

WELCOME TO ANTIOCH ELEMENTARY

NEW STUDENT REGISTRATION

Mr. Tom Childers, Principal
3101 Antioch Church Road
Mathews, NC 28079
Phone: 704.841.2505
Fax: 704.841.2578
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 704.296.1005 or use the Edulog School Assignment Finder located on the UCPS website (www.ucps.k12.nc.us) to find out which school their child will attend.

Is my child old enough to attend Kindergarten?

Children need to be 5 years old by August 31 in order to begin Kindergarten.

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, or 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 Enrollment Packet:

- Student Enrollment form (2 pages)
- N.C. Health Assessment (all new Kindergarten students or any student new to NC public schools)
- 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 (optional)
- Records Request (for 1st-5th grade students)
- Parent Input Letter (optional)

STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

For Office Use Only:	
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

Pick up Child

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
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 _____
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Dentist _____

Name _____	Address _____	Phone _____
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Please indicate the student's previous academic placement (if applicable)

Private School _____

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

Charter School _____

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

Public School _____

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

Group Home/Institution _____

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



January 2016

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

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 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 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 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.

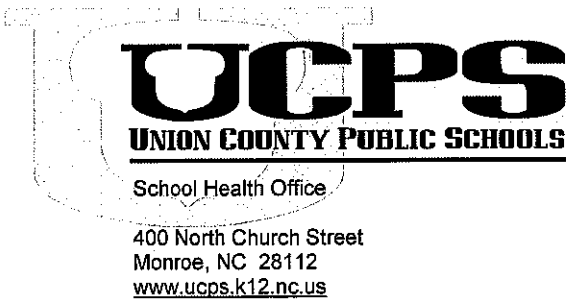
I am aware that my child's complete immunization record/Health Assessment is due at my child's school within 30 calendar days of today's date or he/she will not be allowed to continue in school until such time as a valid immunization record and Health Assessment can be provided to the school. I realize 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	

Original in File: copy to parent

revised 6/2016 cs

This will be the only notification of health requirements.



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," regardless of if your student has medical needs that could affect learning or might require emergency care during the school day. 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.

Chronic Health Conditions

- Please complete the reverse side of this form.
- 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 afterschool care, 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

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

Date: _____

Must be completed annually

Please return the following form to your child's teacher **as soon as possible**. This information will be reviewed by the School Nurse.

Student Name:	Homeroom Teacher/Grade:	Bus#:
School:	Date of Birth:	Home Phone:
Parent/Guardian:	Daytime Phone:	
Parent/Guardian:	Daytime Phone:	
Emergency Contact:	Phone:	
Current Doctor/Practice:	Phone:	
Medication allergies and reaction(s): <input type="checkbox"/> NONE KNOWN <input type="checkbox"/> Yes (list):		
Current Medications:		
Does your child need medications at school: <input type="checkbox"/> No <input type="checkbox"/> Yes* (list):		

()Medication consent form is required to be signed by the health care provider and the parent/guardian.
Medication cannot be given until consents have been received.*

CHECK THE CONDITION(S) YOUR CHILD HAS BELOW, OR MY CHILD HAS NO KNOWN HEALTH CONDITIONS
(You may stop here if there are no known medical conditions. Please sign at the bottom and return form).

<input type="checkbox"/> ADD/ADHD (See Below) <input type="checkbox"/> Allergies, Seasonal <input type="checkbox"/> Allergies, Severe (See Below) <input type="checkbox"/> Asthma (See Below) <input type="checkbox"/> Autism <input type="checkbox"/> Cancer/Leukemia Date Diagnosed: _____	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Crohn's Disease/IBS <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Diabetes (See Below) <input type="checkbox"/> Down's Syndrome <input type="checkbox"/> Epilepsy/Seizures (See Below) <input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Hearing Aid/Loss <input type="checkbox"/> Head Injury/Concussion Date Diagnosed: _____ <input type="checkbox"/> Heart Conditions Type: _____ <input type="checkbox"/> Hemophilia/Bleeding Disorder <input type="checkbox"/> Mental Health Diagnosis (See Below) <input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Neuromuscular Disease <input type="checkbox"/> Orthopedic Disability <input type="checkbox"/> Renal/Kidney Disease <input type="checkbox"/> Juvenile Rheumatoid Arthritis <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Ulcers/Gastric Reflux <input type="checkbox"/> Other: _____
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FOR THE FOLLOWING CONDITIONS, PLEASE PROVIDE ADDITIONAL INFORMATION:

Severe Allergies Notify your School Nurse IMMEDIATELY if anaphylaxis may occur.	What is your child allergic to? <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Eggs <input type="checkbox"/> Insect Stings <input type="checkbox"/> Other: _____ Is medication needed at school for allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes* If yes, name: _____ Location of Medication: <input type="checkbox"/> Carried by student* (requires self-carry form) <input type="checkbox"/> Classroom <input type="checkbox"/> Health Room Date/Type Last Reaction: _____ Check the type of allergic reaction that occurs: <input type="checkbox"/> HIVES <input type="checkbox"/> SWELLING <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> OTHER: _____
Asthma	Is medication needed at school for asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes* If yes, name: _____ Location of Medication: <input type="checkbox"/> Carried by student* (requires self-carry form) <input type="checkbox"/> Classroom <input type="checkbox"/> Health Room Date of last episode: _____ Triggers: <input type="checkbox"/> Environmental <input type="checkbox"/> Seasonal <input type="checkbox"/> Exercise induced <input type="checkbox"/> Upper respiratory infection <input type="checkbox"/> Other: _____
Epilepsy/Seizures	Type: <input type="checkbox"/> Febrile Only <input type="checkbox"/> Convulsive <input type="checkbox"/> Non-Convulsive Date of last seizure: _____ Is emergency medication needed at school? <input type="checkbox"/> No <input type="checkbox"/> Yes* If yes, name: _____
Diabetes	Type I <input type="checkbox"/> Type II <input type="checkbox"/> Diagnosis Date: _____ * Insulin by: <input type="checkbox"/> Pump <input type="checkbox"/> Injections CGM (i.e.: Dexcom): <input type="checkbox"/> No <input type="checkbox"/> Yes, Type: _____ <i>Please call to schedule Nurse Conference - Notify your school nurse immediately if newly diagnosed</i>
ADD/ADHD Mental Health	Type: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Other: _____ Medication used for treatment: _____

Please be aware that the information you provide will be shared with staff on a need-to-know basis.

In the event of an emergency, and you cannot be reached, I give permission for the School Nurse to contact my doctor for further instructions on medications or care.

Signature of Parent/Guardian _____

Date _____



www.ucps.k12.nc.us

Antioch Elementary
Mr. Tom Childers, Principal
3101 Antioch Church Rd.
Mathews, 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...

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 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



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:

Globalization. Innovation. Graduation.

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: _____

REQUEST FOR RECORDS

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

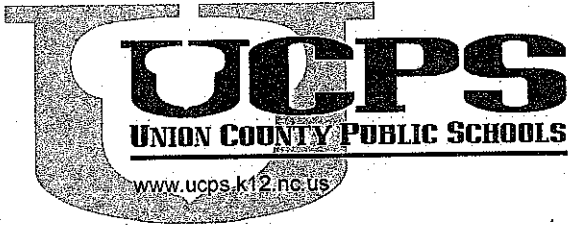
Grade

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
Tom Childers, Principal
3101 Antioch Church Road
Matthews, NC 28104
Phone 704 841-2505
www.ucps.k12.nc.us/Domain/8

February 1, 2019

Dear Parents,

The staff of Antioch Elementary is already planning and preparing for next school year. I have attached the Parent Input Letter for 2019-2020. Please take this opportunity to provide information about your child that will help us to make the best possible teacher assignment. In the section labeled **Description**, please provide a brief description of your child and choose the qualities that you feel his/her teacher should possess. This letter should be completed and returned by May 3, 2019 for consideration. Our staff will begin the process of creating classlists during the month of May and your input is needed.

I appreciate your input as our staff attempts to create the optimal environment for your child to learn and grow.

Sincerely,
Tom Childers

Growing Possibilities...



Antioch Elementary Parent Input Letter 2019 - 2020

Student Name _____ Current Grade ____ 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 3, 2019 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. *Do not list teacher by name.*

- Approachable/Flexible:** positive environment, supporting expression/originality as they foster student well-being and confidence.
- Challenging:** encourages students to stretch and reach full potential by raising the bar with high expectations.
- Good Classroom Manager:** productive work environment, promoting and maximizing on task behavior.
- Good Communicator:** environment fosters relationships within the school community.
- Differentiates Instruction:** promotes opportunities to enhance success with multiple learning styles.
- Other:**

Social
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.

Please list health concerns:

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



School Nutrition Services

407 N. Main Street Suite 100
Monroe, NC 28112
Phone 704.296.3000
Fax 704.296.0004

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

Dear Parents/Guardians:

Union County Public Schools – School Nutrition Services is committed to serving your child nutritious meals each day. We recognize that some students have special dietary needs due to a medical reason, such as allergy, intolerance or therapeutic diet. In order for the UCPS - School Nutrition Department to meet special dietary needs that students may have, we need for you to complete a Medical Statement for Students with Special Nutritional Needs for School Meals form. This form will remain on file in the school's health record of the student and cafeteria's computer system. This diet order should include all important information for the student and must be updated periodically (as the student's condition changes or every three years). Therefore, we need a completed form from your child's physician/health care provider indicating your child's dietary needs, allergies or food substitutions. We are certain that your child's physician/health care provider will cooperate in helping you get this needed information to document your child's health and nutrition needs.

Medical Statement for Students with Special Nutritional Needs for School Meals form can be found on the UCPS homepage under the parents tab and then district forms option. It is also on the UCPS – School Nutrition Services webpage that can be accessed from the UCPS homepage and then special accommodations option. If you cannot obtain this form digitally, your school nurse or cafeteria manager will be able to provide a printed copy.

This form needs to be completed and returned to your school's cafeteria manager or the School Nutrition office for our records at least two weeks before the first day of school. The school cafeteria will record information in the cafeteria computer system to monitor student meal items and trigger special instructions sent to the cafeteria manager. This information is very important to maintain in the computer files because it will alert cafeteria staff of special dietary needs or food substitutions that you and your child's physician have indicated are required. If your student does not eat with School Nutrition Services please still have this form filled out in case there are situations where we have to provide your child with food. There will be a delay between our receipt of the information, inputting the information and contacting the cafeteria. You will receive a letter once the cafeteria is able to provide your child a meal abiding by their medical statement.

Please remember, if your child requires any special accommodations for food substitutions, this information should be noted on the diet order form by the ordering physician. If there are other food choices available on the menu that meet your child's needs, then your child will be expected to choose from those foods rather than have substitutions made. Food preferences are not taken into consideration with regard to available foods, just as this is not a consideration for a child without food allergies.

Should you have questions or concerns, please feel free to contact the School Nutrition Services office at (phone) 704-296-3000 or (fax) 704-296-0004.

Sallie Roberts, MS, RD, LDN
UCPS – School Nutrition Services
407 North Main Street Suite 100
Monroe, NC 28110

Growing Possibilities.

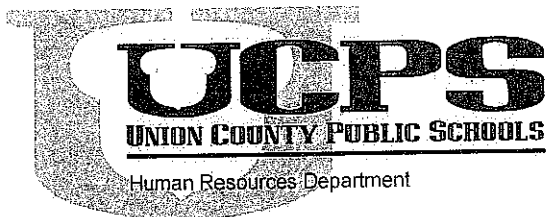
In compliance with federal law, UCPS administers all educational programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20260-9410; (2) fax: (202) 890-7442; or (3) email: program.intake@usda.gov.

UCPS School Nutrition is an equal opportunity provider.



Human Resources Department

400 North Church Street
Monroe, NC 28112
Phone 704.296.9898 Fax 704.289-3676
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

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.

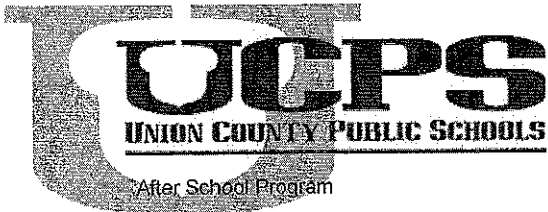
To register as a new volunteer, follow the steps below:

- Visit volunteer system page at www.ucpsvolunteers.com . 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 .

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.

Growing Possibilities.



400 North Church Street
Monroe, NC 28112
Phone 704.296.9898 Fax 704.289.9182

Andrew G. Houlihan, Ed.D. – Superintendent

Board of Education
Melissa Merrell - Chairman
Kathy Heintel - Vice Chairman
Christina Helms
Matt Helms
Joseph Morreale
Travis Kiker
Gary Sides
Candice Sturdivant

January 2019

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 30 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 Interest 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 1/7/19

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.