

WELCOME TO ANTIOCH ELEMENTARY

NEW STUDENT REGISTRATION

Mr. Tom Childers, Principal
3101 Antioch Church Road
Matthews, 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)

Drop Off Consent - Bus Rider (optional)



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

Dear Parents,

Welcome to Antioch Elementary! I am very excited about the upcoming school year and I look forward to working with you and your child. I believe that a school should be a warm, nurturing environment as well as a place that provides a solid foundation for lifelong learning. I truly feel that Antioch Elementary is such a place!

Along with the completed forms, please include a copy of the following:

- Birth Certificate
- Immunization Record
- (2) Proofs of Residency

This information must be obtained before we can enroll your child. Information will be sent to parents regarding the Kindergarten Assessment, scheduled for Friday, June 12th **OR** Thursday, August 20th. This assessment is necessary to accurately place your child with the right teacher. This will also minimize the need to perform testing during the first week of school. Please bring your child to Antioch prior to the Kindergarten Assessment so our office staff may take a photograph of your child which will be attached to the assessment folder. This will greatly improve the efficiency of the Kindergarten Assessment session. The Data Manager for Antioch Elementary is Mrs. Lisa Hansen and she can be reached at 704-841-2505. You may email your questions or concerns to lisag.hansen@ucps.k12.nc.us.

Your involvement and support of a quality educational program will ensure that your child's first year of school will be both enjoyable and rewarding!

Sincerely,

Tom Childers
Principal

Growing Possibilities...

STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

For Office Use Only		
Student ID _____	Enrollment Date _____	Grade _____
Registration completed _____	School _____	
<input type="checkbox"/> Immunization Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> PBR	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 _____				Pick up Child
(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 _____	
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 _____



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:





PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016rev

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:



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 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)
- 2 Meningococcal 1st dose before entry into 7th grade (1st dose is required if no MCV given since age 10)
2nd dose before entry into 12th grade.

Any medical exemption must be in writing from a physician per 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

Original in File: copy to parent

revised 1-2020 cs

This will be the only notification of health requirements.



School Health Office

400 North Church Street
Monroe, NC 28112
Phone 704.296.0845 Fax 704.289-2457
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. Please be aware that the information you provide may be shared with faculty on a need-to-know basis.

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

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:

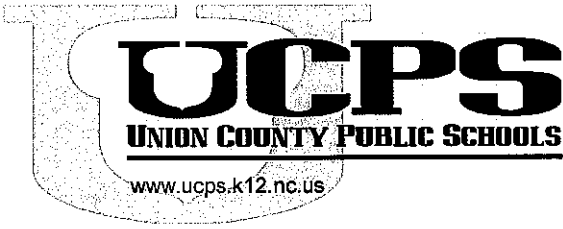
Severe Allergies Notify your School Nurse IMMEDIATELY if anaphylaxis may occur.	What is your child allergic to? <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Eggs <input type="checkbox"/> Insect Stings <input type="checkbox"/> 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 _____



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: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

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

The following list of items are commonly accepted to prove residence.

- *Utility bill (electric, gas, cable, etc.)
- *Driver's license
- *Insurance bill
- *Tax form
- *Rental or purchase agreement
- *Notarized statement from homeowner listing the names of the persons living at their home, plus a visit from a UCPS attendance counselor

Parent/Guardian Signature: _____

Temporary Residence

Students living outside their attendance zone at a temporary residence must obtain approval from the UCPS Office of Student Assignment. Please fill out the online Student Transfer Request which is available on the UCPS website, or call Lisa Hansen at 704-841-2505 for more information.

Temporary Address: _____

Guardian Phone Number: _____

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.



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



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

Transportation Request Form (New Bus Riders)

Today's Date: _____ School Year: _____

Student Name: _____ Grade: _____

Student Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Transportation Request:

AM Only _____ PM Only _____ Both AM and PM _____

If the student gets dropped off/picked up at a **different address** (daycare, etc.) than the home address, please fill out the following:

AM Pick-up Alternate Address _____

PM Drop-off Alternate Address _____

(Alternate addresses must be in Antioch attendance area.)

Does the student have special transportation needs as a related service on an IEP?:

YES _____ NO _____

Growing Possibilities...



