

CHARLOTTE-MECKLENBURG SCHOOLS

Section III: Reason For Hardship Caregiver Status

Please check the letter and number (if g is 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

I understand that a student approved to attend high school (grades 9-12) may not be eligible to participate in interscholastic athletics in CMS. I will contact the CMS Athletic Department at 980-343-6980 for questions about athletic eligibility.

Certification

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

I _____
Caregiver Name

- o **Attest that the above information is true.**
- o **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.**
- o **Penalties may include the student being withdrawn from the assigned school or denied athletic eligibility.**
- o **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: _____