



Weddington High School
Jay Jones, Ed.D. - Principal
4901 Monroe Weddington Road
Matthews, North Carolina 28104
Phone 704 708-5530
Fax 704 708-6218
<https://www.ucps.k12.nc.us/Domain/55>

NEW STUDENT ENROLLMENT PACKET

Dear Parent(s) and Student:

Welcome to Weddington High School! Enclosed is a packet of information that must be completed and returned to the high school to assist in registering your son or daughter. Please fill out each of the attached documents and return them as soon as possible.

- Student Enrollment Form (2 pages) including Contact Information
- Request for Transcript Form
- Record of Schools Attended
- Two (2) Proofs of Residence Acceptable documents include:
 - A notarized statement Certificate of Residence Form from the owner of the house where the person is living, listing the names of the person and their child(ren) and a visit by the attendance counselor
 - ✓ Notarized rental I purchase agreement for a house with the person's name and address on it
 - ✓ Recent utility bills (electric, telephone, gas, etc.)
 - ✓ Current Driver's License with Automobile Registration
 - ✓ Current Car Insurance with Property Insurance policies
 - ✓ Recent Income Tax W-2 form with Property Tax bill
- If living temporarily with another family in the Weddington district, you must complete Certification of Residence form and have it Notarized (as needed)
- North Carolina Immunization Law Information Form
- Home Language Survey Form
- Special Education Placement Form (Please include a copy of Active Placement Forms)
- Bus Rider Information Form (as needed)
- WHS Athletic Department New Student Information Sheet
- North Carolina Health Assessment Transmittal Form (Out of State Students Only)

Along with completing the forms and providing the information required above, please include copies of all documents listed below:

- State Birth Certificate
- Final Report Card from previous school
- Unofficial or Official (in a sealed envelope with an official school seal) Transcript
- Withdrawal Form from previous school listing courses taken and grades awarded if enrolling during the school year
- Official Immunization Record (copy from Doctor's office or Health Clinic is accepted must be on file within 30 days of enrollment)
- Standardized Test scores

ALL of the above information MUST BE completed before your child can be enrolled. We look forward to working with you and your child.

Sincerely,

Guidance Department

Growing Possibilities...

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 _____ (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 _____
_____	Relationship _____	Branch of military service _____

Parent/Legal Guardian _____
Signature _____ Date _____

Weddington High School
Guidance Department
4901 Monroe-Weddington Road
Matthews, NC 28104
PHONE (704)708-5530 FAX (704)708-6218

REQUEST FOR STUDENT RECORDS AND TRANSCRIPT

Student Name _____ Date of Birth _____

Previous School Name and Address _____

Phone & FAX# _____ Website _____

I authorize the release of my child's records to Weddington High School. _____

(Parent/Guardian Signature)

DEAR SCHOOLS: The State of North Carolina now requires that we document and obtain records from ALL schools attended by each student from Kindergarten through the current grade. Please forward copies of any elementary thru middle and high school records you have on file to the address above.

The above named student has enrolled at Weddington High School and has informed us that your school is the one he/she last attended. Please send us the following information so this student can be placed in the proper classes:

- Transcript of the student's school record including report cards for all grades at the date of withdrawal from your school
- Attendance record for all years
- Immunization records and birth certificate
- Standardized test results
- Any IEP, PEP, AIG testing results or information
- Any Special Education / EC – Exceptional Children / ES: - English as a Second Language documentation
- Any pertinent information you feel will help us in proper placement of this student including your program of studies and/or course descriptions to enable us to calculate credit transfers

Please confirm in the statement below that the student has returned all books, paid all fees, and has left your school in good standing.

Thank you,
Guidance Department

TO BE COMPLETED BY PREVIOUS SCHOOL

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

School Official Signature / Title _____

***As per Family Educational Rights and Privacy Act, (FERPA), parents (or students over the age of 18) have the right to inspect and review 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 Educational Rights and Privacy (FERPA), parents may have a copy of the information to be released if desired.**

RECORD OF SCHOOLS ATTENDED

STUDENT'S FULL NAME _____

STUDENT'S DATE OF BIRTH _____

Dear Parents: The State of North Carolina now 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? <i>Please Circle Y or N</i>
	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

Proof of Residence in the Weddington High School Attendance Area

Student's Name _____ Grade _____

Parents Name _____

Student's Address _____

Please attach TWO tangible proofs of residence for the above address and sign the statement below.

You must provide the following documents to the school to enroll your child(ren):

1. Birth Certificate
2. Immunization Records – see UCPS NC Immunization Law Information sheet
3. Name, Telephone Number and Address of previous school(s) attended – see Record of Schools Attended form
4. Report Card or Grade Placement Information from previous school(s)
5. TWO proofs of residence from the following list of acceptable documents:
 - a. A notarized Certification of Residence form from the owner of the house where the person is living, listing the names of the person and their child(ren) and a visit by the attendance counselor
 - b. Notarized Rental/Purchase Agreement for a house with the person's name and address on it
 - c. Recent Utility Bills (electric, telephone, gas, etc.)
 - d. Current Driver's License **with** automobile registration
 - e. Current Car Insurance **with** property insurance policies
 - f. Recent Income tax W-2 form **with** property tax bill

NOTE: While attending Weddington High School the student **MUST** reside at the address listed above and on the proof of residence documents. If you have questions about this UCPS Board Policy, please see the Weddington Attendance 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.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

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 a child enrolled in first grade for the first time after 7/1/87 but before 7/1/94

- 4 DPT last dose on or after 4th birthday
- 3 Polio last dose on or after 4th birthday
- 2 Measles first dose after 1st birthday
- 1 Mumps
- 1 Rubella

If a 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 1st birthday and before 5 years of age
- 2 MMR 1st dose on or after 1st birthday

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 6 months of age
- 2 Varicella before school entry

Additional requirements:

- 1 Tdap before entry into 7th grade (this booster dose is required if no Tetanus vaccine given within the last 5 years)
- 1 Meningococcal before entry into 7th grade

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 kindergarten in 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)708-5530 and ask to speak with the 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 Kindergarten for the first time.

Student Name

Date of Birth

Enrollment Date

Parent/Guardian Signature

Date



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 M.I. Last name M/D/Y

Address _____
Street City State Zip Code Phone

Phone Number _____
(Home) (Work)

Parent or Guardian's Name _____
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

Weddington High School
4901 Monroe-Weddington Road
Matthews, NC 28104
(704)708-5530
FAX (704)708-6218

**SPECIAL EDUCATION PLACEMENT
OR
Other Formal Education Plans**

STUDENT NAME _____

Yes	No	Student has received Special Education (Exceptional Children) services in the past
		--student has had an IEP (Individualized Education Plan)
Yes	No	Student has been identified as Academically/Intellectually Gifted
Yes	No	Student has a Section 504 Plan
Yes	No	Student has a PEP (Personalized Education Plan)
Yes	No	Student has received ESL (English as Second Language) services

IF YES, COMPLETE INFORMATION BELOW:

Student Date of Birth _____

Address _____

Parent/Guardian Name _____

Phone _____
(Home) (Work) (Cell)

School Last Attended _____

Address _____

Contact Person _____ Phone _____

Student has (check all that apply):

____ IEP (Individualized Education Program-Special Education)

____ AIG Plan (Academically/intellectually Gifted)

____ Section 504 Plan

____ PEP (Personalized Education Plan)

____ ESL (English as Second Language services)

WEDDINGTON HIGH SCHOOL

TRANSPORTATION FORM



DATE _____

STUDENT'S NAME _____

STUDENT'S ADDRESS _____

GRADE LEVEL _____ CONTACT PHONE NUMBER _____

CONTACT EMAIL _____

PARENT/GUARDIAN NAME _____

WILL STUDENT RIDE IN THE MORNING? YES _____ NO _____

IF YES, PICK UP ADDRESS

WILL STUDENT RIDE IN THE AFTERNOON? YES _____ NO _____

IF YES, DROP OFF ADDRESS

PLEASE ALLOW UP TO 2 – 3 DAYS FOR PROCESSING.



**Weddington High School
Athletic Department
New Student Information Sheet**

This form is to assist the Athletic Department in processing new students who are interested in athletics. It is to be completed by a Guidance Counselor and the Athletic Director and must be completed prior to any athletic participation.

Student Name: _____ Date of Birth: _____

Year of Entry into 9th Grade: _____ Grade Classification: _____

Has the student attended a school during the previous semester? YES / NO

If yes, what is the previous school? _____

Is the student new to the Weddington district? YES / NO

Was this a MOVE or a UCPS TRANSFER (please circle one)

If this a move, is the student currently living in the Weddington district? YES / NO

Is there a UCPS Transfer Letter on file for this student? YES / NO

If yes, please attach a copy of the letter to this form.

During the previous semester, how many courses was the student enrolled in? _____

During the previous semester, how many courses did the student pass? _____

**** Please attach a copy of the student's transcript to this document. ****

Counselor Signature: _____ Date: _____

Athletic Department Use Only

Courses passed previous semester: _____ Is the student over age 19 after 8/31? YES / NO

Year of Entry into the 9th Grade: _____ Is there a transfer letter on file? YES / NO

Reason for move: _____

Previous school: _____

APPROVED: _____ DENIED: _____

Athletic Director 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