



## Marvin Ridge High School

2825 Crane Road, Waxhaw, NC 28173

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

Phone: 704-290-1520 Main Office Fax: 704-243-0012

Guidance Fax: 704-243-2416

Dear Parent and Student:

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
- 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

☐ Yes ☐ No

Emergency Contact (Other than parent) \_\_\_\_\_  
Name Relationship Phone

Emergency Contact (Other than parent) \_\_\_\_\_  
Name Relationship Phone

Emergency Contact (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

# 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

**MARVIN RIDGE HIGH SCHOOL  
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 in 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  
Marvin Ridge High School  
2825 Crane Road  
Waxhaw, NC 28173  
(704) 290-1520 phone  
(704) 243-2416 fax

**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 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 kindergarten or 1<sup>st</sup> grade for the first time after 7/1/94, but

- 5 DPT last dose on or after 4<sup>th</sup> birthday
- 4 Polio 3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 Hib at least 1 Hib on or after 1<sup>st</sup> birthday (not given after age 5)
- 2 MMR 1<sup>st</sup> dose on or after 1<sup>st</sup> birthday

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

- 5 DTP last dose on or after 4<sup>th</sup> birthday
- 4 Polio 3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 HIB at least 1 HIB on or after 1<sup>st</sup> birthday (not given after age 5)
- 2 MMR 1<sup>st</sup> dose on or after 1<sup>st</sup> 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 4<sup>th</sup> birthday
- 4 Polio 3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 Hib at least 1 Hib on or after 1<sup>st</sup> birthday and before 5 years of age
- 2 MMR 1<sup>st</sup> dose on or after 1<sup>st</sup> 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 7<sup>th</sup> grade (this booster dose is required if no Tdap given since age 10)
- 1 Meningococcal before entry into 7<sup>th</sup> 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 NC public school for the first time.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Enrollment Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Original in File: copy to parent

revised 12-2015 jsl

This will be the only notification of health requirements.

**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)

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ARE PRESENTLY RESIDING IN MY HOME (give full address)

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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



**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



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:

