



APPLICATION FOR OUT OF DISTRICT ENROLLMENT INTO CHARLOTTE PUBLIC SCHOOLS

IMPORTANT: Completion of this form does not automatically enroll a student in another district. The parent(s) is responsible for contacting the district registrar in which the child/ren wishes to attend and completing their enrollment process.

Completion of this form is required on an annual basis

Name of Parent: _____ Date: _____

Address: _____ City: _____ Phone: _____

First & Last Name of Child	Last Grade Level Completed	Date of Birth

Name of school district of residence: _____

Name of school district currently attending: _____

Has the student(s) been expelled from school? _____yes _____no
 If yes, please state school, date & reason: _____

Has the student(s) been suspended from school? _____yes _____no
 If yes, please state school, date & reason: _____

Are charges for expulsion against the student(s)? _____yes _____no

Has the student(s) been receiving special education services? _____yes _____no
 If yes, please attach a copy of last IEPC

Please state why you would like your child/ren enrolled 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 student release 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.

Initial Application Renewal Only _____

 Signature of Parent, Guardian, or Student (if over 18)

I hereby Accept 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

 Date of Approval or Denial