

# STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

## PLEASE PRINT

For Office Use Only:	
Student ID _____	Enrollment Date _____ Grade _____
Need <input type="checkbox"/> Immunization Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> POR	Transportation _____
School Receiving Packet _____	Teacher's Name _____
Date Received _____	Packet received by _____

### Please indicate the student's academic placement:

- New Kindergartener for the \_\_\_\_\_ school year. (must be 5 years old on/before Aug 31)  
 New student entering grade \_\_\_\_\_ for the \_\_\_\_\_ school year  
Date student will start: \_\_\_\_\_

### Student Information – to be completed by Parent/Guardian

Birth certificate or other satisfactory evidence of age and official record of immunizations must be presented at time of enrollment.

## PLEASE PRINT

Legal Name \_\_\_\_\_  
Last First Middle

Preferred Name to be Called \_\_\_\_\_

Name of Neighborhood / Subdivision \_\_\_\_\_

Physical address \_\_\_\_\_  
House/Apt. Number Street City Zip

Mailing Address(if different) \_\_\_\_\_  
House/Apt. Number Street City Zip

Phone Number \_\_\_\_\_ (This number will be used for Connect Ed Calls)

Gender:  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City/State/Country

Ethnicity (choose one):  Hispanic  Non-Hispanic

Race: (select all that apply)  American Indian  Black  Asian  Hawaiian/Pacific Islander  White

Child resides with (name) \_\_\_\_\_ Relationship to Student

Legal Guardian (name- if not both parents) \_\_\_\_\_

Legal paperwork regarding custody/guardianship provided to school?  Yes  No

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**PLEASE PRINT**

**Family Information**

**Father's Full Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Deceased  Yes  No

Address (if different from student) \_\_\_\_\_

Best Phone Number to contact you \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Highest Education level completed \_\_\_\_\_

E-mail address \_\_\_\_\_

**Mother's Full Name** (include maiden name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Deceased  Yes  No

Address (if different from student) \_\_\_\_\_

Best Phone Number to contact you \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Highest Education level completed \_\_\_\_\_

E-mail address \_\_\_\_\_

**Stepparent or Legal Guardian information (if applicable)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**Other Information**

				<b>Pick up Child?</b>
Emergency Contact _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
(Other than parent)	Name	Relationship to student	Phone	
Emergency Contact _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
(Other than parent)	Name	Relationship to student	Phone	
Emergency Contact _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
(Other than parent)	Name	Relationship to student	Phone	

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**PLEASE PRINT**

If someone does **not** have your permission to pick up your child, please list name and relationship to student:

\_\_\_\_\_

Other children in the family (please note if the sibling is a stepsibling)

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Permission to obtain medical attention  Yes  No

Medical Provider (Doctor's Name)

Name	Address	Phone
Dentist _____	_____	_____

Name	Address	Phone
_____	_____	_____

Please indicate the student's previous academic placement (if applicable)

Type of School (choose one):

Private School  Charter School  Public School  Group Home  Home School

School Name	Street Address, City, State, Zip
_____	_____

Date attended last school \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

Has the student ever been enrolled in Union County Public Schools (including Walter Bickett Pre School)?  Yes  No

If yes, School Name \_\_\_\_\_ School Year \_\_\_\_\_

**Transportation: Morning** – student will arrive by \_\_\_\_\_ Bus **OR** \_\_\_\_\_ Car

**Afternoon** – student will leave by \_\_\_\_\_ Bus **OR** \_\_\_\_\_ **OR** Car **OR** \_\_\_\_\_ Other \_\_\_\_\_

Please specify

**Military Information**

Does your child have any member of their immediate family **currently** serving in the US Armed Forces?  Yes  No

If yes: \_\_\_\_\_

Name	Relationship to student	Branch of military service
_____	_____	_____

Parent/Legal Guardian \_\_\_\_\_

Signature

\_\_\_\_\_

Date



HOME LANGUAGE SURVEY

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
Has the student ever attended a U.S. school before? Yes No
If yes, Date of Entry \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
First Name Middle Initial Last name M/D/Y

Address \_\_\_\_\_
Street City State Zip Code

Phone Number \_\_\_\_\_
Phone No. (Home) (Work)

Parent or Guardian's Name \_\_\_\_\_
Parent or Guardian First Name Middle Initial Last Name

Parent or Guardian's Native Language \_\_\_\_\_

Do you need free translation services to understand school records and/or free
interpretation services at conferences in your native language? Yes No

What is the student's country of origin and ethnicity?
Country Ethnicity

- 1. Is the student's first-learned or home language anything other than English?
Yes (Please continue the survey) No (Stop here and sign below)
2. Which language did your son/daughter learn when he/she first began to talk?
3. What language does your son/daughter speak most often?
4. What language is most often spoken in your home?
5. Other than foreign languages studied in school, what Language(s) does your
son/daughter speak?

