



2023-2024
Cumberland Academy High
Home of the Knights

Student Name: _____

Grade: _____

Dear Parents/Guardians,

We are pleased that you have chosen Cumberland Academy as your school of choice for your child's educational advancement. Education is the most important area of a child's life and should not be taken lightly. We believe strongly in providing a quality education and enhancing your child's academic, creative and social development.

Enclosed is a registration packet to be completed by a parent or legal guardian. Please read it carefully and complete it as accurately as you can. **Your child is not officially enrolled at Cumberland Academy until all documentation is complete and approved by the Administration.**

Along with the packet, you will need to submit the following:

- 1) *Copy of child's birth certificate*
- 2) *Copy of child's social security card*
- 3) *Copy of updated immunization record or Certified Exemption of Immunization Form*
- 4) *Proof of guardianship (parent/guardian driver's license)*
- 5) *2022-2023 Attendance Record*
- 6) *2022-2023 Discipline Record (something printed from the previous schools student system)*
- 7) *2022-2023 Most Recent Report Card*
- 8) *2021-2022 Attendance Record*
- 9) *2021-2022 Discipline Record (something printed from the previous schools student system)*
- 10) *2021-2022 Final Report Card*

The packet is due completed with the other required documents by

Monday, May 8, 2023.

Please contact Asma Kebir with any questions or if you need assistance completing the enrollment packet.

Thank you again for choosing Cumberland Academy for your child's education. We are looking forward to a rewarding school year together!

Asma Kebir
hsenrollment@cumberlandacademy.com
CA High School Registrar
Cumberland Academy High School



2023-2024
Cumberland Academy High
Home of the Knights
New Student Enrollment Form

Please print clearly:

Student Name: _____
First Middle Last

Date of Birth: ____/____/____ **Student Nickname** (if applicable): _____

Gender (circle one): Male or Female **Grade:** _____ **Age:** _____
(23-24 School Year) (As of 09/01/2023)

Social Security #: ____/____/____

Ethnicity and Race (check one): _____ NOT Hispanic/Latino _____ Hispanic/Latino

Specify one or more Races (check one):

_____ American Indian/Alaska Native

_____ Black/African American

_____ Native Hawaiian/Other Pacific Islander

_____ Asian

_____ White

Student's Mailing Address (include apt. # if applicable): _____

City: _____ **State:** _____ **Zip Code:** _____

Student's Physical Address (include apt. # if applicable): _____

City: _____ **State:** _____ **Zip Code:** _____

Please answer the following questions:

1) Parent Military? (circle one) YES NO

2) Foster Care? (circle one) YES NO

3) Are you the parent or legal guardian of the child? (circle one) YES NO

****If you are NOT the parent of this child but you are the legal guardian, we need a copy of your legal guardianship papers, otherwise we can not proceed with the student's enrollment process.****



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PARENT/GUARDIAN CONTACT INFORMATION

PLEASE PRINT CLEARLY

| | | | |
|---|-------------|---|-----------------|
| 1st Parent/Guardian: _____ | | | |
| First | Middle | Last | |
| Does the child reside with this person? YES NO | | | |
| Relationship to child: _____ | | Date of Birth: ____/____/____ | |
| Physical Address (include apt. # if applicable): _____ | | | |
| City: _____ | | State: _____ | Zip Code: _____ |
| Mailing Address <i>if different than physical address</i> : _____ | | | |
| _____ | | _____ | _____ |
| City | | State | Zip Code |
| Cell Number: ____/____/____ | | Home Number: ____/____/____ | |
| Employer: _____ | | Work Number: ____/____/____ | |
| Primary Email Address: _____ | | | |
| | | Receive front desk emails (circle one): | YES NO |
| Right to transport (circle one): | YES NO | Emergency Contact (circle one): | YES NO |

| | | | |
|---|-------------|---|-----------------|
| 2nd Parent/Guardian: _____ | | | |
| First | Middle | Last | |
| Does the child reside with this person? YES NO | | | |
| Relationship to child: _____ | | Date of Birth: ____/____/____ | |
| Physical Address (include apt. # if applicable): _____ | | | |
| City: _____ | | State: _____ | Zip Code: _____ |
| Mailing Address <i>if different than physical address</i> : _____ | | | |
| _____ | | _____ | _____ |
| City | | State | Zip Code |
| Cell Number: ____/____/____ | | Home Number: ____/____/____ | |
| Employer: _____ | | Work Number: ____/____/____ | |
| Primary Email Address: _____ | | | |
| | | Receive front desk emails (circle one): | YES NO |
| Right to transport (circle one): | YES NO | Emergency Contact (circle one): | YES NO |



