



5301 Celebration Drive
 Hope Mills, N.C. 28348
 Phone: 910-424-8589
 Fax: 910-424-7411

Request for Student Records

(Please return a copy of this request when sending records)

Please fax the following documents to 910-424-7411: (check all that apply)

- A complete transcript; including course grades credits and attendance
- Course in progress; grades and attendance at withdrawal
- An interpretation of your grading system
- Standardized test scores, including 3rd through 8th grade EOG and computer skills
- Copy of birth certificate
- Copy of health and immunization records
- Medical and psychological reports
- IEP and psycho-educational test results or 504 Plan, if applicable
- Pending disciplinary action; please state the offense and the action to be taken

**If necessary, please forward to your Exception Children's Department for EC records.*

- Cumberland County Schools please forward the cumulative folder through the courier (only if box is checked)

First Name	MI	Last Name	Today's Date
Student ID # MM-DD-YYYY	Date of Birth 09, 10, 11, or 12	Grade	
Name of Last School Attended			
Address of Last School Attended			
City	State	Zip Code	

Wherever there is a "blank box" or a "check box", please key in the requested information. When the task is completed, please print this form and bring it with you at your appointment.

Note: By law, Parent/Guardian signature no longer required.

Guidance Office Use Only:
 Record Requested on: _____

Name	Grade	Registration Date / Time
Student ID	DOB	Counselor
Last School Attended	Withdrawal Date	Date Records Request Sent / Date Received

Registrar - Intake Information (collect, copy, & check)

Parent Photo ID	<input type="checkbox"/> Deed	<input type="checkbox"/> Lease/Rent	<input type="checkbox"/> Utility (Electric/Gas)
Proof of Address	<input type="checkbox"/> Certification of Address Form		
Locator Map (confirm in school district)	<input type="checkbox"/> Deed	<input type="checkbox"/> Lease/Rent	<input type="checkbox"/> Utility (Electric/Gas)
If residing with another family:	Notes:		
* Proof of Disconnect of Prior Residence			
* Proof of Address (2 Items)			
* Family Residing with provides:			
- Proof of Address			
- Photo ID			
Birth Certificate			
Immunization Record			
NC Health Assessment Form (if never attended a NC Public School)			

Collect / Flag (if Applicable) (Give to Appropriate Person)

Custody / Legal Guardian Documentation (If Deployed, copy of order or special POA)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Independent Student / McKinney Vento (notify social worker)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Therapeutic / Foster Home	<input type="checkbox"/> most often used other than English	
Foreign Exchange Student		
Language Form (Give to ESL Teacher if language other than English)		

Collect & Retain in Folder	Collect & Distribute
FLAG Form (Student Registration/Checklist)	Photographic / Videotaping Permission (Tech Mentor)
Student Entry Checklist	Student Internet Use Agreement (send to Media if 'No' is selected)
Oath of Affirmation	Google Apps (send to Media)
Student Profile Sheet	Lunch Form (send to Cafeteria)
Verification of Address Form	<input type="checkbox"/> Alert (Yes/No)
School Health Information Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Race and Ethnicity Collection Form	<input type="checkbox"/> AIG <input type="checkbox"/> EC <input type="checkbox"/> 504 (Initial & date)
Indian Education Form	
Military Identification Form	
Exceptional Children's Form, if applicable (notify Social Worker)	

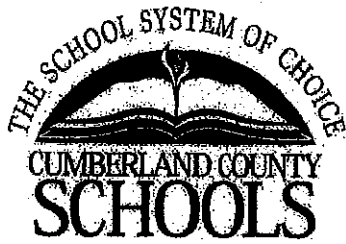
Counselor - Interview

NCID Student Search	Initial: _____	Date: _____
Statewide Student Search	Initial: _____	Date: _____
Student Entry Checklist (Only complete #1, #2, #3, and #6)	Initial: _____	Date: _____
Transfer Grades (send to Teachers & DM)	Initial: _____	Date: _____
Provide Parent Portal Information	Initial: _____	Date: _____
Athletics, if yes, contact Athletic Director	Initial: _____	Date: _____