\*If the answer to questions 2-5 is a language other than English, the student may be assessed
with the State-designated English language proficiency test to ensure appropriate placement
and English language assistance if needed.

Parent/Guardian Signature

Date



www.ucps.k12.nc.us

Western Union Elementary School
Kristi Williford, Principal
4111 Western Union School Road
Waxhaw, NC 28173
Phone 704.843.2153
Fax 704.843.9019
http://wues.ucps.k12.nc.us/

Proof of Residence
Western Union Elementary Attendance Area
PLEASE PRINT

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Student's Address \_\_\_\_\_
\_\_\_\_\_

Please attach two proofs of residence for the above address AND sign the statement below:

- #1 #2
A notarized statement - Certification of Residence form - from the owner of the house where the person is living, listing the names of the person and their child(ren) and a visit by the Attendance Counselor.
Rental / purchase agreement for the address.
Recent Utility bill (electric, telephone, insurance, or gas)
Current Driver's license and automobile registration
Current car insurance or property insurance
Recent Income Tax W-2 and property tax bill.

You must provide the following documents to the school to enroll your child:

- 1. Birth Certificate
2. Immunization Records - see UCPS NC Immunization Law Information sheet
3. Name, Telephone Number and Address of previous elementary school(s) attended.
4. Report Card or Grade Placement Information from previous school(s).
5. TWO proofs of residence listed above.

I have read and understand the above attendance area policy. The documents I am submitting as proof of the student's residence are true and accurate.

Parent Signature

Date

## Union County Public Schools North Carolina Immunization/Health Assessment Law Information

Every parent, guardian and person or agency, whether governmental or private, with legal custody of a child shall have the responsibility to ensure that the child has received the required immunizations at the age required by law. It shall be the responsibility of the parent to provide a complete immunization record of each school age child to the school not later than 30 calendar days after the child enters school *or the child will be suspended* from school until such time as a valid complete immunization record can be provided to the school. Please review your child's record to assure that it meets N.C. Immunization Law requirements.

General Statute 130A-152 through 130A-157 states in part that each child's immunization record must have the dates of each immunization and the specific immunizations. The following is a description of the requirements:

If a child enrolled in kindergarten or 1<sup>st</sup> grade for the first time after 7/1/94, but before 7/1/99:

- 5 DTaP/DPT/Td      last dose on or after 4<sup>th</sup> birthday
- 4 Polio              3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 Hib                 at least 1 Hib on or after 1<sup>st</sup> birthday (not given after age 5)
- 2 MMR                1<sup>st</sup> dose on or after 1<sup>st</sup> birthday

If child enrolled in kindergarten for the 1<sup>st</sup> time after 7/1/99, but before 7/1/2015:

- 5 DTaP/DPT/Td      4 doses if last dose on or after 4<sup>th</sup> birthday
- 4 Polio                3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 HIB                 at least 1 HIB on or after 1<sup>st</sup> birthday (not given after age 5)
- 2 MMR                1<sup>st</sup> dose on or after 1<sup>st</sup> birthday
- 3 Hepatitis B        last dose not before 24 weeks of age
- 1 Varicella            before school entry

If child enrolled in kindergarten for the first time after 7/1/15:

- 5 DTaP/DPT/Td      last dose required on or after 4<sup>th</sup> birthday. 4 doses if 4<sup>th</sup> is after 4<sup>th</sup> birthday.
- 4 Polio                last dose required on or after 4<sup>th</sup> birthday. 3 doses if 3<sup>rd</sup> is after 4<sup>th</sup> birthday.
- 3 Hib                 at least 1 Hib on or after 1<sup>st</sup> birthday and before 5 years of age
- 2 MMR                1<sup>st</sup> dose on or after 1<sup>st</sup> birthday
- 3 Hepatitis B        last dose not before 24 weeks of age
- 2 Varicella            before school entry (history of chickenpox disease must be documented by a provider)

Additional requirements beginning 7/1/2015:

- 1 Tdap                before entry into 7<sup>th</sup> grade (this booster dose is required if no Tdap given since age 10)
- 1 Meningococcal    before entry into 7<sup>th</sup> grade (this booster dose is required if no MCV given since age 10)

Any medical exemption must be in writing from a physician and must state the basis for the exemption pursuant to G.S. 130A-156.

### North Carolina Health Assessment Law

G.S. 130A-440 states that every child in the State entering N.C. public schools for the first time shall receive a health assessment. The health assessment shall be made no more than 12 months prior to the day of school entry. The parent, guardian, or responsible person shall have 30 calendar days from the first day of school to present the required health assessment form for the child.

Please feel free to call the School Health Office @ 704-296-0845 to speak with a school nurse if you have questions about the North Carolina Immunization Law or Health Assessment Law.

I am aware that my child's complete immunization record/Health Assessment is due within 30 days of my child's first day of school or he/she will not be allowed to continue in school until such time as a valid immunization record and Health Assessment can be provided to the school. I realize that this responsibility is that of the parent/guardian, not that of the former school. A health assessment form is required for my child if he/she is entering NC public school for the first time.

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Enrollment Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# COUNSELOR INFORMATION

Please complete the following information:

## PLEASE PRINT

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Please check each that apply:

\_\_\_\_\_ My child has an IEP – Individual Education Plan  
\_\_\_\_\_ I have provided a copy of the IEP

\_\_\_\_\_ My child has a 504 plan  
\_\_\_\_\_ I have provided a copy of the 504 plan

\_\_\_\_\_ My child has Medical Allergies / conditions.  
Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ We have parent custodial concerns the school should be aware of.  
**(Custodial parent must submit legal paperwork.)**  
Please explain \_\_\_\_\_  
\_\_\_\_\_

Please list / describe any other concerns or information that our Guidance Counselor should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4<sup>th</sup> & 5<sup>th</sup> grade parents:

\_\_\_\_\_ My child is enrolled in the Academically / Intellectually Gifted program (AIG)

Name of Person completing enrollment info \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone number you can be reached between 7 am - 3 pm \_\_\_\_\_

**WUES TRANSPORTATION BUS RIDER INFORMATION FORM  
PLEASE PRINT**

Please choose your child's transportation below:

**AM Transportation, my child will:**

\_\_\_\_\_ Ride bus to school                      **OR**                      \_\_\_\_\_ Car rider to school

**PM Transportation, my child will:**

\_\_\_\_\_ Ride bus home **OR** \_\_\_\_\_ Car rider \_\_\_\_\_ **OR** \_\_\_\_\_ WUES After School Program **OR**

\_\_\_\_\_ Picked up by day care, name of day care: \_\_\_\_\_

**If your child will NOT ride a bus, stop here.**

**Complete info below if you need a bus assigned for your child.**

**PLEASE PRINT**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
Street #                      Street Name    City    Zip Code

Transportation Needs: AM only \_\_\_\_\_ PM only \_\_\_\_\_ Both \_\_\_\_\_

Daily Bus Rider \_\_\_\_\_ Occasional Bus Rider \_\_\_\_\_

**If DIFFERENT from your home address, please print the address in which the student will be picked up and dropped off.**

**You will need to allow three to five (3-5) school days for processing.**

Address for Morning Stop: \_\_\_\_\_  
Street #                      Street Name    City

\_\_\_\_\_  
Name of Homeowner or day care

Address for Afternoon Stop: \_\_\_\_\_  
Street #                      Street Name    City

\_\_\_\_\_  
Name of Homeowner or day care



WESTERN UNION ELEMENTARY  
4111 Western Union School Road  
Waxhaw, NC 28173  
704 843 2153  
704 843 9019 fax  
Kristi Williford, Principal

## REQUEST FOR RECORDS

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Last School Attended

\_\_\_\_\_  
Address of School Last Attended

Please list all schools attended:

Kindergarten

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone #

1<sup>st</sup> Grade

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone #

2<sup>nd</sup> Grade

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone #

3<sup>rd</sup> Grade

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone #

4<sup>th</sup> Grade

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone #

5<sup>th</sup> Grade

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone #

Please send all that may apply:

If a NC school, please release from Power School.

Power School ID Number

Birth Certificate

Test Scores

Health / Immunization Records

Custody Info

Exceptional Children's Records

Medical/Allergy Info

Accountability Folder

Current Report Card / Grades to Date  
Attendance / Discipline Information  
Psychological Evaluation  
504 Plans

Thank you for your help in obtaining this important information.

Please send records to [carrie.johnson@ucps.k12.nc.us](mailto:carrie.johnson@ucps.k12.nc.us) or fax 704 843 9019.

Carrie Johnson -- Student Data Manager