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

January 27, 2020

Dear Parents,

The staff of Antioch Elementary is planning and preparing for next school year. I have attached the Parent Input Letter for 2020 -2021. 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 8, 2020 for consideration. Our staff will begin the process of creating the 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 2020 -2021

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 7, 2020 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. <i>Do not list teacher by name.</i>	
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.	
<div style="border-bottom: 1px solid black; width: 20%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20%; margin-bottom: 5px;"></div>	
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.



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
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New Volunteer Applicants

Union County Public Schools (UCPS) utilizes the Volunteer Management System (VMS), a web-based volunteer system, to manage new and existing volunteers, organize volunteer events, and effectively communicate with 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.

VMS provides a profile for each volunteer. Volunteers provide information in the initial application process that makes up the profile, and VMS 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 the **VMS** web page at <https://volunteers.ucps.k12.nc.us:450/index.php> . On the **VMS Home** screen, click the link "**Apply online to Volunteer with UCPS**".
- Enter in your name, desired username, password and email address. Once you have clicked "Register", a confirmation screen should appear indicating that you have successfully registered your initial information into VMS.
- You should receive an automated email from UCPS within 5-10 minutes. 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.
- You should be directed to the **VMS Home** screen.
- Log in using your username and password.
- Click "Apply online to Volunteer" and proceed to complete the application.
- Once you finish entering in the information to complete your application, please be sure to "finalize" the application. There should be a button at the bottom of the page prompting you to "Finalize Application". Additionally, please be sure to "electronically sign your application. Similarly, there should be a box at the bottom of the page to which you are redirected asking you to enter your password and click "Electronically Sign". Only when the application is electronically signed will it be distributed to the schools listed in your "School Preferences" for review.

All questions and requests for assistance should be directed to Catherine "Abby" Griffin via telephone at 704-296-1016, or via email at catherine.griffin@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.

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.



After School Program

407 North Main Street
Monroe, NC 28112
Phone 704.290.1516 Fax 704.289.5139
www.ucps.k12.nc.us

Andrew G. Houlihan, Ed.D. – Superintendent

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

January 2020

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. For the 19-20 school year, 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. These fees/costs are subject to change, and parents will be notified of weekly tuition rates prior to the beginning of the school year. Once your child is enrolled, 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.

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

1. Visit the Union County Public Schools website, scroll down to "Departments" and click on "After School Program." Once you are on the After School Program web page, on the left hand side, select "After School Online Interest List" where you will be able to click on a link "[Click here to access the Online Interest Form.](#)"
2. Under "New Family," select your school and click "New Family Registration." This will take you to the Parent/Guardian information page which will allow you to input your information. Once complete, click submit. You will then see a second page for student information which you should also complete and submit. Please note: If you are a UCPS employee, please add that information in the comments section on the student information page.

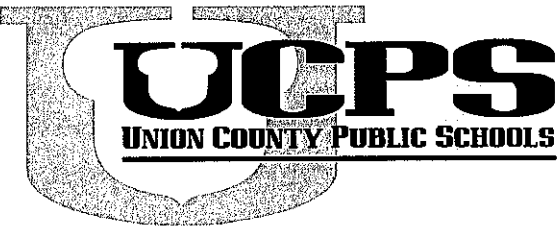
Having your name on this contact list will allow us to contact you via email with regards to registration. Registration opens on April 6, 2020, for those students currently enrolled in ASP and their siblings. Registration opens on April 20, 2020 for all new students, including the 2020-2021 kindergartners. There are limited spots available at each site, so please be sure that when formal registration opens, you enroll quickly.

We look forward to working with you!

Sincerely,

Rachel Clarke, Ed.D.
Director, UCPS After School Program

Growing Possibilities.



Antioch Elementary School
Tom Childers, Principal
3101 Antioch Church Rd.
Matthews, NC 28104
Phone 704.841-2505
Fax 704.841-2578
www.antioch@ucps.k12.nc.us

2018 - 19

Dear Parent,

In an effort to ensure the safety of students, UCPS Transportation professionals may not release Kindergarten students unless a responsible adult is present at their assigned stop. However, as a parent you may offer written consent for the release of your Kindergarten student.

Drop-off Consent:

As a parent I wish to offer written consent for the release of my Kindergarten student

(_____) *to be released with their older sibling/s*

(_____ &/or _____)

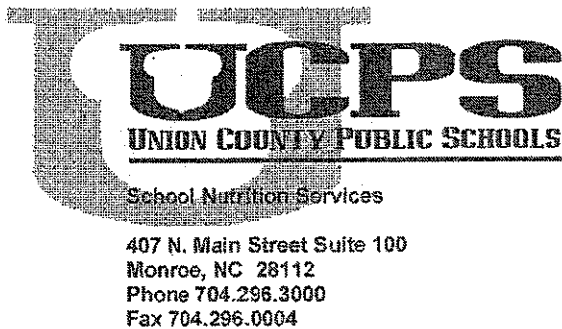
once they arrive at their assigned stop of: _____

Parent Signature

DATE

Phone: _____ *or* _____

Growing Possibilities...



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

February 2020

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 you to complete a **Medical Statement for Students with Special Nutritional Needs for School Meals or Diet Order** form. This Diet Order form will remain on file in the school's health record of the student and on file in the cafeteria computer system. This diet order should include all of the 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 Diet Order 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.

The Diet Order form can be found on the UCPS homepage under the Parents tab, and then under the District Forms option. If you cannot obtain this form digitally, your school nurse or cafeteria manager will be able to provide a print copy to you.

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 (for Traditional schools – August 31, 2020, for Year-Round schools – July 20, 2020). 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. There may be a delay between our receipt of the information and the time it takes to prepare the cafeteria, you will receive a letter once the cafeteria is able to provide your student an appropriate meal.

Please remember, if your child requires any special accommodations for food substitutions, the ordering physician should note this information on the diet order form. If there are other, food choices 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 call the School Nutrition office at (704)296-3000, Ext. 2071.

Sallie Roberts, MS, RD, LDN
UCPS – School Nutrition Services

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. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

UCPS School Nutrition is an equal opportunity provider.



Antioch Elementary Language Immersion Program



Antioch Elementary's Spanish Immersion program offers an exciting opportunity for students to participate in a rigorous academic program that supports bilingualism, cross-cultural awareness and high academic achievement.

Students enrolled in the Spanish immersion program learn to speak, listen, read and write in Spanish. The following subjects will be taught in Spanish: math, Spanish language arts, social studies and science. Music, art and physical education are taught in English. Formal English Language Arts instruction begins in the second grade. Union County Public Schools (UCPS) immersion teachers use the NC Standards and UCPS curriculum.

Immersion Program Benefits:

- Proficiency in two languages
- Increased cultural sensitivity
- Enhanced cognitive skills
- Improved self-esteem
- Proven performance on standardized tests
- Preparation for a global society and marketplace

Follow Antioch Elementary on social media:



AntiochES.NC



AntiochES_NC



AntiochESNC

UCPS
UNION COUNTY PUBLIC SCHOOLS

www.ucps.k12.nc.us

Dual Language Immersion in UCPS

Language immersion programs offer students the advantages of a rigorous academic program that supports bilingualism, biliteracy, cross-cultural awareness and high academic achievement.

Immersion Program Benefits

- Proficiency in two languages
- Enhanced cognitive skills
- Proven performance on standardized tests
- Increased cultural sensitivity
- Improved self-esteem
- Preparation for a global society and marketplace

In a **one-way immersion program**, elementary students learn to speak, listen, read and write in the partner language. Math, language arts, social studies and science are taught in the partner language.

In a **two-way immersion program**, native English speakers and native Spanish speakers learn together to speak, listen, read and write in English and Spanish. Math and Spanish language arts are taught in Spanish. English language arts, social studies and science are taught in English.

In the **partial immersion program**, which is a continuation immersion program offered at the middle school level, sixth and seventh grade students take science and social studies in the partner language. Eighth grade students can earn high school credit by taking an intermediate World Language course.

Rising kindergarten students are selected for the Dual Language Immersion program via a random lottery. Preferences for admission are based on the student's home school. For additional information about the admission process, please visit the UCPS Dual Language Immersion website at bit.ly/UCPSDLI.

One-way Mandarin Immersion
Kensington Elementary
Marvin Elementary

One-way Spanish Immersion
Antioch Elementary
Poplin Elementary
Shiloh Valley Elementary
Shiloh Valley Primary
Unionville Elementary
Weddington Elementary
Western Union Elementary

Two-way Spanish-English Immersion
East Elementary
Marshville Elementary
Porter Ridge Elementary
Walter Bickett Elementary
Wingate Elementary

Partial Language Immersion
Marvin Ridge Middle
Piedmont Middle
Sun Valley Middle

For more information,
please contact:

Jessica Garner
UCPS Director of College
Readiness
704-292-7999
jessica.garner@ucps.k12.nc.us

