

2025-2026 Marvin Elementary Emergency Information Card

(Office Use Only)

Student _____ Last _____ First _____ Middle _____ Preferred Name _____ Date of Birth: _____ Gender: _____

Best Contact # _____ Teacher _____

Mother's Name: _____ Mother's cell _____ Mother's Home# _____

Mother's Work # _____ Mother's email _____ Mother's Employer _____

Father's Name: _____ Father's cell _____ Father's Home # _____

Father's Work # _____ Father's email _____ Father's Employer _____

Student Resides With _____

Student's Home Address _____

Siblings _____

Name/Teacher/Grade _____ Name/Teacher/Grade _____

Note Physical Disabilities, Disorders, Allergies, Sensitivities Etc. _____

Emergency Contacts Have Permission To Pick Up ONLY If Parents **CANNOT Be Reached in A HEALTH ROOM EMERGENCY. (ID will be required.)**

#1 _____ #2 _____

Name _____ Phone# _____ Relationship _____ Name _____ Phone# _____ Relationship _____

*If someone does **NOT** have permission to pick up your child, please list name and relationship (example: legal custody issues) Please submit legal

documents to the front office _____

2025-2026 Marvin Elementary Inclement Weather/Emergency Closing Transportation Information

In the event of an inclement weather/emergency closing, you will be contacted via ConnectEd message at the number you previously submitted at registration. If due to

the inclement weather/emergency closing you need to change your student's transportation you will be able to make any transportation changes in the School Dismissal

Manager app. You will have up to 45 minutes before dismissal to make any changes. If you do NOT have a change for your student's transportation no action is needed.

Your child will go home their normal mode of transportation listed in School Dismissal Manager (SDM).

Parent/Legal Guardian Signature _____ Date _____

****Please return this form to your student's teacher at Open House. ****

Free/Reduced Meals

You may apply for Free/Reduced meals through **PaySchoolsCentral.com** or by filling out a paper application in the Front Office.



400 North Church Street
Monroe, NC 28112
704-296-9898
704-289-9182
ucps.k12.nc.us

School Year 2025-2026

Dear Parent or Guardian,

In an effort to ensure that the unique needs of military-connected students are met, N.C.G.S. 115C-12 (18)(f) requires the North Carolina State Board of Education/North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career. This mandatory collection started in the 2015-16 school year. A description of the requirement can be accessed at:

https://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter_115c/gs_115c-12.html

To ensure compliance with N.C.G.S. 115C-12 (18)(f), please complete the following information if there are immediate family members of your child connected to U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or Civil Service Employee. "Immediate family member" is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the child. **If no such person exists for your student, there is no need to return this form to the school.** If you have more than one student, please return a separate form for each student to their school.

STUDENT NAME:				SCHOOL:
Relationship	Branch	Status	Grade	Military Installation

Relationship: Father, Mother, Stepfather, Stepmother, Guardian, Sibling, Other
Branches: Air Force, Army, Coast Guard, Marine Corps, Navy
Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Civil Service Employee, Veteran, Active Reserve/Guard, Deceased, Deceased-Killed in Action
Optional Information:
Grade: Enlisted (E1 through E9), Officer (O-1 through O10), Warrant Officer (W-1 through W-5)
Military Installation: The facility where the service member fulfills their duty role in the military. (i.e. Camp Lejeune, MCAS Cherry Point, Fort Bragg, MCAS New River, Pope Army Air Field, Seymour Johnson Air Force Base, Coast Guard Station – Elizabeth City, NG Raleigh Armory, Knightdale Reserve Center, etc.)

Please return this form to the school by September 19, 2025. If you have any questions, please call your child's school.

Thank you and most of all, a special thanks to our military and their family for your service and sacrifice for our country!

Andrew G. Houlihan, Ed.D., Superintendent
Union County Public Schools

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.



School Health Office

400 North Church Street
Monroe, NC 28112
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," regardless of if your student has medical needs that could affect learning or might require emergency care during the school day. A health care provider's written diagnosis is required in order for an Individualized Healthcare Plan to be developed by the school nurse. Also, please let your school nurse know if your child participates in extracurricular school activities.

Chronic Health Conditions

- Please complete the reverse side of this form.
- If your child has a life-threatening condition/allergy, please notify the school nurse and any other staff members who will be in contact with your child (including afterschool care, cafeteria/bus driver/coach/extracurricular activities).
- Contact the school nurse if you need to schedule a conference to discuss details regarding the development of a health care plan for your child.
- Provide necessary changes that occur during the school year, either with contact numbers or your child's health condition.

Medication Administration

- Medication must be sent in the original container if it is an over-the-counter medicine or a prescription bottle if it is a prescription medicine.
- Please check expiration dates. School personnel are not allowed to give expired medications.
- The school does not provide any medications, including ointments, creams, pain relievers, eye drops, etc. Any medication given at school must be provided by the parent/guardian.
- A medication consent form is required for any medication given at school.
- **Signatures from a parent/guardian AND the student's health care provider are required for ANY medication to be given at school. This includes prescription as well as over the counter medications.**
- Faxed consents from parents and/or doctors are acceptable.
- The entire UCPS medication policy may be viewed online at www.ucps.k12.nc.us

If you have questions or concerns, please contact the school. I would be happy to speak with you.

Sincerely,
Terri Shultz, MSN, RN, NCSN
School Nurse

Request for Health Information

Must be completed annually

Date: _____

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

School:	Grade:	Homeroom Teacher:
STUDENT NAME:	Date of Birth:	Bus #:
Parent/Guardian:	Daytime Phone (1):	
Parent/Guardian email:	Daytime Phone (2):	
Emergency Contact:	Phone:	
Current Doctor/Practice:	Phone:	
Medication allergies and reaction(s): <input type="checkbox"/> NONE KNOWN <input type="checkbox"/> Yes (list):		
Current Medications:		
Medications needed 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. Consent form will be provided upon request.

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, Severe (See Below) <input type="checkbox"/> Allergies, Seasonal <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 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"/> Nosebleeds, frequent and/or severe <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:
--	--	--	--

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: _____ Desired 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: _____ Desired 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: _____ Check what is likely to cause an asthma flare: 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: _____ Please call to schedule Nurse Conference - Notify your school nurse immediately if newly diagnosed
ADD/ADHD Mental Health	Type: <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Other: _____ Medication(s) 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 _____



UCPS Consent for Vision Screening/Rescreening

UCPS elementary and middle schools will conduct vision screenings throughout the year between October and May. The following screenings will be conducted:

- Mass Vision Screening for all students in Kindergarten through 5th grade
- Mass Vision Screening for all students in 7th grade
- Color Vision Screening for all male Kindergarten students

What is the purpose of vision screening?

- To identify possible vision problems that may be a hindrance to the student's educational performance in school, and to refer for appropriate diagnosis and treatment by an eye care professional.

What is a vision screening?

- The vision screening consists of a brief test with a wall chart to determine a student's ability to see letters/shapes at a distance. Color screening consists of a brief test to determine a student's ability to determine red/green color deficiency.

Who may conduct the screening/rescreening?

- UCPS School Nurses
- Other district employees with vision screening training

What happens if a student does not pass?

- Any student who does NOT pass will be rescreened by a UCPS School Nurse. If a vision problem is noted, the School Nurse will send a letter home to the parent/guardian notifying you of the results.

Your child is eligible for vision screening. Please sign and return this permission form to your child's school by October 1st.

☐ I give my permission for my child to participate in the UCPS Vision Screening/Rescreening process.

☐ I do NOT give my permission.

Parent Signature: _____ Date: _____

Student Name: _____ Teacher _____ Grade: _____

INTERNET USE AND PARENT RESOURCES

Dear Parent or Guardian,

Union County Public Schools is increasing the use of technology in classrooms each year. Access to digital content is becoming an essential component in today's learning environment. In an effort to support students and parents, UCPS provides resources to educate students about online safety and ethical use of the Internet. We are dedicated to keeping students safe online as well as preventing cyber bullying and misuse of technology. UCPS is fully compliant with the Children's Internet Protection Act and does not disclose student information to content providers without parental consent.

It is an important part of a student's education to learn skills needed to be responsible users of the Internet and Internet tools. The District will partner with parents to teach their students safe guidelines for Internet use. As part of that partnership, Union County Public Schools wants parents to know:

- All students are bound by the Union County Public Schools Acceptable Use Guidelines when using UCPS devices or the UCPS network. These guidelines are located on all school websites under the Technology tab. If you do not have access to the Internet, all information is available in print at your child's school.
- All UCPS Internet traffic is filtered for inappropriate content but always remember the best Internet filter for a child is a parent.
- Teachers who wish to have students access websites that require parental consent are responsible for notifying parents.
- Students will access the UCPS network through an individual account. There is no expectation that this account is a private one. Students should not share login credentials with other students.
- UCPS provides its computer system on an "as is, as available" basis and does not guarantee the availability of electronic information or files created on the system at any particular time.
- Parents may request to have their student's Internet access terminated by notifying the school in writing.

Regards,

Union County Public Schools
Technology Services Department

Chromebook Student/Parent/Guardian Agreement

Union County Public Schools is excited to continue the 1:1 Access Model with limited Accidental Damage coverage. It is the desire of Union County Public Schools to provide students with a great learning opportunity with access to digital resources. The rising cost of replacement parts, repair services, specialized tools and supply chain constraints have affected district budgets. As a result, an annual student technology fee of \$30.00 was implemented beginning with the 2023-2024 school year to ensure your student's device is maintained and ready for instruction.

Chromebook Equipment for Students:

1. Lenovo Chromebook including a protective case
2. Power Adapter (2 pieces consisting of cord and charger block)

\$30 Annual Technology Fee includes limited Accidental Damage Insurance Coverage for Chromebooks

- Fee may be waived if the student qualifies for Free Lunch (parent/guardian must provide letter from Child Nutrition to school.)
- Payment options: online (Electronic payment to be determined), cash or check made payable to school
- Accidental Damage to the Chromebook is at no cost to the student
- Non-accidental damages will result in cost of repairs and/or possible loss of computer privileges.
- Fees are due by August 31st.
- Fees are recorded in the PowerSchool Student Information System with outstanding fees shown on report card.
- Parents/Guardians are responsible for the cost of lost, stolen, or intentionally damaged devices

******INSURANCE DOES NOT COVER ADAPTERS, BATTERIES, INTENTIONAL DAMAGE, OR LOST/STOLEN DEVICES ******

Student/Parent Responsibility:

- Students are to use the Chromebook for school use only
- Downloading personal items (i.e. pictures of your family, iTunes music, home videos, etc.) to UCPS computers is considered inappropriate. Downloading personal applications is also considered inappropriate.
- Students are to use the Chromebook to enhance learning and meet instructional expectations.
- View Student/Parent resources at: [Technology Services Student Chromebook](#)

Learning Classroom

- Students are obligated to bring their device to school each day
- Students are responsible for taking reasonable care of devices to ensure they are not damaged, lost, or stolen. Students must follow the UCPS Acceptable Use Guidelines.
- All technical services will be addressed by the UCPS Technology Services Department or approved partnerships

UCPS COPPA Compliance

In order for schools within Union County Public Schools (UCPS) to continue to be able to provide your student with the most effective web-based tools and applications for learning, they need to abide by federal regulations that require a parental signature as outlined below.

Our district utilizes several computer software applications and web-based resources, operated not by this school, but by third parties. These include Google Apps for Education (GAPE), Microsoft, Discovery Education, video conferencing, myON and similar educational programs.

In order for our students to use some of these programs and services, certain personal identifying information – generally the student's name and email address – must be provided to the website operator. Students in grades 3-12 will receive a Google email account to participate in the Google Apps for Education program used by UCPS. Students cannot receive emails from everyone. Student emails are filtered in order to only allow approved senders correspondence to get to students.

Under federal law entitled the Children's Online Privacy Protection Act (COPPA), some websites must provide parental notification and/or obtain parental consent before collecting personal information from children under the age of 13. For more information on COPPA, please visit - <https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions> The law permits schools such as ours to consent to the collection of personal information on behalf of all of its students, thereby eliminating the need for individual parental consent given directly to the website operator.

If you do not want your student to participate in these programs, select the OPT-OUT box below.

OPT OUT ☐

Student Name (Print): _____ Homeroom Teacher: _____

School: _____ Date: _____

Student Signature: _____

Parent/Guardian Signature: _____

Check your school's website often for policies that may be subject to change without notice.

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.



UCPS Photo, Video and News Interview Release Form

I do hereby grant to Union County Public Schools the unlimited right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Union County Public Schools. I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of Union County Public Schools in which they are involved. I also agree to allow my child's work and/or photograph to be published on the Union County Public Schools Internet/Intranet Web Pages and/or UCPS publications. I further understand that by signing this release, I waive any and all present, or future compensation rights to the use of the above stated material(s).

School Name _____

Student's Name _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Name (please print) _____

Parent/Guardian Address _____
