

CUTHBERTSON HIGH SCHOOL

1400 Cuthbertson Road

Waxhaw, NC 28173

704-296-0105 704-843-3591 (fax)

Dear Parent and Student:

Welcome to Cuthbertson High School. Enclosed is a packet of information that needs to be completed and returned to the high school to assist in registering your child. Please fill out the information and return it as soon as possible.

The forms that are included in this packet that need to be completed and returned are:

- Student information form
- Proof of residence (2 from list)
- Record of schools attended
- Home language survey
- Request for transcript
- UCPS NC immunization law information form

Complete the following information **only as necessary:**

- **Certificate of residence** – This form is only needed if **you and the student** will be residing with another family already living in the Cuthbertson attendance area. The form must be **notarized.**
- **Request for health information** – This form needs to be completed if the student has a medical need that may affect learning or require emergency care during the school day.
- **Medications consent form** – This only needs to be completed if the student will need to take any medication(s) at school, a **doctor's signature is required.**
- **Exception children's records request form** – This only needs to be completed if your student has been identified as an EC student.

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

- ❖ Birth Certificate
- ❖ Official immunization record
- ❖ Final report card (or grades as of time of withdrawal from previous school)
- ❖ Unofficial transcript
- ❖ Exceptional Children / Special Ed / English as second language records (if applicable)
- ❖ Standardized test scores
- ❖ Photo ID for parent

All of the above information **MUST BE** presented before your child can be enrolled

We look forward to meeting with you and your family.

Sincerely,
Guidance Department.

STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

For Office Use Only:

Student ID _____

Enrollment Date _____ Grade _____

Registration completed _____

School _____

Need ☐ Immunization Record ☐ Birth Certificate ☐ POR

Transportation _____

School Receiving Packet _____

Teacher's Name _____

Date Received _____

Packet received by _____

Please indicate the student's academic placement:

- ☐ New Kindergartener for the _____ school year
☐ New Pre-Kindergartener for the _____ school year
☐ New student entering grade _____ for the _____ school year

Student Information

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

Legal Name _____ / _____
Last First Middle Nickname

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

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

Home Phone _____

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

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

Child resides with _____ Relationship to Student _____

Legal Custodian _____ Legal paperwork provided to school ☐ Yes ☐ No

Family Information

Father's Full Name _____

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

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Highest Education level completed _____ E-mail address _____

Mother's Full Name (include maiden name) _____

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

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Highest Education level completed _____ E-mail address _____

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

Name _____ Address _____

Home/Cell Phone _____ Employer _____ Business Phone _____

E-mail address _____

**Other
Information**

**Pick up
Child**

Emergency
Contact _____

_____ ☐ Yes ☐

No

(Other than parent)

Name _____

Relationship _____

Phone _____

Emergency

Contact _____

_____ ☐ Yes ☐

No

(Other than parent)

Name _____

Relationship _____

Phone _____

Emergency

Contact _____

_____ ☐ Yes ☐

No

(Other than parent)

Name _____

Relationship _____

Phone _____

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 _____

Name
Address
Phone

**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

☐ 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) ☐
Yes ☐ No ☐ If
yes, has a copy of
the plan been
provided? ☐
Yes ☐ No ☐

Section 504
Plan
☐ Yes ☐ No ☐ If
yes, has a copy of
the plan been
provided? ☐
Yes ☐ No ☐

Academically
Gifted (AIG or TD)
☐ Yes ☐ No ☐ If
yes, has a copy of
the plan been
provided? ☐
Yes ☐ No ☐

Has the child ever

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

[illegible]

Morning-student
will arrive by ☐ Bus ☐ Car ☐ Walk

Afternoon-
student will leave
by ☐ Bus ☐ Car ☐ Walk

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

PROOF OF RESIDENCE

Student name: _____ Grade: _____

Parent names: _____

Home address: _____

Subdivision name: _____

Telephone number: _____

PLEASE ATTACH TWO (2) PROOFS OF RESIDENCE FOR THE ABOVE ADDRESS, FROM THE LIST BELOW:

List of acceptable documents include:

- **Notarized** rental/purchase **agreement** for a house with the person's name and address on it
- Recent **Utility** bills (electric, telephone, gas, power, cable, etc.) *If two utility bills are submitted, they will count as your 2 proofs of residence*
- Current **Driver's license** and **automobile registration** (as long as the address is the same) These documents are considered ONE
- Current **Car insurance** and **property insurance** policies (as long as the address is the same) These documents are considered ONE
- Recent **Income tax W-2** form and **property tax bill** These documents are considered ONE

NOTE: While attending Cuthbertson High School the student and a parent **MUST** reside at the address listed above and on the proof of residence documents. *If you have questions about this Union County Public School's Board policy, please see a guidance counselor.*

I have read and understand the above attendance area policy. The documents I am submitting as proof of the student's residence are true and accurate.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

If you reside in a home other than your own and the homeowner resides with you, then you will need to complete the CERTIFICATION OF RESIDENCE form. The homeowner is responsible for signing this document in front of a notary and providing proof of residency to the Cuthbertson High School.

CERTIFICATION OF RESIDENCE

This certification must be signed in the presence of a notary public after all information has been completed. This certification is valid only accompanied by two (2) proofs of residence from the list below.

THIS IS TO CERTIFY THAT (list names of ALL family members)

ARE PRESENTLY RESIDING IN MY HOME (give full address)

EFFECTIVE DATE

Signature _____

Print Name _____ Date _____

State of North Carolina
County of Union

I, _____, a Notary Public for said County and State, do hereby certify that _____

_____, personally appeared before me this day and acknowledged the due execution of
the foregoing instrument.

Witness my hand and official seal this _____ day of _____, 20_____

(Official Seal)

NOTARY PUBLIC

My Commission Expires _____

Acceptable documents to prove residence:

Notarized rental/purchase agreement
Utility bills (electric, telephone, gas, etc)
Driver's license and automobile registration
Car insurance and property insurance policies
Income tax W-2 form and property tax bill

RECORD OF SCHOOLS ATTENDED

Student Name _____

Date of Birth _____

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

YEAR	GRADE	SCHOOL	CITY / STATE	NC PUBLIC SCHOOL?
	K			NC Public School? Y N
	1			NC Public School? Y N
	2			NC Public School? Y N
	3			NC Public School? Y N
	4			NC Public School? Y N
	5			NC Public School? Y N
	6			NC Public School? Y N
	7			NC Public School? Y N
	8			NC Public School? Y N
	9			NC Public School? Y N
	10			NC Public School? Y N
	11			NC Public School? Y N
	12			NC Public School? Y N



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

Phone 704-289-5460

Fax 704-296-3107 Revised 1/2017

CUTHBERTSON HIGH SCHOOL

1400 Cuthbertson Road

Waxhaw, NC 28173

704-296-0105

FAX: 704-843-3591

SCHOOL CODE: 900311

REQUEST FOR RECORDS

Name of Student: _____

Date of Birth: _____

I give permission for official records to be sent to Cuthbertson High School.

Parent Signature: _____ Date: _____

School Name: _____

School Address: _____

School Phone #: _____ School Fax #: _____

The above named student has enrolled in Cuthbertson High School and has advised us that your school is the last one the student attended. Please send us the following information as soon as possible:

- Official Transcript
- Grades as of date of withdrawal from your school
- Attendance record for this year
- Standardized test results
- Immunization records
- ALL records pertaining to **504 Plan/ IEP/ EC-Exceptional Children (Special Ed.)/ ESL – English as second language (ex. ALL IEPs, Psychological Testing, Educational Testing, etc.)**

Please include any course description that might not be obvious for transferring credits.

TO BE COMPLETED BY PREVIOUS SCHOOL:

Student was / was not in good standing at the time of withdrawal. If not, please indicate the reason, including suspension, expulsion, books/fees, other.

Signature of School Official Title Date

*As per Family Education Rights and Privacy Act (FERPA) parents (or students over the age of 18) have the right to inspect and review any and all official school records directly relating to their child.

** The agency or individual agrees not to permit any other party access to such information without parent/guardian or eligible student consent.

***As per Family Education Rights and Privacy Act (FERPA) parents may have a copy of the information to be released if desired.

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.

Union County Public Schools
North Carolina Immunization 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 130-A-152 through 130-A 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 child enrolled in kindergarten or 1st grade for the first time after 7/1/94, but before 7/1/99:

- | | |
|-----------|---|
| • 5 DPT | 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 1 st birthday (not given after age 5) |
| • 2 MMR | first dose after 1st birthday |

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

- | | |
|-----------------|--|
| • 5 DPT | 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 before 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 DPT | 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. 130-A-156.

North Carolina Health Assessment Law

G.S. 130-A-440 states that every child in the State entering N.C. public schools 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 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 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 N.C. public school for the first time.

Student Name	Date of Birth	Enrollment Date
Parent/Guardian Signature		Date

THIS WILL BE THE ONLY NOTIFICATION OF HEALTH REQUIREMENTS

UNION COUNTY PUBLIC SCHOOLS
Exceptional Children's Programs
400 North Church Street
Monroe, NC 28112

RECORDS REQUEST
Confidential and Privileged

The student named below has enrolled in Union County Public Schools and has listed your school as the last school he/she attended. We are requesting the Special Education information for this student.

Student's full name: _____

Date of birth: _____ Grade: _____

Please forward records to:

Cuthbertson High School
EC Department
1400 Cuthbertson Road
Waxhaw, NC 28173
704-296-0105
FAX: 704-843-3591

Please send the following information:

- Referral for initial evaluation
- Permission to evaluate
- Permission for placement
- Individual Education Plan (IEP)
- Most current evaluation or re-evaluation information including – summary of assessments, psychological reports, education, medical, multidisciplinary team documentation, etc.
- Related services information including written evaluation reports
- Any other pertinent information which will assist in the service delivery

I give permission for records to be sent to Union County Public Schools. I understand that this information will be handled in accordance with confidentiality requirements.

Parent/Guardian Signature

Date

COMPARABLE SERVICES FORM
FOR
TRANSFER STUDENTS

Note: May be used only with previously identified EC students who have transferred to Union County Public Schools. An IEP meeting must be held within 2 weeks of the date of enrollment. The meeting is set for

<hr/>	<hr/>	<hr/>
(Date)	(Time)	(Place)

Name of Student: _____

Date of birth: _____

Parent/Guardian: _____

School: Cuthbertson High School

1. Former school: _____
School system: _____
Phone number: _____
Former teacher: _____
(a) Disability: _____
(b) Direct Special Education Services received: _____
(c) Related services received: _____

2. Attach a copy of IEP if available from parent/guardian. If not, note parent's/guardian's opinion of student's present level of functioning (i.e. can student subtract with borrowing or can write a simple sentence)

3. Comparable Exceptional Children Services to be provided: _____

4. Comparable related services to be provided: _____

PARENT CONSENT FOR COMPARABLE SERVICE DELIVERY

I give consent for the comparable service delivery to my child through the Exceptional Children's Program as specified above. I understand that this service is not a formal placement in the Exceptional Children's Program and depends upon substantiated confirmation of previous special education services. The IEP team will meet within 2 weeks to make decisions regarding my child's eligibility for EC services

Parent/Guardian signature

Date

To expedite Exceptional Children's eligibility, parents/guardians should be given the following:

1. Consent for Release of Information (Form B)
2. Handbook on Parent's Rights
3. Invitation to Conference

Copies of this form to: SNA, Data Manager and EC Case Manager to be placed in EC folder.