



Piedmont High School
Dylan Stamey, Principal
3006 Sikes Mill Road
Monroe, NC 28110
Phone 704.296-3170
Fax 704.753.2817
<http://pmhs.ucps.k12.nc.us>

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

Address: _____

Home Phone: _____ Cell: _____

Previous School Attended: _____

Present Grade: _____ Grade Last School Year: _____

"I understand that if I must take temporary housing outside of Union County before I locate permanently inside the boundary of Union County, I must pay a tuition charge of \$35.00 per week per child and provide Transportation until I obtain a permanent residence inside Union County."

(Signature of Parent of Guardian)

(Printed Name)

(Principal Signature)

Note: A child's domicile may be changed only in the event a person standing in loco parentis has abandoned his former domicile with no intention of returning to it and actual residence taken up in the other place coupled with the intention to remain there permanently or indefinitely. A minor may not select, acquire, or change his domicile to that other than the person in loco parentis.

Growing Possibilities...

In compliance with federal law, UCPS administers all educational programs, employment activities and admissions without any person on the basis of gender, race, color, religion, national origin, age or disability.



STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

For Office Use Only:

Student ID _____ Enrollment Date _____ Grade _____
Registration completed _____ School _____
Need Immunization Record Birth Certificate 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
 New Pre-Kindergartener for the _____ school year
 New student entering grade _____ for the _____ school year

Student Information

Birth certificate or other satisfactory evidence of age and official record of immunizations must be presented at time of enrollment.
Copies of these documents are to be placed in folder and originals returned to parent/guardian.

Legal Name _____ / _____
Last First Middle Nickname

Physical address _____
House/Apt. Number Street City State Zip

Mailing Address (if different) _____
House/Apt. Number Street City State Zip

Home Phone _____

Male Female Date of Birth _____ Place of Birth _____
Month/Day/Year City/State/Country

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

Child resides with _____
Relationship to Student

Legal Custodian _____ Legal paperwork provided to school Yes No

Family Information

Father's Full Name _____

Place of Birth (City/State/Country) _____ Deceased Yes No

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Highest Education level completed _____ E-mail address _____

Mother's Full Name (include maiden name) _____

Place of Birth (City/State/Country) _____ Deceased Yes No

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Highest Education level completed _____ E-mail address _____

Stepparent's, Legal Guardian's, or Sponsor's information (if applicable) Relationship to student _____

Name _____ Address _____

Home/Cell Phone _____ Employer _____ Business Phone _____

E-mail address _____

STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

Other Information

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

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

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

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

Give pertinent health or medical information and instructions (including any medicines prescribed and any physical restrictions)

Permission to obtain medical attention Yes No

Medical Provider _____
Name _____ Address _____ Phone _____

Dentist _____
Name _____ Address _____ Phone _____

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

<input type="checkbox"/> Private School _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Charter School _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Public School _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Group Home/Institution _____	Name _____	Street Address, City, State, Zip _____
<input type="checkbox"/> Home School		

Date last attended previous placement _____ Grade ____ Homeroom teacher _____
Month/Year

Has the student ever been enrolled in Union County Public Schools? Yes No

If yes, School Name _____ School Year _____

Is the student identified as a student with special needs and being served with a(n):

Individualized Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Academically Gifted (AIG or TD) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No

Has the child ever been retained? Yes No If yes, what grade? _____

Has the student ever left any school due to a Suspension or Expulsion? Yes No If yes, explain: _____

Transportation Morning-student will arrive by Bus Car Walk Afternoon-student will leave by Bus Car Walk

Military Information

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

If yes, _____

Name _____	Relationship _____	Branch of military service _____
Name _____	Relationship _____	Branch of military service _____

Parent/Legal Guardian _____
Signature _____ Date _____

Dear Parents: The State of North Carolina now requires that we document and obtain records from **ALL** schools attended by each student from Kindergarten through the current grade. Your assistance in filling out the following information will be most helpful and is greatly appreciated.

Record of Schools Attended

Student's Full Name: _____

Student's Date of Birth: _____

Year	Grade	School Name	City	State
	K			
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			

**SPECIAL EDUCATION PLACEMENT
OR
OTHER FORMAL EDUCATION PLANS**

Student has received Special Education (Exceptional Children) services in the past or currently has an IEP (Individualized Education Plan) OR has had an IEP in the past.

YES NO

Student has a Section 504 Plan

YES NO

Student has received ESL (English as Second Language) services

YES NO

Student's Full Name: _____

Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

IF YES TO ANY OF THE ABOVE, PLEASE FILL OUT INFO BELOW:

Last School Attended: _____

City, State: _____ Phone: _____

Email: _____ Fax: _____

PLEASE SIGN THIS FORM EVEN IF NO SERVICES ARE NEEDED OR WERE USED IN THE PAST.

Parent Signature: _____

Date: _____



Piedmont School District
Proof of Residence

Student's Name _____ Grade _____

Parent's Name _____

Student's Address _____

Please provide two proofs of residence for the above address
and sign the statement below.

