

# WELCOME TO ANTIOCH ELEMENTARY NEW STUDENT REGISTRATION

Mr. Tom Childers, Principal  
3101 Antioch Church Road  
Matthews, NC 28104  
Phone: 704.841.2505  
Fax: 704.841.2578  
[www.antioch.ucps.k12.nc.us](http://www.antioch.ucps.k12.nc.us)

## How do I know which elementary school my child will attend?

Parents may contact the Office of School Assignment at 707.296.1006 or use the Edulog School Assignment Finder located on the UCPS website ([www.ucps.k12.nc.us](http://www.ucps.k12.nc.us)) to find out which school their child will attend.

## What documents do I need to enroll my child?

Copy of Birth Certificate  
Copy of Immunization Record  
Two Proofs of Residence (Common acceptable documents include home purchase agreement, lease agreement, NC Driver's License, and utility bills. See Proof of Residence form for additional information regarding proofs of residence.)

## What other forms do I need to fill out?

You will need to complete the following forms included in this New Student Enrollment Packet:

- Student Enrollment form (2 pages)
- Immunization Law form
- Request for Health Information form
- Proof of Residence form (in addition to the 2 proofs described above)
- Home Language Survey
- New Bus Rider form
- Confidential Information for Principal form (optional)
- New Student Health Assessment (if new to North Carolina Public Schools)
- Request for Records form

Please check the Antioch Elementary website for additional information:  
[www.antioch.ucps.k12.nc.us](http://www.antioch.ucps.k12.nc.us)

# STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

<b>For Office Use Only:</b>	
Student ID _____	Enrollment Date _____ Grade _____
Registration completed _____	School _____
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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical Provider	Name _____	Address _____	Phone _____
Dentist	Name _____	Address _____	Phone _____
<b>Please indicate the student's previous academic placement (if applicable)</b>			
<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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what grade? _____			
Has the student ever left any school due to a Suspension or Expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain: _____			
<b>Transportation</b>			
Morning-student will arrive by <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walk    Afternoon-student will leave by <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walk			
<b>Military Information</b>			
Does your child have any member of their immediate family serving in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, _____			
Name	Relationship	Branch of military service	
_____	_____	_____	
Name	Relationship	Branch of military service	
_____	_____	_____	

Parent/Legal Guardian \_\_\_\_\_ 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 at my child's school within 30 calendar days of today's date 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	



School Health Office

400 North Church Street  
Monroe, NC 28112  
Phone 704.296.0845 Fax 704.289-2457  
[www.ucps.k12.nc.us](http://www.ucps.k12.nc.us)

Dear Parent/Guardian,

I am sending this letter to gather information about students who have health needs. Please fill out the reverse side of this form, "Request for Health Information," whether or not your student has medical needs that could affect learning or might require emergency care during the school day.

### Chronic Health Conditions

- Please complete the reverse side of this form annually
- If your child has a life-threatening condition/allergy, please notify the school nurse and any other staff members who will be in contact with your child (including the cafeteria/bus driver/coach/extracurricular activities).
- Contact the school nurse if you need to schedule a conference to discuss details regarding the development of a health care plan for your child.
- Provide necessary changes that occur during the school year, either with contact numbers or your child's health condition.

### Medication Administration

- Medication must be sent in the original container if it is an over-the-counter medicine or a prescription bottle if it is a prescription medicine.
- Please check expiration dates. School personnel are not allowed to give expired medications.
- The school does not provide any medications, including ointments, creams, pain relievers, eye drops, etc. Any medication given at school must be provided by the parent/guardian.
- A medication consent form is required for any medication given at school.
- **Signatures from a parent/guardian AND the student's health care provider are required for ANY medication to be given at school. This includes prescription as well as over the counter medications.**
- Faxed consents from parents and/or doctors are acceptable.
- The entire UCPS medication policy may be viewed online at [www.ucps.k12.nc.us](http://www.ucps.k12.nc.us)

If you have questions or concerns, please contact the school. I would be happy to speak with you.

