



Cumberland Polytechnic High School Student Application

Dear Potential CPHS Hawk:

Thank you for your interest in Cumberland Polytechnic High School of Cumberland County. Please complete and return the application packet to begin the admissions process. Once your application has been received, please allow at least *two weeks* for your application to be processed. You will be contacted regarding your interview with the Cumberland Polytechnic selection committee.

PLEASE RETURN YOUR ADMISSION PACKET IN ITS ENTIRETY. We will not process your packet until we receive all completed documents. Please follow the checklist below when turning in your admission packet:

- Student has completed the CCS School of Choice application and CPHS application
- CPHS Application: Has been signed by both the student & parent
- Student has completed the Student Self-Referral Form
- The School Counselor/Administrator recommendation (minimum of 2) letters have been completed and sealed.
- Parent has completed the “Parent Level of Education” grid
- Past two years standardized test scores included (EOCs/EOGs or Equivalent)
- IEP/504 plan (if applicable) or () – No IEP
- Accuplacer/NC DAP testing (if applicable)
- Background check (if applicable)

If you have any questions, please call our office at (910 486-7300) or check out our website at (www.cphs.ccs.k12.nc.us).

To return your application, please mail or drop-off:

Mailing Address:

Cumberland Polytechnic HS

ATTN: Daniel J. Krumanocker, Jr., Principal

P.O. Box 2357

Fayetteville, NC 28306

Physical Address:

Cumberland Polytechnic HS

ATTN: Daniel J. Krumanocker, Jr., Principal

FTCC – 2nd Floor of the Continuing Education Bldg

2201 Hull Rd.

Fayetteville, NC 28303

I. Personal Information

Student's (Legal) Name: Last _____ First: _____ Middle: _____

D.O.B. _____ Current/Previous School: _____ Student ID # _____

Ethnic Heritage: (Check One) White _____ Black _____ American Indian _____ Multi-Racial _____ Hispanic _____ Asian/Pacific Islander _____ Other _____

Is the student currently enrolled in a high school? Yes ___ No ___

II. Parent/Guardian Information

Parent/Guardian 1: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Parent Email Address: _____

Parent/Guardian 2: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Parent Email Address: _____

Student Information: Is this your mailing address? If no, please specify:

Street Address _____

City _____ State _____ Zip _____

Student Home Phone () _____ Student Cell Phone () _____

Student Email Address _____

The student resides with (Check one): ___ Both Parents ___ Mother Only ___ Father Only ___ Mother/Step-Father ___ Father/Step-Mother ___ Grandparents ___ Legal Guardian ___ Living on their own ___ Spouse ___ Other (_____)

A. Parent Education Level: Please place a check under the highest level completed.

	Did NOT complete High School	High School Graduate	Associates Degree	Earned Degree 4- Year College
Mother				
Father				
Guardian				

III. Emergency Contact Information

Contact 1 _____ Relationship to Student _____

Address _____ Phone # _____

Contact 2 _____ Relationship to Student _____

Address _____ Phone #: _____

IV. Curricular & Extracurricular Activities

- a. Is the student identified in the Academically Gifted education program? () Yes () No
- b. Does this student have a 504 plan? () Yes () No If yes, please provide a copy
- c. Is this student an ESL (English as a second language) student? () Yes () No
- d. Has this student ever been identified in the exceptional children’s/special education program? () Yes () No * If yes, please provide a copy of IEP.
- e. Is this student currently identified in the exceptional children’s/special education program? () Yes () No * If yes, please provide a copy of IEP.
- f. If accepted, my child will use afternoon transportation services (afternoon only) to return to their home school, then catch the bus home from there, during the school year () Yes () No
- g. What subject(s) does the student consider strengths? _____
- h. In what subject(s) has the student had the most difficulty? _____
- i. What colleges are the student interested in attending? _____
- j. Which FTCC programs interest the student? (Designate your top 2 choices)
 - (1) _____
 - (2) _____

In compliance with federal law, Cumberland County Schools administers all educational programs, employment activities and admissions without discrimination against any person on the basis of sex, race, color, religion, national origin, age of disability.

In signing the parent and student believe that the information obtained in this application are accurate to the best of his/her ability and also validates that the parent gives consent and release of information.

I understand the school assignment to CPHS will be for a full academic year.

Parent/Guardian Signature _____ Student Signature _____

Date _____ Date _____

Office Use Only			
Completed Application	___	2 Recommendation Letters	___
IEP	___	504	___
Current GPA	___	Accuplacer Score	___
Interview completed	___	Background Check (if applicable)	___
		passed	___
		failed	___

Administrator/Counselor Recommendation Form

3 Pages

To Student: Please Print or type this section and deliver this form to your guidance counselor or principal. The **evaluator** will seal these forms in an envelope.

* This form will not be considered valid if not sealed. *

Student's Name _____ **Grade/ID #** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

To Evaluator: The student named above has applied for admission to Cumberland Polytechnic High School. This form is included in our admission packet. Please complete this form and seal it in an envelope. The information will not be included in the student's permanent file. Please confer with professional colleagues to ascertain information, if necessary. Thank you.

Evaluator's Name _____ **Position** _____

School _____ **Street Address** _____

City _____ **State** _____ **Zip** _____

Telephone _____

DISCIPLINARY TRACKING RECORDS MUST ACCOMPANY THIS REFERRAL FORM. PLEASE ATTACH TO THIS FORM.

Please check if student struggles with any of the following:

- Academics– retained (held back) one or more years**
- Grades are well below potential of students or failed 2 or more subjects in recent semester**
- Excessive Absenteeism – absences impeding the student’s education**
- Excessive Tardiness – late to class**
- Apathy toward Education – no interest in school**
- Student Needs to be Challenged/Student is bored**
- Student Does Not Fit in at School**

How long has the student been enrolled at your school? _____

How long have you known the student? _____

Do any of the following apply for this student? ESL () Learning Disability () Other Exceptionality () please specify:

To your knowledge has the student had any history of serious conduct problems and/or emotional problems? if yes, please explain.

To your knowledge has the student ever been expelled or suspended? Yes () No () If yes, please explain.

Describe the student’s strengths

Please comment on the student’s attitude toward school.

Please checkmark the appropriate blanks. As with the above questions, you may desire to confer with colleagues to make your recommendation.

	No Basis for Judgment	Below Average	Average	Good	Excellent	Outstanding
Motivation						
Creative Qualities						
Self - Discipline						
Growth Potential						
Leadership						
Self-Confidence						
Personal Appearance						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Energy						
Emotional Maturity						
Personal Initiative						
Reaction to Setbacks						
Respect for Authority						
School Conduct						
Out of School Conduct						

Additional Comments: Please feel free to attach a letter of recommendation or any other pertinent documents.

Date _____ **Signature** _____