

# WELCOME TO WESTERN UNION ELEMENTARY KINDERGARTEN REGISTRATION

Mrs. Kristi Williford, Principal  
kristi.williford@ucps.k12.nc.us  
4111 Western Union School Rd  
Waxhaw, NC 28173  
704 843 2153  
Fax 704 843 9019

We are very excited to welcome you to the Western Union Family!

Attached are the registration papers you need to complete to register your child at Western Union Elementary.

When you bring this information to school, we will give you a folder with more information about our school.

We have openings in our Dual Language Immersion Program. Please contact the school for more information.

## **School Tours –**

We are giving tours of our school on the following dates at 3 pm:

February 6

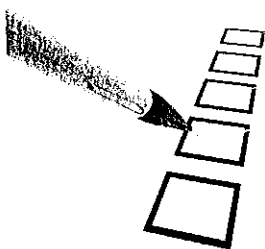
February 20

March 6

March 20

Please let us know which day works best for you. You can e-mail [carrie.johnson@ucps.k12.nc.us](mailto:carrie.johnson@ucps.k12.nc.us).





What you need to register your child:

- Birth Certificate
- Immunization Record
- Health Assessment completed by your child's health provider
- 2 Proofs of Residence

Acceptable Proofs of Residence are:

- 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
- Name, address, and fax number of previous school
- Other pertinent documentation – IEP, legal paperwork, medical info, etc.

**STUDENT ENROLLMENT FORM**  
UNION COUNTY PUBLIC SCHOOLS

For Office Use Only:	
Student ID _____	Enrollment Date _____ Grade _____
Registration completed _____	School _____
Rec'd: <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

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. Copies of these documents are to be placed in folder and originals returned to parent/guardian.

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

Preferred Name to be called \_\_\_\_\_

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

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

Mailing Address(if different) \_\_\_\_\_  
PO Box Number City State Zip

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

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 Custodian (name) \_\_\_\_\_

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

**Family Information**

**Father's Full Name** \_\_\_\_\_ **Deceased**  Yes  No

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

Best Phone Number to reach you \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Highest Education level completed \_\_\_\_\_

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

**Mother's Full Name** (include maiden name) \_\_\_\_\_ **Deceased**  Yes  No

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

Best Phone Number to reach you \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Highest Education level completed \_\_\_\_\_

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

**Stepparent's, Legal Guardian's, or Sponsor's information (if applicable)**

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

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

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

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

**Other Information**

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

STUDENT ENROLLMENT FORM  
UNION COUNTY PUBLIC SCHOOLS

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

**Other children in the family:**

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)**

Private School  Charter School  Public School  Group Home  Home School

Name \_\_\_\_\_ Street Address, City, State, Zip \_\_\_\_\_

Date attended last school \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom teacher \_\_\_\_\_  
Month/Year

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

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

**Transportation** Morning-student will arrive by  Bus  Car

Afternoon-student will leave by  Bus  Car  WUES ASP  Other

**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	Branch of service

Name	Relationship	Branch of service

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

Signature

Date



UNION COUNTY PUBLIC SCHOOLS

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      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 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 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 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

\_\_\_\_\_ Other: \_\_\_\_\_

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

**Complete info below if your child will ride the school bus.**

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

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

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

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

Home Street Address:

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Street #                      Street Name                      City

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/or dropped off.**

**You will need to allow at least 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

\_\_\_\_\_  
Name of homeowner or day care

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