



Dear Parent(s) and Students:

Welcome to Marvin Ridge Middle School! Enclosed is a packet of information that will need to be completed and returned in order to register your son or daughter. Please fill out the information and return it as soon as possible.

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

- Birth Certificate
- Immunization Records
- Previous test scores, report cards, recommendations for math placement.
- A complete withdrawal form from previous school if enrolling during the school year.

#### REQUIRED FORMS

- Proof of residence
- Student Information Sheet
- Home Language Survey
- Transportation Request Form
- Request for Special Provisions
- Request for Transcript
- Signed NC Immunization Law Information

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

Rebecca McBride  
Marvin Ridge Middle School  
Data Manager/Registrar

Marvin Ridge Middle School  
2831 Crane Road  
Waxhaw, NC 28173

704-290-1510(Office)  
704-243-0153(Fax)

## Proof of Residence

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

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

**Please attach tangible proofs of residence for the above address.**

The following list of items will constitute proof of residence in Union County by individuals who are relocating to Union County as a homebuyer, a renter, or are living with a relative or a friend. Where items are linked by **and**, both items must be verified before proof of residence is granted.

1. A notarized rental agreement or purchase agreement for a house with a person's name and address on it.
2. An electric bill **and** a telephone bill with the person's name and address on it.
3. An automatic registration card **and** a driver's license with the person's name and address on it.
4. Car insurance **and** property insurance policy with the person's name on it.
5. Income tax W2 form **and** property tax bill with the person's name and address on it.
6. A notarized statement 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.

**I understand that if I must take temporary housing outside of Union County before I locate permanently inside the boundary of Union County, I must obtain approval, pay a tuition charge of \$35.00 per week per child and provide transportation until I obtain residence inside Union County. Contact Dr. Sam Basden at 704-292-2504 for approval.**

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: Select One ☐ 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

☐ Yes ☐ No

Emergency Contact

(Other than parent)

Name

Relationship

Phone

☐ Yes ☐ No

Emergency Contact

(Other than parent)

Name

Relationship

Phone

☐ Yes ☐ 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)

☐ 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

Student Name \_\_\_\_\_

**Previous Schools Attended**

Kindergarten \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_

1<sup>st</sup> Grade \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_

2<sup>nd</sup> Grade \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_

3<sup>rd</sup> Grade \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_

4<sup>th</sup> Grade \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_

5<sup>th</sup> Grade \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_

6<sup>th</sup> Grade \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_

7<sup>th</sup> Grade \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_

8<sup>th</sup> Grade \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Has the student ever attended a U.S. school before? \_\_\_\_yes \_\_\_\_no  
If yes, Date of Entry \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Name Middle Initial Last Name M/D/Y

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_  
Home Work

Parent or Guardian's Name \_\_\_\_\_  
First Name Middle Initial Last Name

What is the student's country of origin and ethnicity? \_\_\_\_\_/\_\_\_\_\_  
Origin Ethnicity

1. Is the student's first-learned or home language \_\_\_\_\_ Yes (Please continue survey)  
anything other than English? \_\_\_\_\_ 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 will be assessed with the State-designated English language proficiency test to ensure appropriate placement and English language assistance if needed.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



Transportation Department

201 Venus Street  
Monroe, NC 28112  
Phone 704.296.3015 Fax 704.226.1895  
www.ucps.k12.nc.us

Dr. Mary Ellis – Superintendent

Board of Education  
Richard Yercheck - Chairman  
Marce Savage - Vice Chairman  
Jimmy H Benton Sr  
John Collins  
Michael Guzman  
Christina B. Helms  
Sherry Hodges  
Rick Pigg  
Kevin Stewart

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: \_\_\_\_\_  
\_\_\_\_\_

**Fax to Mandy Benton (TIMS Office) during the school year as students receive transportation as a related service or as the school learns of medical issues which would impact transportation AND at the end of the school year for transition.**

**Fax Number: 704-283-9873**

**Request for Special Provisions for Children with Acute or Chronic Illness**

Date \_\_\_\_\_

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

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

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**

Previous School's Name and Address

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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 us 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 ~ This is VERY important!  
Gifted records and Exceptional Children records  
Any proper pertinent information you feel would help us in proper placement of this student.

Signature of Parental Approval

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Date

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## 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 before 7/1/99:

- 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 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
- 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 @ 704-298-0845 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



2015-2016 School Year  
(Rising 7<sup>th</sup> Grade)

Name _____			
Homeroom Teacher _____			
<p>In an effort to register students for the 2015-2016 school year, please complete the following, sign and return to your child's homeroom teacher. <b>Students that do not return registration forms will be registered by the administration.</b></p>			
<b>Section I. CHOOSE ONE</b> Year Long Course	<b>OR</b>	<b>CHOOSE FOUR</b> Rank order your top 4 choices and you will receive 2 Semester Courses	
Band _____ Brass _____ Woodwinds _____ (6th grade band is a prerequisite. No midyear transfers out of band classes).			Global Studies
			Musical Drama
			Chinese
			Careers and Technology
			Chorus
			Art
			Drama
			Spanish (7 <sup>th</sup> Grade Semester Spanish is a prerequisite for 8 <sup>th</sup> Grade HS Spanish I)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature



2015-2016 School Year  
(Rising 8<sup>th</sup> Grade)

Name _____			
Homeroom Teacher _____			
In an effort to register students for the 2015-2016 school year, please complete the following, sign and return to your child's homeroom teacher. <b>Students that do not return registration forms will be registered by the administration.</b>			
7 <sup>th</sup> Grade Spanish class is a prerequisite for HS Spanish I. You must also have recommendations from the Spanish teacher as well as an Administrator. Please rank order your top 4 choices on the right as well in the event you do not get placed in the Spanish Class			
Section I CHOOSE ONE Year Long Course	OR	CHOOSE FOUR Rank order your top 4 choices and you will receive 2 Semester Courses	
Band Brass _____ Woodwinds _____ (7th grade band is a prerequisite. No midyear transfers out of band classes).			Global Studies
			Musical Drama
Spanish For HS Credit *See Message Above			Careers and Technology
			Chorus
			Chinese
			Art
			Drama
			MP3 (yearbook and school newspaper)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature