility for self-medication by students. Additional details are noted in CMS Policy JLCD/Regulation JLCD-R.

HEALTHCARE PROVIDER

The student named above meets the CMS eligibility requirements for self-medication. This student is capable of, has been instructed on the procedures for and has demonstrated the skill to self-administer this medication as directed in Section 1 of this form. This student will not require adult supervision while taking this medication.

Is this medication a controlled substance? ❒ yes ❒ no

Check applicable items below:

❒ Please allow this student to self-administer this medication while at school during school hours.

❒ This student should carry this medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities.

Healthcare Provider Signature:	**Date:**
Healthcare Provider (Print Name):	

PARENT/LEGAL GUARDIAN

My child is capable of self-medicating and meets the CMS eligibility requirements. I give consent to the Charlotte-Mecklenburg Schools to allow my child to self-administer this medication at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medication. If this medication is for a life-threatening emergency such as anaphylaxis or asthma, I agree to provide a backup supply of the medication to be kept at school in a location to which my child has immediate access to assure the medication is available if needed. I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child carrying or taking this medication at school. I understand that information about this medication and my child's health may be shared with other school staff and agents of the school to help assure my child's safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child's health.

Parent/Legal Guardian Signature:	**Date:**
Parent/Legal Guardian (Print Name):	

STUDENT

I am capable of taking this medication on my own. I agree to take this medication as ordered. I will keep it safe and out of the sight of others when I am not using it. I will not let others hold or use my medication or medical supplies. I understand that I will be disciplined under the CMS Student Code of Conduct if I abuse the privilege of being allowed to self-medicate while at school or school sponsored activities. I understand that I may lose the privilege of self-administering my medication if I do not follow these rules.

Student Signature:	**Date:**
Student (Print Name):	

SCHOOL NURSE

I have reviewed this request and acknowledge that this student has demonstrated the skill level to self-administer this medication. I have informed this student that he or she must tell an appropriate staff member whenever he or she has used the medication at school.

Nurse Signature:	**Date:**
Nurse (Print Name):	

PRINCIPAL / DESIGNEE

I have reviewed this request and approve this student for self-administering this medication.

Principal/Designee Signature:	**Date:**
Principal/Designee (Print Name):	

Please complete form and return to your student's school.

DIET ORDER FORM

Annual Medical Statement for Students with Special Nutritional Needs for School Meals
This form gives School Nutrition Services the information required for meal modifications at school

Steps to Complete Diet Order Form

1. Parent/Guardian, complete Part A. Sign and date form (required for processing).
2. Medical Authority, complete Part B. Print name, sign and date form; stamp form with medical office stamp (required for processing).
3. Mail to: CMS School Nutrition Services
   PO Box 668847
   Charlotte, NC 28266
   Phone (980) 343-6041 Fax (980) 343-6045
   specialdiets@cms.k12.nc.us
4. School Nutrition Services will forward processed form to the student's school cafeteria.
5. **Incomplete form will be returned to parent/guardian.**

- Monthly menu with carbohydrate content in grams and major food allergens is posted at http://www.cms.k12.nc.us/cmsdepartments/cns. A completed Diet Order Form is not required if above information is sufficient for parent/guardian to manage a student's diet at school.
- This form must be completed at the start of each school year and each time student's diagnosis or change of treatment is indicated during the school year. Annual completion of this form by the student's medical authority ensures that current nutritional needs are being met at school.

PART A. To be completed by Parent / Guardian

STUDENT INFORMATION

Student ID Number	Last, First, MI	Date of Birth	Current School	Grade

PARENT / GUARDIAN INFORMATION

First, Last	Daytime Phone Number	Mailing Address, City, State, Zip

E-mail Address (We will use this to send acknowledgement and details of your child's menu plan. PRINT NEATLY)

Describe concerns you have about your student's nutritional needs and ability to safely participate in meal time at school:

DIET ORDER FOR SCHOOL YEAR 20 ☐☐ - 20 ☐☐ ☐ **Initial Diet Order** ☐ **Revision to Diet Order**

Which meals provided by the School Cafeteria will the student eat? ☐ Breakfast ☐ Lunch ☐ Snack

Does the student have an identified disability (IEP or 504 Plan)? ☐ Yes ☐ No

☐ My child has a special diet and will NOT eat food from CMS cafeteria.

By signing here I give School Nutrition Services permission to speak with the Licensed Medical Doctor (MD) or recognized Medical Authority signing the Diet Order Form to discuss the student's dietary needs described in Part B of this form.

Parent / Guardian Signature (required for processing) X _____ Date _____

PART B. To be completed by Licensed Physician

STUDENT DIAGNOSIS OR CONDITION ***Students with life threatening food allergies must have an emergency action plan in place at school.***

☐ Food Intolerance ☐ Food Allergy ☐ *Life Threatening Food Allergy - Check appropriate box: ☐ Ingestion ☐ Contact ☐ Inhalation

☐ Disability (Specify) _____ Describe major life activities affected _____

☐ Other (Specify) _____

FOOD TEXTURE MODIFICATION

If needed check ONE: ☐ Pureed ☐ Ground ☐ Chopped

FOOD(S) THAT SHOULD BE AVOIDED (Check all that apply)

DAIRY
- ☐ Fluid Milk. Substitute with ☐ lactose-free milk ☐ juice ☐ water
- ☐ Cheese and recipes with cheese listed as an ingredient
- ☐ Ice Cream
- ☐ Yogurt
- ☐ Recipes with any dairy listed as an ingredient

EGG
- ☐ Whole eggs such as scrambled eggs or hard cooked eggs
- ☐ Recipes with any egg listed as an ingredient

WHEAT / GLUTEN
- ☐ Recipes with any wheat listed as an ingredient

FISH OR SHELLFISH
- ☐ Fish
- ☐ Shellfish (CMS cafeterias do not serve shellfish)

TREE NUTS (CMS cafeterias do not serve tree nuts)
- ☐ Food products identified as manufactured in a plant that also handles tree nuts

PEANUTS (CMS cafeterias do not serve peanuts or products processed in a peanut facility)
- ☐ Peanuts - Diet order form is not required for peanut only allergy.

CORN
- ☐ Whole corn such as corn kernels, tortilla chips, corn muffin
- ☐ Recipes with corn / corn products listed as an ingredient

SOY
- ☐ Soy Lecithin
- ☐ Soy Protein (concentrate, hydrolyzed, isolate)
- ☐ Recipes with any soy listed as an ingredient

OTHER
- ☐ Other, specify if it is a cooked ingredient or when consumed fresh

_____

_____

LICENSED PHYSICIAN'S INFORMATION ***Diet Order Form will be returned to parent / guardian and NO accommodations will be made if this section is not complete.***

Medical Office Stamp (Required for processing)	Office Phone Number if not in the stamp	Medical Authority Signature	Date
		X	
	Fax Number	Medical Authority Printed Name	

"This institution is an equal opportunity provider."
To view the complete USDA Non-Discrimination Statement visit the link below:
http://childnutrition.ncpublicschools.gov/information-resources/civil-rights/usda-non-discrimination-statement

Revised by School Nutrition Services 8/8/2017

DO NOT WRITE IN THIS AREA

5890326508

Charlotte-Mecklenburg Schools

PARENT REVOCATION OF STUDENT INTERNET ACCESS

Parents who do not want their child to be able to access the CMS Network or use the Internet while at school must complete this form and return it to their child's school.

I do not want my child, _____, to be allowed to use a Charlotte-Mecklenburg Schools' computer to access the CMS Network or the Internet. By my signature below, I also acknowledge that without access to the Internet and the CMS Network, my child will not be able to do all or some of the following activities that use the CMS Network or the Internet while at school:

- ✘ Use any computer on the CMS Network (this is because networked computers automatically access the Internet and the CMS Network and require students to accept the Student Internet Use Agreement before they can use the computer for any purposes)
- ✘ Access the school media center catalog of books
- ✘ Use online learning tools
- ✘ Do online research
- ✘ Work with another student who is using a networked computer

IMPORTANT NOTE FOR PARENTS: Student CMS Google accounts are not filtered through the CMS network when accessing from outside of the CMS network on a personal device.

Student's full name (printed):

Last:_____ First:_____ Middle:_____

Date of birth: _____ Student ID#:_____ Grade: _____

School: _____ Homeroom or homebase teacher:_____

Address: _____ Home telephone: _____

Parent's name (Printed): _____

Address (if different from student's):_____

Home number:_____ Work number:_____

Parent/Guardian signature:_____ Date: _____

Please complete form and return to your student's school.

Charlotte-Mecklenburg Schools

TITLE VI ED INDIAN STUDENT ELIGIBILITY CERTIFICATION

U.S. DEPARTMENT OF EDUCATION OFFICE OF INDIAN EDUCATION

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Definition: *Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.*

Name of Child _____ Date of Birth _____
(As shown on school enrollment records) **PLEASE NOTE:** A separate form is required for each Indian child that is enrolled.

School Name _____ Grade _____

TRIBAL ENROLLMENT

Name of individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: ___ Child ___ Child's Parent ___ Child's Grandparent ___ Child's Guardian

Name of tribe or band for which individual above claims membership: _____

Tribe or Band is (select only one):

❑ Federally Recognized ❑ State Recognized ❑ Terminated Tribe (Documentation required. Must attach to form)

❑ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by the tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and match) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zipcode _____

ATTESTATION STATEMENT: *I verify that the information provided above is accurate:*

Name Parent/Guardian _____ **Signature** _____

Address _____ City _____ State _____ Zipcode _____

Email Address _____ Date _____

NOTICE: Public Reporting Burden Notice on next page.
Contact information for Title VI Indian Education program is also provided.

OMB Number: 1810-0021 Expiration Date: 02/29/2020

Please complete form and return to your student's school.

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335.

Charlotte-Mecklenburg Schools

Please submit a copy of the completed Title VI ED Indian Student Eligibility Certification form to:

Chiquitha Lloyd

Director of Diversity & Inclusion

Title VI Indian Education Program Director

Office of the Superintendent

4421 Stuart Andrew Blvd., Suite 100

Charlotte, NC 28217

980-343-8638 - Office

980-343-7135 - Fax

Courier #835-A