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Please list someone other than the 1st and 2nd parent/guardian on the previous page.
PLEASE PRINT CLEARLY

1st Emergency Contact: _____
First Middle Last

Relationship to child: _____ Right to transport (circle one): YES NO

Cell Number: _____/_____/_____ Home Number: _____/_____/_____

Work Number: _____/_____/_____

2nd Emergency Contact: _____
First Middle Last

Relationship to child: _____ Right to transport (circle one): YES NO

Cell Number: _____/_____/_____ Home Number: _____/_____/_____

Work Number: _____/_____/_____

3rd Emergency Contact: _____
First Middle Last

Relationship to child: _____ Right to transport (circle one): YES NO

Cell Number: _____/_____/_____ Home Number: _____/_____/_____

Work Number: _____/_____/_____

4th Emergency Contact: _____
First Middle Last

Relationship to child: _____ Right to transport (circle one): YES NO

Cell Number: _____/_____/_____ Home Number: _____/_____/_____

Work Number: _____/_____/_____



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1) Which school and school district zone do you reside in?

School (Campus)

School District

2) What school did your child attend in 2022-2023? _____
a) What type of school (circle one): Private Public Homeschool Out of state

3) What school did your child attend in 2021-2022? _____
a) What type of school (circle one): Private Public Homeschool Out of state

4) Does your child have a history of discipline? (please circle) YES NO

5) Has your child ever been withdrawn from a school (current or previous) in order for your child to avoid disciplinary action? (please circle) YES NO

6) Has your child ever been assigned to a District Alternative Educational Program (DAEP)?
(please circle) YES NO

7) Has your child ever been expelled from a school? (please circle) YES NO

If you answered yes to any of the above questions, please explain: _____

TO THE PARENT: The information above is needed as a permanent school record of your child and will be used by school personnel. This is to certify that the above information is correct.

CERTIFICATION: Education Code 25.001(1)

A person who knowingly falsified information on this form required for enrollment of a student in a school district is liable for the great maximum tuition fee or amount the district has budgeted for each student as maintenance and operating expenses if the student is not eligible for enrollment in the district, but enrolled on the basis of false information.

Parent/Guardian Signature: _____ Date: _____



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Records Request

Name of Last school Attended (2022-2023): _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____/_____/_____ School Fax: _____/_____/_____

Dear Registrar:

My child(ren) has enrolled at Cumberland Academy. Please release their following records:

- Birth Certificate
- Social Security Card
- Immunization and other health records
- Attendance records
- Discipline records
- Report Cards
- Grades earned during the current year to date
- Standardized testing scores i.e. TPRI, STAAR, etc.
- Special program information i.e. special education, gifted/talented, 504 plan, dyslexia, response to intervention
- Psychological evaluation records

Release this information to:

Cumberland Academy High School
Attn: Asma Kebir, Registrar
7200 Paluxy Dr.
Tyler, Tx 75703

hsenrollment@cumberlandacademy.com

Student Information:

| Last Name, First Name | Date of Birth | Grade (at time of withdrawal) |
|-----------------------|---------------|-------------------------------|
| | | |

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



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Special Programs Information

Student Name: _____
First Middle Last

Grade (2023-2024): _____ Date of Birth: ____/____/____

Last school attended (2022-2023): _____

Parent/Guardian Name (printed): _____ Cell Number: ____/____/____

Primary Email Address: _____

- Has your child ever repeated a grade level?

■ (please circle)YESNO

 - If yes, what school year _____ Grade level repeated _____
- At what age did your child start kindergarten? _____
- Has your student ever received a formal evaluation for a Learning Disability?

■ (please circle)YESNO

 - If yes, what school year _____ Grade _____
- Did your student qualify for any services?

■ (please circle)YESNO

 - Please indicate any services your student receives: _____

Please circle any of the following that apply to your student:

| | | | |
|---------------------------|----------------|-------------------|------------------------------|
| Dyslexia | ESL | Gifted & Talented | Section 504 (accommodations) |
| Special Education (FIE) | Speech Therapy | ADHD | Counseling Services |
| RTI (intervention) / MTSS | OT | PT | Classroom Accommodations |

Please indicate when your student received any of these services or if they are currently receiving services:

Parent/Guardian Signature: _____ Date: _____



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Student Residency Questionnaire

The information on this form is required to meet the Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

| | |
|---|--------------------------------|
| Today's Date (MM/DD/YYYY): | |
| School: | Cumberland Academy High School |
| Student Last Name: | |
| Student First Name: | |
| Student Middle Name: | |
| Student Identification (ID) Number (NOT the Social Security #): | |
| Student Date of Birth (MM/DD/YYYY): | |
| Grade: | |
| Last School Attended: | |
| Last District Attended: | |
| Address where the student sleeps at night (Street Address, Apartment #, City, Zip): | |
| How long has the student been at this address? | |
| Main Phone Number: | |
| Other Phone Number: | |
| Other Phone Number for Emergencies: | |