Sincerely,

School Nurse

## Request for Health Information Must be completed annually

School \_\_\_\_\_ Date \_\_\_\_\_  
 Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian (names) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mom's work \_\_\_\_\_ Mom's cell \_\_\_\_\_  
 Dad's work \_\_\_\_\_ Dad's cell \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Drug Allergy(s)  None Known  Yes (list) \_\_\_\_\_  
 Treating Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**MY CHILD DOES NOT HAVE ANY KNOWN MEDICAL CONDITIONS. (You may stop here if there are no known medical conditions. Please sign at the bottom and return.)**

**Asthma** Triggers:  environmental  seasonal  exercise induced  
**Inhaler at school-**  upper respiratory infection  others \_\_\_\_\_  
**MD order required.** Inhaler location:  Carried by student (requires self carry form)  
 Classroom  Health Room

**Diabetes**  Type I  Type II Diagnosis Date: \_\_\_\_\_ Insulin by:  Pump  Injections  
 Desire Diabetes Care Plan:  yes  no, independent with all care **Please call for Nurse Conference - Notify your school nurse and principal immediately if newly diagnosed**

**Food Allergy\*\***  Peanuts  Tree Nuts  Milk  other/s \_\_\_\_\_  
 Date/Type of Last Reaction \_\_\_\_\_  
 Student Needs for Class/School \_\_\_\_\_  
**Diet Order signed by MD required (diet form may be obtained in the front office)**

**Severe Sting Allergy\*\***  
 Date and Type/Description of Last Reaction: \_\_\_\_\_

**\*\*Notify your school nurse and principal immediately if anaphylaxis may occur\*\***

**Epilepsy Type(s) of Seizure(s):** \_\_\_\_\_  
 controlled with medication  on medication, continues to have seizures  
 Diastat needed at school  no medication needed at school  
 Date and Type/description of last seizure \_\_\_\_\_

**Head Injury/Concussion within the past year Date:** \_\_\_\_\_

**Other conditions/or specify pertinent data to help us better serve your child:** \_\_\_\_\_

Does your child take routine medication(s)  yes  no List Meds: \_\_\_\_\_

Does your child need medication(s) at school?  yes  no List Meds: \_\_\_\_\_

**If your child needs medication at school, a medication consent form is required to be signed by the health care provider and the parent/guardian. \*Medication cannot be given at the school until appropriate consents have been received. \*\*\*UCPS does not provide medications for students.\*\***

I give permission to the School Staff/School Nurse to share information regarding my child's medical condition(s) with my physician or emergency personnel:  
 Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

***A health care provider's written diagnosis is required in order for an Individualized Healthcare Plan to be developed by the school nurse. Also, please let your school nurse know if your child participates in extracurricular school activities.***

# UCPS

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 require communication from the school 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

Antioch Elementary
Mr. Tom Childers, Principal
3101 Antioch Church Rd.
Matthews, NC 28104
Phone 704.841.2505
Fax 704.841.2578
www.Antioch.ucps.k12.nc.us

Proof of Residence Form

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

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In order for your child to enroll, 2 Proofs of Residence for the above address must be provided.

The following list of items will constitute 1 proof of residence in Union County by individuals who are relocating to Union County as a homebuyer, renter, or those living with a relative or friend. Where items are linked by and, both items must be verified before proof of residence is granted.

- A notarized rental agreement or purchase agreement for a house with the person's name and address on it.
An electric bill and a telephone bill with the person's name and address on it.
An automobile registration card and a driver's license with the person's name and address on it.
Car insurance and property insurance policy with the person's name and address on it.
Income tax W-2 form and property tax bill with the person's name and address on it.
A notarized statement from the owner of the house where the person is living, listing the names of the person(s) and their child(ren) and a visit from an attendance counselor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Temporary Residence\*\*

Students living outside of Union County at a temporary residence must obtain approval from Union County Public School's Central Office. Please contact Central Services as 704-296-1006 for approval.

Temporary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Temporary Phone Number: \_\_\_\_\_

Growing Possibilities...





Transportation Department  
201 Venus Street  
Monroe, NC 28112  
Phone 704.296.3015 Fax 704.226.1895  
www.ucps.k12.nc.us

Transportation Department  
NEW BUS RIDER INFORMATION FORM

School Year: \_\_\_\_\_ Date: \_\_\_\_\_ Antioch Elementary School Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Power School #: \_\_\_\_\_

Residence Street Address: \_\_\_\_\_

(No PO Box #s) \_\_\_\_\_

Parent (Guardian) Names \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

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

Daily Bus Rider \_\_\_\_\_ Occasional Bus Rider \_\_\_\_\_ (Student must ride at least once a week or will be dropped from bus roster)

Please record the address in which the student will be picked up and dropped off **IF DIFFERENT** from the residence street address. Three to five (3-5) business days are needed for processing unless an existing stop is available. Parents will be notified by Antioch Elementary when bus route is approved.

Address for Morning Stop: \_\_\_\_\_

Address for Afternoon Stop: \_\_\_\_\_

Please check all that apply:

- \_\_\_\_\_ Student has special transportation as a related service on an IEP.
- \_\_\_\_\_ Student is on a modified schedule FROM \_\_\_\_\_ TO \_\_\_\_\_
- \_\_\_\_\_ Student is transitioning FROM \_\_\_\_\_ TO \_\_\_\_\_  
(school) (school)

**Modified Transportation Schedules:** This form must be faxed to the EC Office for the EC Director's signature only when a student is not following the regular school transportation schedule.

EC Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check all that apply (attach documentation where appropriate):

- \_\_\_\_\_ Medical condition, if so what condition \_\_\_\_\_
- \_\_\_\_\_ Hearing Limitation \_\_\_\_\_ Vision Limitation \_\_\_\_\_ Communication Concerns \_\_\_\_\_
- \_\_\_\_\_ Medication, if so what \_\_\_\_\_
- \_\_\_\_\_ BIP \_\_\_\_\_ IHP \_\_\_\_\_ Allergies, if so, to what? \_\_\_\_\_

Action needed, if any \_\_\_\_\_

- Is the child on medication? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, will administration be required during transport? \_\_\_\_\_ (Attach doctor's order);
- Does child have self-administration/carry approval? \_\_\_\_\_ (Attach copy);
- Will medication be transferred between adults? \_\_\_\_\_
- If yes, identify what medications will either be carried by student or transferred by adults: \_\_\_\_\_



### 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:**

M  F

(Last)

(First)

(Middle)

**Birthdate (M/D/YYYY):**

**School Name:**

**Hispanic of Latino Origin:**  1 Yes  2 No

**Race:**

1 Other Non-White  2 White  3 Black  4 American Indian  5 Chinese  
 6 Japanese  7 Hawaiian  8 Filipino  9 Other Asian  10 Unknown

**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:





# PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

**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):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health  
HEALTH AND HUMAN SERVICES

**Antioch Elementary**  
3101 Antioch Church Road  
Matthews, NC 28104  
Phone: (704) 841-2505 Fax: (704) 841 2578

**FAX**

To: \_\_\_\_\_  
(Previous School Child/Children Attended)

Fax Number of Previous School: \_\_\_\_\_

<b>REQUEST FOR RECORDS</b>
----------------------------

I give permission for all school records for my child/children to be forwarded to Antioch Elementary.

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

\_\_\_\_\_  
Date

**Child/Children's Names:**

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Grade

**Please send all that may apply:**

- Birth Certificate
- Health/Immunization Records
- Attendance Information to date
- Report Cards to date
- Test Scores (Achievement/Aptitude)
- Gifted Education Program Eligibility
- Exceptional Children's Records (IEP, evaluations, etc.)
- 504 Plans



# Antioch Elementary Parent Input Letter 2018 - 2019

**Student Name** \_\_\_\_\_ **Grade (18-19)** \_\_\_\_\_ **Male/Female**

Please use the following form to provide the staff of Antioch Elementary some insight into the teaching style that you feel best fits your child.

**(Return this completed form to Antioch Elementary by May 4, 2018 for consideration.)**

Please describe your child's qualities and characteristics. Also describe the qualities and characteristics that you believe he/she needs to be successful. Circle one teacher characteristic from the list below. <span style="float: right;"><i>Do not list teacher by name.</i></span>	
<b>Approachable/Flexible:</b>	positive environment, supporting expression/originality as they foster student well-being and confidence.
<b>Challenging:</b>	encourages students to stretch and reach full potential by raising the bar with high expectations.
<b>Good Classroom Manager:</b>	productive work environment, promoting and maximizing on task behavior.
<b>Good Communicator:</b>	environment fosters relationships within the school community.
<b>Differentiates Instruction:</b>	promotes opportunities to enhance success with multiple learning styles.
<b>Other:</b>	
<b>Social</b>	
Instructional content and great teaching is part of the educational process. Social interaction also plays an equally important role. Please use the space provided to list any students who do not mix well with your child.	
_____ _____	
<b>Please list health concerns:</b>	

The staff of Antioch will consider all information provided, but makes no guarantees about classroom assignments. Also classroom assignments may be subject to change.



