

# CHARLOTTE-MECKLENBURG SCHOOLS

## STUDENT HARDSHIP STATUS

To be completed by the caregiver who MUST BE a Mecklenburg County Resident

\$VVLJQPHQWV PDGH XQGHU WKLW \$IILGDYLV DUH HIIHFWLYH IRU  
VXEVHTXHQW VFKRRO \HUV WKH &DUHJLYHU PXVW SURYLGH D  
BBBBBB )DLOXUH WR SURYLGH DQ XSGDWHG \$IILGDYLV PD\ UHV  
HQUROOPHQW DQG ZLWKGUDZQ IURP &KDUORWWH 0HFNOHQEXUJ  
3OHDVH QRWH WKDW WKLW GRFXPHQW PXVW EH QRWDULJHG )D  
PD\ UHVXOW LQ SHQDOWLHV WR WKH VWXGHQW VXFK DV GHQLDQ  
GLIIHUHQW VFKRRO DV ZHOO DV FULPLQDO SURVHFXWLRQ RI WK

### Section I: Student Information

Student's Full Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Student's CMS ID \_\_\_\_\_

Student's previous address (Street address / city / state / zip):  
\_\_\_\_\_

This student last attended school at: \_\_\_\_\_ and was in the \_\_\_\_\_ grade.

Does this student have an Individualized Education Plan (IEP)?

Yes (Contact the Exceptional Children's Department at 980-343-6960)      No      Not Sure

### Section II: Current Caregiver Contact Information

The student lives with (caregiver's name): \_\_\_\_\_

Mecklenburg County Address (Street address / city / state / zip):  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I, am this student's:    Grandmother/Grandfather      Aunt/Uncle      Cousin  
Family Friend/Other \_\_\_\_\_

When did the student start living with the caregiver named above? \_\_\_\_\_

DATE

### Section III: Reason For Hardship Caregiver Status

*Please check the letter and number (if applicable) below of the condition that exists. You may provide any documentation you have to support the condition you have selected unless you select a criteria where documentation is required. If none of these conditions apply, the student does not qualify for Hardship Caregiver status and must attend school based on where the par*

Section IV: Athletic Eligibility

~~EVDOVHOSSEIADWIEFRDGVPRZH  
HEERSDESDWAWFRDVEDWEDWDRDFW  
VAHSDEWHORUKVRODERWVAHED~~

Certification

In the presence of a NC notary, please read, check each statement, sign and date

I \_\_\_\_\_  
Caregiver Name

- Attest that the above information is true.
- I am aware that if I am not truthful in any of these statements, the enrollment and privileges available to the student may be affected.
- Penalties may include the student being withdrawn from the assigned school or denied athletic eligibility.
- If I have knowingly provided false information, I am subject to criminal prosecution for a Class 1 misdemeanor and shall pay to the Charlotte-Mecklenburg Schools an amount equal to the cost of education of the student for the time enrolled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of caregiver adult with whom student is living)

State of : \_\_\_\_\_ County : \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public of the County and State aforesaid, certify that personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .  
My commission expires: \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
(Notary Public)

CMS Student Placement Representative: \_\_\_\_\_  
Date: \_\_\_\_\_