- Notarized* rental/purchase agreement for a house with the person's name and address
- Recent **Utility bills** (electric, telephone, gas, etc.)
- Current **driver's license** *and* **automobile registration**
- Recent **Income tax W-2 form** *and* **property tax bill**

Note: While attending Piedmont High School the student **MUST** reside at the address listed above and on the proof of residence documents. If you have questions about this UCPS Board policy, please see the PMHS Attendance Counselor. You may view the PMHS attendance map at:
<http://fpc.ucps.k12.nc.us/maps.htm>

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: _____

**** If you are residing in a home other than your own and the homeowner resides with you, then you will need to complete *the Certification of Residence* form. The homeowner is responsible for signing this document in front of notary and for providing proof of residency to the school in which is enrolling your student.**



Piedmont High School
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3006 Sikes Mill Road
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Phone 704.753.2810
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Transportation Department
New Bus Rider Information Form

School Year: _____ Date: _____

Student Name: _____ PowerSchool #: _____

Grade: _____

Parent Name: _____ Phone Number: _____

Residence Street Address: _____

Transportation Needs: AM only PM only Both

Please record the address in which the student will be picked up and
dropped off if different from the residence street address.

Address for morning stop: _____

Address for evening stop: _____

Three to five business days are needed for processing unless an existing stop is available. The student
will receive a boarding pass from Mr. Ledford with a transportation start date.

Growing Possibilities...

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

Piedmont High School

3006 Sikes Mill Road

Monroe, North Carolina 28110-7706

School Phone: 704-753-2810 Counseling Fax: 704-753-2815

SCHOOL RECORDS REQUEST

Student Name: _____		
Student's date of birth: _____	Former School: _____	
City: _____	State: _____	Zip Code: _____
Telephone #: _____	Fax #: _____	

Please send us the following information for evaluation and class placement:

- **Current transcript**
- **Grades at the time of withdrawal**
- **Any available elementary, middle, and high school records**
- **Standardized test scores**
- **Immunization records**
- **IEP's and 504's**

Counselors: Stacey Butera, Joanna Ellis, Sarah Mitchell, Rachel Seighman

Counseling Secretary: Alice Collins

PMHS 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 ___

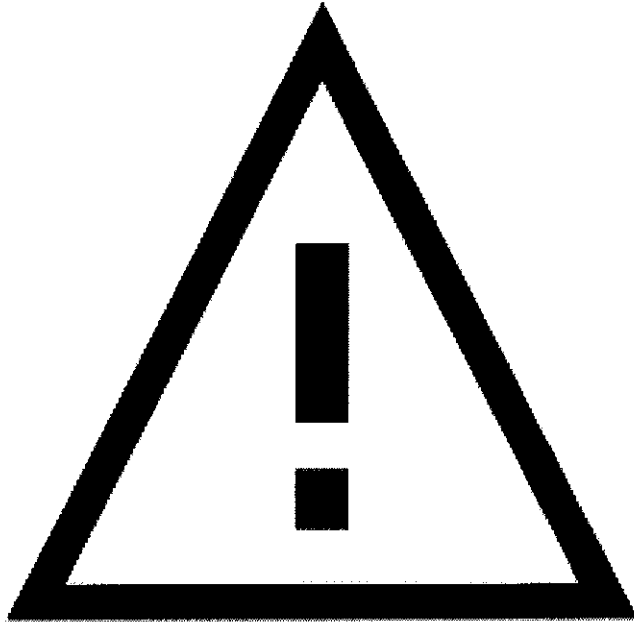
What is the student's country of origin and ethnicity? _____ / _____
Country Ethnicity

- 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 _____



ATTENTION:

To comply with NC GS 130A-440, each student entering NC public schools for the first time must have a health assessment.

This health assessment must not be made in excess of 12 calendar months prior to school entry.

The health assessment and complete immunization record must be on file at the school before the 30th calendar day after school entry.

The health assessment should be completed on the NC State HA form provided in this packet.

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 1st grade for the first time after 7/1/94 but before 7/1/99:

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

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

- 5 DTaP/DPT/Td 4 doses if last dose on or after 4th birthday
- 4 Polio 3 doses if last dose on or after 4th birthday
- 3 HIB at least 1 HIB on or after 1st birthday (not given after age 5)
- 2 MMR 1st dose on or after 1st 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 4th birthday. 4 doses if 4th is after 4th birthday.
- 4 Polio last dose required on or after 4th birthday. 3 doses if 3rd is after 4th birthday.
- 3 Hib at least 1 Hib on or after 1st birthday and before 5 years of age
- 2 MMR 1st dose on or after 1st 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 7th grade (this booster dose is required if no Tdap given since age 10)
- 1 Meningococcal before entry into 7th 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	



NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

Birthdate (M/D/YYYY):

School Name:

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: Yes No

Concerns related to student's vision:



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Hearing screening information:

Passed hearing screening: Yes No
 Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: Yes No

Medical Provider Comments:

Please attach other applicable school health forms:

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:

