



Marvin Ridge High School

2825 Crane Road, Waxhaw, NC 28173

<http://mrhs.ucps.k12.nc.us/>

Phone: 704-290-1520

Fax: 704-243-2416

Dear Parent:

Welcome to Marvin Ridge High School! Enclosed is a packet of information that needs to be completed in order to assist us with enrolling your son or daughter. Please complete these forms and return to the school office, along with all supporting documents (listed below). Failure to provide the required documentation will delay the processing of your child's enrollment.

The following forms are included in this packet and **required for enrollment**:

- Student Enrollment Form
- Proof of Residence (two from the list)
- Record of Schools Attended
- Home Language Survey
- Request for Student Records
- Special Education Placement
- UCPS North Carolina Immunization Law

Along with completing the above forms, a copy of the following is **required for enrollment**:

- Birth certificate
- Official immunization record
- Withdrawal notice from previous school
- Final report card (or grades at the time of withdrawal from previous school)
- Unofficial transcript (required to verify credits earned and for class/course placement)
- Standardized test scores
- EC (Special Ed/Exceptional Children) / ESL (English as a Second Language) records
- Parent photo ID

Complete the following documents only as necessary:

- Certification of Residence - this form is required if the student and parent/guardian will be residing with another family already living in the Marvin Ridge HS attendance area. *The form must be notarized.*
- NC Health Assessment Transmittal Form – **this form is required if the student has never attended a North Carolina public school**

The above information and supporting documents must be submitted before your child can be enrolled. You will have an opportunity this summer to meet with your child's school counselor to select his/her classes. We look forward to working with you and your family!

Sincerely,

Donna Cook
Principal
Marvin Ridge High School

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 _____

Legal Custodian _____ Relationship to Student
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 _____ ☐ 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 _____ 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)

☐ 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 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

PROOF OF RESIDENCE
MARVIN RIDGE HIGH SCHOOL ATTENDANCE AREA

Student name: _____ Grade: _____

Parent(s) name: _____

Home address: _____

Subdivision name: _____

Telephone number: _____

You must provide two proofs of residence to enroll your child(ren). Please reference the list below for acceptable documentation.

- Current **rental agreement or purchase agreement**. This document must be *notarized*.
- Recent **utility bills** (electric, gas, water, telephone, cable). If two utility bills are submitted, they will count as two proofs of residence.
- Current **driver's license AND automobile registration** (the address must be the same on both). These documents are considered one proof of residence.
- Current **car insurance AND property insurance** policies (the address must be the same on both). These documents are considered one proof of residence.
- Recent **Income Tax W-2 form AND property tax bill**. These documents are considered one proof of residence.

NOTE: While attending Marvin Ridge High School, the student MUST reside at the address above and per the proof of residence documents. If you have questions about this UCPS Board policy, please see the school's attendance counselor. To identify which school your student is eligible to attend, please use the **Edulog School Assignment Finder** tool at <http://web01.edulogweb.com/Union/webquery/>.

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

RECORD OF SCHOOLS ATTENDED

Student's Full Name: _____

Student's 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 filling 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

MARVIN RIDGE HIGH SCHOOL
2825 Crane Road, Waxhaw, NC 28173

REQUEST FOR RECORDS

Name of Student: _____

Date of Birth: _____

I give permission to release student records and send to Marvin Ridge High School.

Parent Signature: _____ Date: _____

Previous School Attended

School Name: _____

City, State: _____

Phone Number: _____ Fax Number: _____

The above-named student has enrolled at Marvin Ridge High School. Please send us the following information:

- Withdrawal notice
- Official Transcript (please mail the official transcript signed and sealed)
- Report cards for all grades
- Grades at the time of withdrawal (if student left during the school year)
- Attendance records
- Behavior/Incident report
- Standardized test results
- Immunization record and birth certificate
- IEP or 504
- Special Education / EC-Exceptional Children / ESL-English as a Second Language

Thank you for your prompt response to our request.

Dianna Weir
Guidance Secretary / Student Records

Phone: 704-290-1520

Fax: 704-243-2416

dianna.weir@ucps.k12.nc.us

SPECIAL EDUCATION PLACEMENT OR OTHER FORMAL EDUCATION PLANS

IEP (choose one):

- A. Student has a current IEP and continues to need services _____
- B. Student does not have a current IEP, but needs to be evaluated _____
- C. Student had an IEP in the past, however, has been exited or no longer requires exceptional children's services _____
- D. None of the above apply _____

504 Plan:

Student has a Section 504 Plan _____YES _____NO

ESL Services:

Student has received ESL (English as Second Language) services _____YES _____NO

Student _____ Date of Birth _____
Last First Middle

Address _____
Street City State Zip

Parent/Guardian Name _____

Phone _____
Home Cell Work

IF YES TO ANY OF THE ABOVE, PLEASE FILL OUT THE INFORMATION BELOW:

School Last Attended _____

Address _____
Street City State Zip

Contact Person _____ Phone _____

Email _____ Fax _____

PLEASE SIGN THIS FORM EVEN IF NO SERVICES ARE NEEDED OR WERE USED IN THE PAST

Parent Signature _____ Date _____

OFFICE USE ONLY – Copy this form to:

_____EC _____504 Coord. _____ESL

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



PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

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:

(Last)

(First)

(Middle)

☐ M ☐ F

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 Health
HEALTH AND HUMAN SERVICES



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

NOTE: Completion of this form is only required if you will be residing with another family that is already living in the Marvin Ridge attendance area. This form must be completed by the family you are living with.

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 when accompanied by a second proof of residence from the list below.

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

ARE PRESENTLY RESIDING IN MY HOME (give full address)

EFFECTIVE DATE _____

Signature_____

Print Name_____

Date_____

**North Carolina
Union County**

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 _____, 20_____

Acceptable documents to prove residence:

1. Notarized rental/purchase agreement
2. Utility bills (electric, gas, water, telephone, cable)
3. Driver's license and automobile registration
4. Car insurance and property insurance policies
5. Income Tax W-2 form and property tax bill