- 1) Is your current address a temporary living arrangement?
YES NO
- 2) Is this a temporary living arrangement due to loss of housing, economic hardship or financial difficulties?
YES NO
- 3) Were you displaced from your home due to Natural Disaster?
YES NO



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“X” all boxes that best describe where the student sleeps at night, leave those blank that do not apply:

| | |
|--|--|
| | In a home that the student’s parent or legal guardian owns or rents |
| | In a place that does not have windows, doors, running water, heat, electricity or is overcrowded |
| | Staying with a friend or relative because of loss of housing, economic hardship or a similar reason <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i> |
| | In a shelter <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i> |
| | In an unsheltered location, such as: <ul style="list-style-type: none"> ● A tent ● A car or truck ● A van ● An abandoned building ● On the streets ● At a campground ● In the park ● In a bus or train station ● Other similar place |
| | In a hotel or motel because of loss of housing or economic hardship <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i> |
| | In a transitional housing program <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency or another organization)</i> |
| | The student lives here because of a natural disaster. “X” the type of disaster below and provide the requested information: <ul style="list-style-type: none"> ● Hurricane- Name of hurricane: _____ ● Flood ● Tornado ● Wildfire ● Other- Please describe: _____ <p>Date the natural disaster took place: _____</p> <p>Where the natural disaster took place, including county: _____</p> |
| | The student does not sleep in any of the places described above. Tell below where the student does sleep: _____ _____ |



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Provide the following information for school-age siblings (brothers and/or sisters) of the student enrolled

| Last Name | First Name | Brother or Sister | Stays at the same place (X) | Grade | School | District |
|------------------|-------------------|------------------------------|--|--------------|---------------|-----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

List all other school-aged children that stay in the same place

| Last Name | First Name | Grade | School | District |
|------------------|-------------------|--------------|---------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date



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Student Medical History

***PAST Diseases**

| Disease | Age | Date/Year | Disease | Age | Date/Year |
|----------------|-----|-----------|------------------------|-----|-----------|
| Mumps | | | Measles | | |
| Whooping Cough | | | Asthma | | |
| Hay Fever | | | Diphtheria | | |
| Scarlet Fever | | | Rheumatic Fever | | |
| Polio | | | Chicken Pox | | |
| Heart Disease | | | Diabetes | | |
| Fifth Disease | | | Seizures | | |
| Pneumonia | | | Chronic Ear Infections | | |

***PAST/EXISTING History.** Please mark if your child suffers from any of the following:

| | | | | | |
|--------------------|--|--------------------|--|----------------------|--|
| Poor vision | | Hearing difficulty | | Speech difficulty | |
| Allergies | | Abdominal pains | | Nose bleeding | |
| Frequent urination | | Fainting spells | | Crippling conditions | |

- Has your child been diagnosed with AIDS? (please circle) YES NO
 - If yes, date diagnosed: _____

- Has your child been prescribed medication for learning disabilities? (please circle) YES NO
 - If yes, date diagnosed: _____

- Please list ANY allergies: _____

- Is your child asthmatic? YES NO
 - If yes, what medications are used: _____.

****FOR DAILY MEDICATION TO BE DISPENSED PLEASE SEE YOUR CAMPUS CLINIC FOR A MEDICATION FORM****



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FOR OFFICE USE ONLY!

Student Name: _____
(as listed on birth certificate) First Middle Last

Grade: _____ Student ID #: _____ Date entered into Ascender: _____
(23-24 School Year) (once entered in Ascender)

Special Programs

Date packet received: _____ Time received: _____ Staff Initials: _____

CHECK ITEMS RECEIVED:

- * Birth Certificate _____
- * Social Security Card _____
- * Proof of Guardianship (court papers/driver's license) _____
- * Immunization Record _____
- * Attendance Record 2021-2022 _____ 2022-2023 _____
- * Discipline Record 2021-2022 _____ 2022-2023 _____
- * Report Card 2021-2022 _____ 2022-2023 _____ (most recent) _____ (final)
- * Custody papers? YES NO * Final Transcript _____

****Siblings NOT attending Cumberland Academy/The Leadership Academy & Grade****

(Registrar email the appropriate campus registrar if there is a sibling that is currently on a waitlist)

Accepted Date: _____ Denied Date: _____

Administration: _____

Reason (for denial): _____

| Date | Comments |
|------|----------|
| | |
| | |
| | |