



Cumberland County Schools

P.O. Box 2357
 Fayetteville, North Carolina 28302
 910-678-2300

Enrolling Missing Documents Parent Contract

As of May 2014, North Carolina created a State Board of Education policy stating, "Students should be enrolled in school immediately and should not be denied access to school while schools validate documents required to register." I am enrolling my child _____ on _____ at _____ High School for the _____ school year.

I have been informed that the items indicated below should be submitted to the Counseling Office:

- | | |
|------------------------------------|--|
| Transcript/Final Report Card _____ | Date provided to counseling office _____ |
| Current school year schedule _____ | Date provided to counseling office _____ |
| Birth Certificate _____ | Date provided to counseling office _____ |
| Shot Records _____ | Date provided to counseling office _____ |
| Custody Paperwork _____ | Date provided to counseling office _____ |
| Proof of Address _____ | Date provided to counseling office _____ |
| Discipline Records _____ | Date provided to counseling office _____ |
| Attendance Records _____ | Date provided to counseling office _____ |
| NC Health Assessment _____ | Date provided to counseling office _____ |

I, _____ understand that I must **submit the materials indicated above, no later than 30 calendar days after enrollment.** I also recognize that the **missing materials might impact my child's grade placement, class schedule, ability to participate in athletic activities, career progression, or withdrawal of my student.**

 (Parent Signature)

 (Counselor/Registrar/Principal Signature)

 Date Missing Paperwork is Due to Counseling Office

Cumberland County Schools

SPECIAL TRANSPORTATION
AUTHORIZATION TO LEAVE STUDENT UNATTENDED
2018/2019 SCHOOL YEAR

Student's Name _____ NC Wise # _____ DOB _____ Grade _____

Home School: _____ School Assignment: Ramsey Street High School

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

I give authorization for my child to be left at the designated drop-off unattended. My child is capable of exiting the bus at his/her drop-off point without supervision and may be left at the drop-off point whether or not an adult is present.

Parent/Guardian Signature

Date

Principal's Signature

Date

		Cumberland County Schools		CCS 9 – Revised 03.17.2015
		Exceptional Children's Services		
SPECIAL TRANSPORTATION REQUEST FORM				
2018-19 SCHOOL YEAR				
STATUS OF REQUEST:		<input checked="" type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> Termination
		Special Transportation on IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> CBI Only OR <input type="checkbox"/> CBI with Daily Special Transportation		
		List changes made: _____		
1.	Student's Last Name: _____		First Name: _____	
	Student ID Number : _____		DOB: _____	Grade Level: _____
2.	Eligibility Area: Choose One		Type of Setting: Choose One	
	Seizure Plan: Choose One:		Medical Information (e.g., seizure care plan, etc.) Attached: Choose One	
	Medical Concerns/Special Instructions: Alternative High School Student			
	Wheelchair: Choose One:		Seatbelt: Choose One:	
			Harness: Choose One:	
3.	Mother's Name: --		Place of Employment: --	
			Work Phone: --	
	Father's Name: --		Place of Employment: --	
			Work Phone: --	
4.	Emergency Contact: --		Phone: --	
			Work Phone: --	
	Emergency Contact: --		Phone: --	
			Work Phone: --	
5.	Home Address: --		City: --	State: --
			Zip Code: --	
	AM Pick-Up Address: --			Home Phone:--
	PM Drop-off Address: --			Home Phone:--
6.	Directions to Pick-Up/Drop-Off (Provide Main Roads If Possible):			
7.	New School No. 449		New School Name: Ramsey Street High School	
	Home School No. _____		Home School Name: _____	
8.	Date of Assignment: _____		Termination Date: _____	
9.	Date forwarded to Transportation Office: _____			
10.	Check if included:	<input type="checkbox"/> Authorization to Leave Child Unattended (CCS 9a)		
		<input type="checkbox"/> Authorization to Receive Child (CCS 9c)		
		<input type="checkbox"/> Medical Information		
Case Manager: Melanie Kosterman - School Social Worker			Date: _____	
For Transportation Use Only:				
Assignment:	Special Bus Number: _____		Van: _____	
	Reimbursement: _____		Effective Date: _____	
Note: When questions arise regarding Special Transportation, please contact the CCS Transportation Office at 910-678-2583.				