



Marvin Ridge Middle School
2831 Crane Rd
Waxhaw, NC 28173
Phone: 704-290-1510 Fax: 704-243-0153

Dear Parent(s) and Student:

Welcome to Marvin Ridge Middle 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:

- Proof of residence AND two supporting documents
- Student Enrollment Form
- Record of Schools Attended – please indicate if student formerly attended a NC public school
- Home Language Survey
- Transportation Request Form
- Request for Special Provisions
- Request for Transcript
- Special Education Placement – please sign, even if no services are needed
- Signed NC Immunization Law Information
- **Health Assessment for students new to NC Public Schools**

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

- Birth Certificate – **required for enrollment**
- Official Immunization Records – **required for enrollment**
- Final report card from the current/most previous school
- Previous test scores, report cards, recommendations for math placement
- EC (Special Ed/Exceptional Children)/ESL(English as a Second Language) records
- A complete withdrawal form from previous school if enrolling during the school year

We look forward to working with you and your child. Please feel free to call with any questions or concerns.

Rebecca McBride
Data Manager/Registrar

**Proof of Residence
Marvin Ridge Middle School Attendance Area**

Student name: _____ Grade: _____

Parent(s) name: _____

Home address: _____

Subdivision name: _____

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

1. Current **rental or purchase agreement**. This document must be **notarized**.
2. Recent **utility bills** (electric, gas, water, telephone, cable) If two utility bills are submitted, they will count as two proofs of resident.
3. An **automobile registration card and a driver's license** with the person's name and address on it. These documents are considered one proof of residence.
4. Current **Car insurance and property insurance policy** with the person's name on it. These documents are considered one proof of residence.
5. **Income tax W2 form and property tax bill** with the person's name and address on it. These documents are considered one proof of residence.

NOTE: While attending Marvin Ridge Middle 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.

Parent Signature: _____ **Date:** _____

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 _____

STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

Other Information

Emergency Contact (Other than parent)	Name	Relationship	Phone	Pick up Child <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	Name	Street Address, City, State, Zip

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 _____

Federal Race and Ethnicity Categories

Student Name: _____

School: _____

Part A: Ethnicity

Is the student Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B: Race

What is the student's race? (Choose one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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

UCPS

UNION COUNTY PUBLIC SCHOOLS

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



Department Name

400 North Church Street
Monroe, NC 28112
Phone 704.296.9898 Fax 704.289.9182
www.ucps.k12.nc.us

Andrew G. Houlihan, Ed.D. – Superintendent

Board of Education
Melissa Merrell - Chairman
Gary Sides - Vice Chairman
Leslie Boyd
Kathy Heintel
Christina Helms
Matt Helms
Joseph Morreale
Dennis Rape
Candice Sturdivant

Transportation Department NEW BUS RIDER INFORMATION FORM

School Year: _____ Date: _____
School: _____ Grade: _____
Student Name: _____ Power School #: _____
Telephone Number: _____
Parent Name: _____

Residence Street Address: _____
(NO PO BOX #'S) _____

Transportation Needs: AM only _____ PM only _____ Both _____

Daily Bus Rider _____ Occasional Bus Rider _____

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.



Department Name

400 North Church Street
Monroe, NC 28112
Phone 704.296.9898 Fax 704.289.9182
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Andrew G. Houlihan, Ed.D. -- Superintendent

Board of Education
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Transportation Department NEW BUS RIDER INFORMATION FORM

School Year: _____ Date: _____
School: _____ Grade: _____
Student Name: _____ Power School #: _____
Telephone Number: _____
Parent Name: _____

Residence Street Address: _____
(NO PO BOX #'S) _____

Transportation Needs: AM only _____ PM only _____ Both _____

Daily Bus Rider _____ Occasional Bus Rider _____

Please record the address in which the student will be picked up and dropped off if different from the residence street address. Three to five (3-5) business days are needed for processing unless an existing stop is available. Each school should review Everyinfo software for transportation start date.

Address for Morning Stop: _____

Address for Afternoon Stop: _____

Growing Possibilities.

Request for Special Provisions for Children with Acute or Chronic Illness

Date: _____

Student's Name: _____ Grade: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

Emergency Contact name (Other than Parent) _____

Daytime Phone Number of Emergency Contact: _____

Reason for Request (including medical condition)

Treating Physician: _____

Phone #: _____

Hospital Preference: _____

Comments (significant history, signs and symptoms, medications, desired actions by school personnel):

Parent/Guardian Signature: _____

MARVIN RIDGE MIDDLE SCHOOL

2831 CRANE ROAD
WAXHAW, NC 28173
704-290-1510 (OFFICE)
704-243-0153 (FAX)

REQUEST FOR TRANSCRIPT

Name of Previous School _____

Address of Previous School _____

If entering 6th Grade Middle School Assignment for previous elementary school

School Phone Number _____

School Fax Number _____

Name of Student _____

Date of Birth _____

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

Transcript of the student's school record

Grades at the date of withdrawal from your school

Report Cards and Attendance record for all previous years

Standardized test results

Immunization Records

Gifted records and/or Exceptional Children records

Any proper pertinent information you feel would help us in proper

Placement of this student

Signature of Parental Approval:

Date:

SPECIAL EDUCATION PLACEMENT
OR
OTHER FORMAL EDUCATION PLANS

NOTE: PARENT SIGNATURE IS REQUIRED ON THIS FORM REGARDLESS OF YOUR ANSWERS TO THE QUESTIONS BELOW

___ YES ___ NO Student has received Special Education (Exceptional Children) services in the past. Currently has an IEP (Individualized Education Plan) OR has had an IEP in the past

___ YES ___ NO Student has a Section 504 Plan

___ YES ___ NO Student has received ESL (English as Second Language) services

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 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 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. 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	



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:





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:





2018-2019
 Related Arts Registration Form
6th Grade

Name _____			
<p>In an effort to register students for the 2018-2019 school year, please complete the following, sign and return along with the completed registration packet.</p>			
Section I. CHOOSE ONE Year Long Course	OR	Section II. CHOOSE THE 6 WEEK RELATED ARTS ROTATION. Student will receive a random selection of 6 of the following:	
Band Brass _____ Woodwinds _____ No midyear transfers out of band classes). Instrument _____			Art
			Careers and Technology
			Chinese
			Drama
			Music
			Spanish

 Student Signature

 Parent Signature

Marvin Ridge Middle School Class Registration for 2018-2019

Welcome to rising 7th Grade Related Arts registration! Every 7th grade student should complete this form.

7TH GRADE BAND STUDENTS ONLY

7TH Grade band students should select Band. You must currently be in 6th grade band to register for this course.

5287Y0 _____

Physical Education/Health Rotation

All students should select this required PE/Health Class

99359Y07PE _____

7th Grade Semester Related Arts Electives

Students who did not select Band should select 2 semester long courses. All choices are considered, but not guaranteed.

Chinese	11202Y0A7 _____
Chorus	52672Y0 _____
Creative Dramatics	53072Y0 _____
Exploring Robotics Grade 7	TL462Y07 _____
General Music	52072Y0 _____
Spanish	11402Y07 _____
Visual Arts	54072Y0 _____

****7th grade Spanish is a prerequisite for 8th Grade Spanish I (high school course)**

7th Grade ALTERNATE Semester Related Arts Electives

All Students who did not select Band should complete alternate selections, too. Please select 2 alternate choices for Related Arts. These selections will be used if 1 or more of your first choice classes are full. **DO NOT PICK THE SAME CLASSES THAT YOU SELECTED IN THE PREVIOUS SECTION.** If you do so, your selection will be invalid.

Chinese	11202Y0A7 _____
Chorus	52672Y0 _____
Creative Dramatics	53072Y0 _____
Exploring Robotics Grade 7	TL462Y07 _____
General Music	52072Y0 _____
Spanish	11402Y07 _____
Visual Arts	54072Y0 _____

****7th grade Spanish is a prerequisite for 8th Grade Spanish I (high school course)**

STUDENT'S NAME _____ HOMEROOM TEACHER _____

STUDENT'S SIGNATURE _____

PARENT'S SIGNATURE _____

Marvin Ridge Middle School Class Registration for 2018-2019

Welcome to rising 8th Grade Related Arts registration! Every 8th grade student should complete this form. If you are selected for Yearlong Spanish for HS Credit, you will automatically be scheduled for that class, and the semester selections made on this screen will not be considered. **Students who have taken Chinese in 7th grade should not select Chinese for 8th grade.**

8TH GRADE BAND STUDENTS ONLY

8TH Grade band students should select Band. You must currently be in 7th grade band to register for this course.

52882Y0 _____

Physical Education/Health Rotation

All students should select one of the gender-based Physical Education classes.

Physical Education Grade 8 Females 60282Y0FY _____

Physical Education Grade 8 Males 60282Y0MY _____

8th Grade Semester Related Arts Elective

Students who did not select Band should select 2 semester long courses. All choices are considered, but not guaranteed.

Chinese	11202Y0A8 _____
Chorus	52682Y0 _____
Creative Dramatics	53082Y0 _____
Exploring Career Decisions in STEM	CC582YB _____
General Music	52082Y0 _____
Visual Arts	54082Y0 _____
Yearbook	99359Y0Y _____

8th Grade ALTERNATE Semester Related Arts Electives

All students who did not select Band should complete alternate selections. Please select 2 alternate choices for related arts. These selections will be used if 1 or more of your first choice classes are full. **DO NOT PICK THE SAME CLASSES AS YOU SELECTED IN THE PREVIOUS SECTION.** If you do, your selection will be invalid.

Chinese	11202Y0A8 _____
Chorus	52682Y0 _____
Creative Dramatics	53082Y0 _____
Exploring Career Decisions in STEM	CC582YB _____
General Music	52082Y0 _____
Visual Arts	54082Y0 _____
Yearbook	99359Y0Y _____

STUDENT'S NAME _____ HOMEROOM TEACHER _____

STUDENT'S SIGNATURE _____

PARENT'S SIGNATURE _____