Data Manager - Post Interview

Transfer Student Record (if applicable)	Date: _____
Modify Info (Homeroom)	Date: _____
Transfer Grades Stored	Date: _____
Language	Date: _____
Military Identification (send to Front Office)	Date: _____
Country of Birth	Date: _____
School Health Form (send to Front Office)	Date: _____
Contact Info/Student Profile Form (send to Attendance)	Date: _____

FLAG DUE DATE
(for missing information)



Cumberland County Schools

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

April 26, 2016

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." Therefore, we are enrolling your child _____ on _____ at _____ High School for the _____ school year.

The items indicated below should be submitted to Guidance:

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 _____

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, and/or career progression.**

(Parent Signature)

(Counselor/Registrar/Principal Signature)

Date Missing Paperwork is Due to Counseling Office

Student Entry Checklist (✓)

Search/Enroll

1.	NCID Student Search (https://cedars.ncpublicschools.gov/studentid/customerLogin.jsp)	
2.	Statewide Student Search to verify student has been withdrawn from prior NC school.	
3.	Enroll New Student or Re-enroll in School (In-county transfers only) If record is found in the NCID system, enter data exactly as it appears in NCID.	

Student Screens

4.	Transfer Info (Current Enrollment>Click on the Entry date or Entry Code - verify Entry Date, Entry Code, Grade Level, Admission Status, enter brief Entry Comment)	
5.	Transfer Student Record (Transfer students historical records from other NC counties ONLY)	
6.	Modify Schedule* (Entry Date and Course Enrollment Date must match)	
7.	Access Accounts (Auto Assign ID/Password)	
8.	Academics (Grade 9 Entry Date) - High Schools Only	
9.	Demographics (Name Suffix(Jr, Sr,III), Mailing Address, Race/Ethnicity, Parent/Guardian, Admission Status)	
10.	Emergency/Medical (Special Medical Considerations, Allergies, Medical Alert Text)	
11.	Family (Search and Link Siblings)	
12.	Health (Immunizations)	
13.	Modify Info (Home Room)-15 Alphanumeric characters or less	
14.	Other Information - Language Data, Internet Access, Release of Info, Custody -(High Schools Only - Extend Students - check "Exclude From Class Ranking", Military and College Recruitment)	
15.	Parents (Guardian Alert)	
16.	AM/PM Transportation (Bus Rider: choose Y/N or Special Needs-Specialized Transportation)	
17.	Military (Y/N)(If yes, complete screen based on military survey)	
18.	Student Contacts (Sequence - parents 1 & 2, Type)	

*If the **Modify Schedule** screen is not updated at the time of enrollment, please check the Transfer Info screen prior to adding courses to ensure that the **Entry Date** and **Course Enrollment Date** match.

OATH OF AFFIRMATION UPON ADMISSION

I, _____, do solemnly swear (or affirm) that my child, _____, 1) is not currently under suspension or expulsion for any reason from attendance at a private or public school in this or any other state, 2) is currently under a term or suspension or expulsion from a school for conduct that could have led to a suspension or an expulsion from the local school administrative unit and has been identified as eligible for special education and related services under the Individuals with Disabilities Act; 3) is not currently serving a disciplinary reassignment to an alternative school or educational program in lieu of a long term suspension, 4) has not been convicted of a felony in this or any other state.

I UNDERSTAND THAT IF IT IS FOUND THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS FALSE, THE LOCAL BOARD MAY REMOVE THE STUDENT FROM SCHOOL. IF IT IS FOUND THAT I WILLINGLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I COULD BE CHARGED AND FOUND GUILTY OF A CLASS 1 MISDEMEANOR AND BE REQUIRED TO PAY THE LOCAL BOARD AN AMOUNT EQUAL TO THE COST OF EDUCATING THE STUDENT ABOVE DURING THE PERIOD OF ENROLLMENT.

This the _____ day of _____, 20_____.

Parent/Legal Custodian Signature

Parent/Legal Custodian Signature

Sworn to and subscribed before me

This the _____ day of _____, 20_____.

Notary Public Printed Name/Signature

My Commission Expires: _____

**STUDENT LANGUAGE SURVEY CARD
CUMBERLAND COUNTY SCHOOLS**

Name of Student _____
(First) (Middle) (Last)

(Date of Survey) (School) (Student #)

(Homeroom Teacher) (Grade) (Date of Birth) (Country of Birth)

All students enrolling in the Cumberland County School system must have a completed *Student Language Survey Card* in his/her cumulative folder.

The parent/legal guardian of the above named student has completed this *Student Language Survey Card* and has responded to the following questions accordingly:

1. What is the first language your **child** learned to speak? _____
2. What language does your **child** speak most often? _____
3. What languages are spoken in your home? _____
4. Besides languages studied in school, does your **child** speak any language(s) other than English?
If yes, list the language(s): _____
5. If your **child** has attended a U.S. school, how long has he/she been enrolled in a U.S. school?
(Please include any grade retentions in your count.) Number of years _____ Number of months _____

The **WIDA ACCESS Placement Tests (W-APT)** is administered to **all** Language Minority or National Origin Minority students who enroll in the Cumberland County School system. It was the assessment adopted by the NC Department of Public Instruction in June 2008 to determine if a student is limited English proficient (LEP).

Any student whose primary language is **not** English and who is insufficiently proficient in the English language to receive instruction exclusively from regular education programs and function on an academic par with his/her peers may qualify for additional English language instruction. You will be notified **only** if your child qualifies for this additional service.

(Parent's/Legal Guardian's Signature)

Date

NOTES: _____

Office Use Only: Language Code: _____ Language: _____

IF A LANGUAGE OTHER THAN ENGLISH APPEARS ON THIS *STUDENT LANGUAGE SURVEY CARD*, **PLEASE FAX A COPY OF THIS CARD** TO THE ENGLISH AS A SECOND LANGUAGE (ESL) DEPARTMENT AT **910-483-6865** OR HAND IT TO YOUR DESIGNATED ESL TEACHER. THIS PROCESS IS ESSENTIAL TO DETERMINE IF THE STUDENT IS IN NEED OF ESL SERVICES. AFTER THE STUDENT'S LANGUAGE HAS BEEN ENTERED IN POWERSCHOOL, THE LANGUAGE SURVEY CARD SHOULD BE FILED IN HIS/HER CUMULATIVE FOLDER AND REMAIN AS PART OF HIS/HER PERMANENT RECORD.

Please review and update information on both pages of this form, then sign where indicated and return to your child's school.

Student Information	Current Record	Corrections
Student Name		
Address		
Mailing Address		
Home Phone (for automated calls)		
Date of Birth / Gender		
Race / Ethnicity		
Student E-mail (optional, for teacher use)		
Custody		

Parent/Guardian Information		Corrections
Mother:	Home Phone:	
Living With: YES NO Can Pick Up: YES NO	Day Phone:	
Employer:	Cell Phone:	
Home Address (if not living with student):		
Email:		
Father:	Home Phone:	
Living With: YES NO Can Pick Up: YES NO	Day Phone:	
Employer:	Cell Phone:	
Home Address (if not living with student):		
E-mail:		
Legal Guardian:	Home Phone:	
Living With: YES NO Can Pick Up: YES NO	Day Phone:	
Employer:	Cell Phone:	
Home Address (if not living with student):		
E-mail:		

Siblings Attending Cumberland County Schools		
Sibling:	Relationship:	School:
Sibling:	Relationship:	School:
Sibling:	Relationship:	School:
Sibling:	Relationship:	School:

Additional Information	
Transportation	AM: BUS RIDER CAR RIDER DAYCARE WALKER STUDENT DRIVER (Plate#: _____) PM: BUS RIDER CAR RIDER DAYCARE PRIMETIME WALKER STUDENT DRIVER
Military Connected?	FATHER MOTHER OTHER FAMILY MEMBER (Specify) _____
HIGH SCHOOL ONLY:	Do you allow College recruiting? YES NO Do you allow Military recruiting? YES NO

Medical Information	Current Record	Corrections
Doctor / Telephone		
Dentist / Telephone		
Preferred Hospital		
Allergies and Medical Issues List any allergies, medical conditions, critical health information, and current medications.	Allergic to: Medical Issues: Other Health Considerations:	
Medical Insurance Plan		
Insurance Number		

Parent(s)/guardians(s) are contacted first in an emergency. Please list other adults who can take responsibility for your child in your absence if you cannot be reached. (List in the order in which you would like them called.)

Emergency Contacts	Corrections
Name: _____ Relationship: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____	
Name: _____ Relationship: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____	
Name: _____ Relationship: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____	
Name: _____ Relationship: _____ Living With: YES NO Can Pick Up: YES NO Day Phone: _____	

Additional Information:



Office Use Only - Please Do Not Write Below This Line

Name:	Student ID:	Grade:
Dipl. Type:	Counselor:	HR:
Gr9 Entry Date:	Program:	Entered by:
Grad Year:	Notes:	Date:



January 2016

Hearing screening information:

Passed hearing screening: Yes No
Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: Yes No

Medical Provider Comments:

Please attach other applicable school health forms:

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:





NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

M F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: 1 Yes 2 No

Race:

- 1 Other Non-White
- 2 White
- 3 Black
- 4 American Indian
- 5 Chinese
- 6 Japanese
- 7 Hawaiian
- 8 Filipino
- 9 Other Asian
- 10 Unknown

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: Yes No

Concerns related to student's vision:



Gray's Creek High School



Special Education Information for Registration

Date: _____ Student's Name: _____

Has this student ever been identified in the exceptional children's/special education program?

Yes No

Is this student currently identified in the exceptional children's/special education program?

Yes No

If yes, please check the area of identification:

- AG-Academically Gifted
- AU-Autistic
- BED-Behaviorally Emotionally Disabled
- MD-Mentally Disabled (EMD, S/PMD, TMD)
- OI-Orthopedically Impaired
- OHI-Other Health Impaired
- SLD-Specific Learning Disabled
- S/L-Speech/Language Impaired
- VI-Visually Impaired
- Other: _____

Do you have a copy of the student's IEP? Yes No

Where ever there is a "blank box", "option box", or "check box", please key in the requested information. When the task is completed, please print and bring it with you at your appointment.

_____ Parent/Guardian Signature

CUMBERLAND COUNTY SCHOOLS'
CONFIDENTIAL SCHOOL HEALTH FORM
(PLEASE UPDATE AS CONDITIONS OR INFORMATION CHANGES)

Rev. 6/2017

Student's Name: _____ School: _____
Homeroom Teacher: _____ Grade: _____ Date of Birth: _____
Parent/Guardian's Name: _____ Home Number: _____
Cellular Number: _____ Work Number: _____ Other Number: _____
Parent/Guardian's Name: _____ Home Number: _____
Cellular Number: _____ Work Number: _____ Other Number: _____
Student's Home Address: _____ City: _____ NC ZIP: _____

Parent/Guardian: In order to best meet your child's needs please provide the following physician diagnosed health information. Place a check in the appropriate block below.

My Child Has:

- | | |
|--|--|
| <input type="checkbox"/> No known health concerns | <input type="checkbox"/> Endocrine/Metabolic Conditions: Not otherwise listed |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Allergies (Severe) List: _____ | <input type="checkbox"/> Gastrointestinal Disorder: Crohn's, Celiac disease, IBS, gluten intolerante, etc. |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Autistic Disorders (ASD) including Asperger's Syndrome, PDD | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Blood Disorders not listed elsewhere: Chronic Anemia, Thalassemia | <input type="checkbox"/> Hydrocephalus |
| <input type="checkbox"/> Cancer, including Leukemia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Hypo/Hyperthyroidism |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Integumentary (skin) |
| <input type="checkbox"/> Chromosomal Conditions (Genetic): including Down Syndrome, Fragile X, Trisomy 18 | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Chronic Encopresis | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Chronic infectious diseases: including: Toxoplasmosis, Cytomegalovirus, Hepatitis B, Hepatitis C, HIV, Syphilis, Tuberculosis, etc. | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Obesity (> 95% BMI) |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Orthopedic Disability (Permanent) |
| <input type="checkbox"/> Diabetes Type I | <input type="checkbox"/> Renal/Adrenal/Kidney conditions including Addison's |
| <input type="checkbox"/> Diabetes Type II | <input type="checkbox"/> Rheumatological conditions including Lupus, JRA, etc. |
| <input type="checkbox"/> Eating Disorder: Anorexia or Bulimia | <input type="checkbox"/> Seizure Disorder/Epilepsy |
| <input type="checkbox"/> Emotional/Behavior and/or Psychiatric Disorder other than ADD/ADHD | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Other Neuromuscular | <input type="checkbox"/> Sickle Cell Trait (only) |
| Mobility: ___ Ambulatory or ___ Non-Ambulatory | <input type="checkbox"/> Spina Bifida (myelomeningocele) |
| | <input type="checkbox"/> Substance Abuse |
| | <input type="checkbox"/> Traumatic Brain Injury |
| | <input type="checkbox"/> Visually Impaired (uncorrectable) |
| | <input type="checkbox"/> Other Neurological Condition: _____ |

Short description of your child's health problem and how the health problem may affect your child's school work:

If child receives special education services, list area of exceptionality: _____

Does your child have a 504 Plan? Yes No

Has your child experienced a head injury of any kind (e.g., concussion) in the past year? Yes No

CUMBERLAND COUNTY SCHOOLS'
CONFIDENTIAL SCHOOL HEALTH FORM
(PLEASE UPDATE AS CONDITIONS OR INFORMATION CHANGES)

Rev. 6/2017

ALLERGIES

- Has your child received medical attention requiring an injection following a bee sting, ingestion of food, medication, or exposure to latex (i.e., gloves)? Yes No Date of last allergic reaction: _____
- Was your child prescribed any allergy kit? Yes No If yes, name of medication: _____
- Does your child require emergency medication at school? Yes No

CURRENT MEDICATIONS: Please list all medications your child is currently taking.	DOSE/AMOUNT TAKEN	WILL MEDICATION BE NEEDED AT SCHOOL?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

If your child needs medication during school hours:

1. Pick up a CCS Physician's School Medication Form at the school office. This form is to be completed by both the child's physician and the parent/guardian.
2. Prescription medications may be administered at school and must be in a pharmacy-labeled prescription bottle that matches the CCS Physician's School Medication Form.
3. A CCS Over-the-Counter Medication Form must accompany all over-the-counter medications and may not exceed (5) five school days.
4. Parent/Guardian **must** transport all medications to the school office and sign them in with the medication clerk.
Do not send medications with your child.
5. Medications that need to be kept with the child must have a CCS Emergency Self-Medication Authorization Form completed by a physician. **The student's parent/guardian shall provide the school backup emergency medication that shall be kept at the student's school in the event of an asthma or anaphylaxis emergency.**

In case of emergency, parent/guardian will be called first. If the school is unable to reach parent/guardian he/she should call:

1st Emergency Contact: _____ Home Number: _____

Cellular Number: _____ Work Number: _____ Other Number: _____

2nd Emergency Contact: _____ Home Number: _____

Cellular Number: _____ Work Number: _____ Other Number: _____

Primary Physician: _____ Office Number: _____

Physician Address: _____ City: _____ State: _____ ZIP: _____

Specialist Physician: _____ Office Number: _____

Physician Address: _____ City: _____ State: _____ ZIP: _____

If unable to reach a parent/guardian or an emergency contact person in case of accident or serious illness, I authorize the sharing of information pertinent to my child's current condition between school nurse/staff and physician. I authorize the school to call the physician or make whatever arrangements deemed necessary.

Parent/Guardian Signature: _____

Date: _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

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.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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., LB1/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted 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.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the 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

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

The 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 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 attach) _____

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

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

Students who are required to pay for meals are expected to provide payment at the time of service using one of the approved pre-payment methods on their individual account or a cash payment at the time of purchase. In situations where students are unable to pay for a meal on a particular day due to a lack of money, the following charge policies shall be followed:

- Students in grades preK-8 may acquire a negative balance up to \$10.00 in meals due to forgotten money for their meals. Students with a negative balance may not purchase a la carte items, with the exception of milk (purchased with cash). If a student's meal will exceed the negative balance limit of \$10.00, that student will be offered an alternative breakfast/lunch tray.
- High school students will need to have money to purchase meals/a la carte items. If a high school student does not have money for their meal, they will be offered an alternative breakfast/lunch tray. Charging is not permitted in high school cafeterias.
- Adults must have money at the time of purchase. Charging is not permitted in school cafeterias for adults.

Alternative Meals

- **Breakfast:** The alternative breakfast tray will consist of a milk and cereal selected by the manager.
- **Lunch:** The alternative lunch tray will consist of the option of two vegetables, a fruit, a milk, and a cold sandwich selected by the manager. Cafeteria managers may provide (based on product availability) a cold cheese, ham or turkey sandwich.
- **Special Diets:** An appropriate alternative breakfast/lunch tray will be provided to students who have a completed Medical Statement for Students with Special Nutritional Needs for School Meals on file in the cafeteria.

Negative Balances:

Once a student acquires a negative balance the cafeteria manager will check to see if the student has a free or reduced application on file. If the student does not have an application on file, the cafeteria manager will give one to the teacher for the student to take home and their caregiver to complete. A free/reduced lunch application can also be completed online.

The parent/guardian will be contacted if a student's account has a negative balance. Cafeteria managers will periodically identify students with low and negative balances and place ParentLink calls to the respective students' homes to inform parents of the students account balance. Parents can add money to their student's account via K12PaymentCenter.com or by providing funds to the school cafeteria.

Negative balances on student accounts should be paid in the school cafeteria as soon as possible to prevent the student being subject to alternative meals. The CNS office at 810 Gillespie Street (910-678-2502) will accept payment for negative balances remaining on the account after the last day of school. Positive balances on student accounts shall be carried forward to the following school year.

Per the requirements of OMB A-87 (Federal Office of Management and Budget): "Bad debts including losses (whether actual or estimated) arising from uncollectible accounts and other claims, related collection costs, and related legal costs, are unallowable." In order to clear the outstanding charges, the caregiver has to issue a payment to Child Nutrition.

The Child Nutrition website will contain current links to the online Free/Reduced Lunch Application, the online pre-payment site, and the policy and procedures for handling students without money.

Approved by Superintendent: June 12, 2017.

FREE OR REDUCED MEAL BENEFITS APPLICATIONS

There are 2 options available for filling out a 2018 -2019 Free and Reduced-Priced Meal Application.

Option 1:

Applications can now be filled out online. To fill out the form visit www.LunchApplication.com.

OR

Option 2:

Fill out a paper application. The completed form must be returned to your child's school cafeteria or mailed to Cumberland County Schools, Child Nutrition Services, 810 Gillespie St., Fayetteville, NC 28308.

Only one application per family is required but all students and household members should be listed on the application.

A new application must be completed each year, and families may complete an application at any time during the school year. Students who were approved for benefits last year must complete a new application at the beginning of the new school year. Students may eat on last year's status for either thirty (30) days or until a new application is processed whichever occurs first. Those students who do not have an approved meal application on file will need to pay for meals after the first 30 days of school.

If you received a letter that your child is directly certified to receive meals, you do not need to complete an application for meal benefits. However, if your letter does not include the names of all students in the household, please call 910-678-2595 to let us know.

PREPAY OPTIONS

Student cafeteria accounts are identified by the student's PowerSchool number. Parents may pay for student meals and a la carte items in advance by adding funds to the student's account. Prepayment can be made in the cafeteria or online at www.k12paymentcenter.com. Upon request from the parent within 60 days from the date of student withdrawal, positive balances will be refunded to the parent by Child Nutrition Services.