After School Program

400 North Church Street  
Monroe, NC 28112  
Phone 704.290.1516 FAX 704.289.1539  
www.ucps.k12.nc.us

Andrew G. Houlihan, Ed.D. – Superintendent

Board of Education  
Melissa Merrell - Chairman  
Gary Sides - Vice Chairman  
Leslie Boyd  
Kathy Heintel  
Christina Helms  
Matt Helms  
Joseph Morreale  
Dennis Rape  
Candice Sturdivant

January 2018

Dear Parents:

The After School Program provides purposeful activities in a caring atmosphere for children in grades K-5 enrolled in the Union County Public School system. The program consists of supervised enrichment and recreational activities suitable to appropriate age groups.

Plans are to continue After School Programs at 25 elementary school locations for next school year. The program is self-supporting; therefore, we will continue to have programs at schools that have and maintain sufficient interest. We must have a minimum of 20 students enrolled at each site in order to continue the program.

There is an annual \$25 registration fee per each family enrolled in the program. Currently, the cost is \$60.00 per week for the first child enrolled in a family and \$55.00 per week for any additional children in the same family. The weekly fee includes all materials and a daily snack. **Tuition is paid in advance on Friday for the following week. The full weekly fee is to be paid for each day the program is in operation regardless of a child's attendance, holidays during the week, or child's start date.** Once your child is enrolled into the program you will receive a payment schedule indicating amounts and due dates. Prior to school starting in the fall, you will be invited to attend After School Open House. At that time you will receive additional information regarding our policies and procedures.

Our daily activity schedule includes homework time, free play, teacher directed activities, student choice time and snack time. The After School Program operates from the closing of school until 6:00 p.m. each day school is in operation and on teacher workdays, if there is sufficient interest. We also offer Summer Camp at selected elementary school locations during the summer months. Please see the After School Program Coordinator at your school for information on this program.

To add your child's name to the Contact List for After School please follow these steps:

1. Visit the Union County Public Schools Webpage → Departments → After School Program Online Enrollment/ Wait List → Click on the link provided;
2. Select New Family Registration, Fill out Information, and Submit. (If you are a UCPS employee please add that information in the comments section.)

Once you have added your name to the contact list the After School Program Coordinator from your school will contact you with further instructions about registering. We look forward to working with you!

Sincerely,

*Suzanne Thompson*

Suzanne Thompson  
After School Program Director

SFT 1/5/18

Growing Possibilities.



Human Resources Department

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Andrew G. Houlihan, Ed.D. – Superintendent

Board of Education  
Melissa Merrell, Chairman  
Gary Sides, Vice-Chairman  
Leslie Boyd  
Kathy Heintel  
Christina Helms  
Matt Helms  
Joseph Morreale  
Dennis Rape  
Candice Sturdivant

## **New Volunteer Applicants**

Union County Public Schools (UCPS) utilizes Fulcrum, a web-based volunteer system, to manage new and existing volunteers and effectively communicate with our volunteers. Your participation as a volunteer enriches the lives of our students, and it provides an essential supplement to the job duties of our county's employees.

Our volunteer system provides a profile for each volunteer. Volunteers provide information in the initial application process that makes up the profile, and the volunteer system will provide access to your profile once you are approved to volunteer with UCPS. UCPS encourages volunteers to sign in and update the profile as information changes.

### **To register as a new volunteer, follow the steps below:**

- Visit volunteer system page at [www.ucpsvolunteers.com](http://www.ucpsvolunteers.com) . On the ***UCPS Volunteer Registration Login*** page, click "New Volunteer? Click Here to Register".
- Complete the volunteer application, and click "Submit" at the bottom of the page.
- You should receive an automated email from the volunteer system within 5-10 minutes informing you that your application has been submitted and asking you to click a link to confirm your email. If you do not receive an email within 24 hours, you should request assistance. Please do not try to log on or sign up again until you have received assistance. Once you receive the email, click the link provided to confirm your registration.
- Your information is automatically sent for a background check upon your completion and submission of the volunteer application. Once your background check is completed, you will be approved or denied, and the system will send an automated email informing you of your status.

All questions and requests for assistance should be directed to Bill Connell via telephone at 704-296-3176, or via email at [bill.connell@ucps.k12.nc.us](mailto:bill.connell@ucps.k12.nc.us) .

***Union County Public Schools will maintain strict, professional confidentiality regarding the Volunteer Management System. In addition, Union County Public Schools has taken steps to maintain the highest level of security.***