

**Cuthbertson Middle School
6th Grade Registration
2017 - 2018**

Student Name: _____

Band Students Only

Band: Choose section. Available instruments are listed under each section.

____ **Brass: Trumpet, Trombone, Tuba, Horn, Baritone**

____ **Woodwind: Flute, Clarinet, Oboe, Bass Clarinet, Alto Saxophone**

Band Students will take yearlong PE along with Band.

Non- Band Students

I would like to take the wheel rotation:

____ **Wheel**

The wheel rotation will include 6 weeks in the following classes. Please just check next to "Wheel" listed above if you are a non-band student. You do not need to choose any of the classes listed below. The classes listed below are just the classes offered.

Performing Arts

Chinese

Spanish

Art

French

STEM/Careers

***See Course Description on back!!!!**

Parent Signature: _____ Date: _____

6th Grade Elective Course Descriptions

Performing Arts	This 6 week introductory course will explore three areas of performing arts; drama, choir and musical theatre. Students will be given the opportunity to explore and experience the process behind the different performing art areas. There is no formal performance required for this course.
ART	This six week introductory art class is hands-on. 6 th graders will focus on the elements of design, learn basic art vocabulary, and begin to communicate about art effectively. 6 th graders will apply various techniques and processes when using a variety of art medium to create 2-D artwork. Ample time is given in class to complete art projects. Students are graded on participation during class discussions, completed art projects, and written assessments (please view my Moodle page for further explanation).
FRENCH	Foreign Language for 6 th grade students is offered as an introductory class. Students will learn basic conversation, vocabulary, and culture associated with the target language.
SPANISH	Foreign Language for 6 th grade students is offered as an introductory class. Students will learn basic conversation, vocabulary, and culture associated with the target language.
CHINESE	Foreign Language for 6 th grade students is offered as an introductory class. Students will learn basic conversation, vocabulary, and culture associated with the target language.
STEMS/CAREEERS	This class emphasizes self-awareness and Career Clusters. Students relate Careers to their individuality based on results from assessments they take in CFNC (College Foundation of North Carolina). They also receive an introduction to STEM academy, Aerospace engineer, which is the foundation to the 7 th and 8 th grade semester class.



Cuthbertson Middle School
Michael Murray, Principal
1520 Cuthbertson Road
Waxhaw, NC 28173
Phone 704.296.0107
Fax 704.243.1873
www.cms.ucps.k12.nc.us

Dear Parent/Guardian and Student:

Welcome to Cuthbertson Middle School! Attached is a registration packet that will need to be completed and returned to the school in order to enroll at Cuthbertson Middle School.

Along with the completed registration packet, please include a copy of the following:

- Birth Certificate
- Immunization Record
- Physical Exam dated in the last 365 days.

****Sports Physical forms can be found on the gocavs.org website and are separate from the physical form that is being handed in at this time. Parents are responsible to have their own personal copy. We will not be able to provide copies during tryouts.**

- Proof of Residence (please see attached list of acceptable proof of residence)
- Previous test scores, report cards and recommendations for placement
- Withdrawal slip from previous school if it was provided to you.

We look forward to working with you and your child at Cuthbertson Middle School. Please feel free to call me with any questions @ (704) 296-0107 or email me diane.scaduto@ucps.k12.nc.us

Thank you

Diane Scaduto
Power School Data Manager/Registrar

Cuthbertson Middle School
Student Registration 2017 - 2018

Please Print

To be completed by Office:

Student ID _____ Enrollment Date _____ Grade _____

Homeroom Teacher: _____

To be completed by Parent:

Today's Date _____

Student's Full Name (last) _____ (first) _____ (middle) _____

Grade _____ Sex _____ Birthdate (mm/dd/yr) _____

Place of Birth _____

Race (circle one) White Black Hispanic Asian American Indian Other: _____

Home Phone _____ E-Mail Address _____

Home Address _____ City _____ Zip _____

Student lives with (circle one) Mother and Father, Mother Only, Father Only, Mother-Stepfather, Father-Stepmother, Guardian, Grandparents, Other _____

Complete name of parent/guardian that student lives with _____

Check one - Student will be a bus rider (am) _____ Student will be a car rider (am) _____
Student will be a bus rider (pm) _____ Student will be a car rider (pm) _____

Previous School(s) attended:

Kindergarten _____	City _____	State _____
First Grade _____	City _____	State _____
Second Grade _____	City _____	State _____
Third Grade _____	City _____	State _____
Fourth Grade _____	City _____	State _____
Fifth Grade _____	City _____	State _____
Sixth Grade _____	City _____	State _____
Seventh Grade _____	City _____	State _____
Eighth Grade _____	City _____	State _____

Does your child have any chronic medical conditions, health problems, or physical limitations? _____

Explain: _____

Does your child take any medication on a regular basis? _____ Explain: _____

Student's Name _____

Has your child been enrolled in any special programs? Please check those that apply:

Resource _____ Speech _____ AIG _____ ESL _____ Tutoring in Math _____ or Reading _____

Does your child have an IEP (Individual Education Plan)? _____

Does your child have a 504 (Student Accommodation Plan)? _____

Student's Doctor _____

Doctor's Address _____ City _____

Doctor's Phone _____ Fax _____

If Parent cannot be reached at home or work, whom may we contact?

Name _____ Phone _____

Address _____

Parent/Guardian Information: Please Specify relationship to student- circle what applies:

Father/Stepfather/Guardian: _____ **Home Phone** _____

Address _____ **Cell Phone** _____

Employer _____ **Work Phone** _____

Place of Birth _____ **If deceased, date of death** _____

Occupation _____

Highest Level of Education _____ (Ex: HS, AA, BA, BS, MBA, etc.)

Father/Stepfather/Guardian E-Mail Address _____

Mother/Stepmother/Guardian: _____ **Home Phone** _____

Address _____ **Cell Phone** _____

Employer _____ **Work Phone** _____

Place of Birth _____ **If deceased, date of death** _____

Occupation _____

Highest Level of Education _____ (Ex: HS, AA, BA, BS, MBA, etc.)

E-Mail Address _____

Please list other children in order from oldest to youngest

Name _____	Male/Female _____	Birthdate _____	Grade _____	School _____
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Name _____	Male/Female _____	Birthdate _____	Grade _____	School _____
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Name _____	Male/Female _____	Birthdate _____	Grade _____	School _____
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Name _____	Male/Female _____	Birthdate _____	Grade _____	School _____
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Name _____	Male/Female _____	Birthdate _____	Grade _____	School _____
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Welcome to Cuthbertson Middle School!!

Cuthbertson Middle School

1520 Cuthbertson Road

Waxhaw, NC 28173

(704) 296-0107 Phone

(704) 243-1673 Fax

The following documents are required when enrolling your child.

- 1) Birth Certificate
- 2) Immunization Records
- 3) Physical exam dated in the last 365 days.
- 4) Name, Telephone Number and Address of Previous School
- 5) Report Card or Grade Placement Information
- 6) Two Proofs of Residence as listed below.

****Sports Physical forms can be found on the gocavs.org website and are separate from the physical form that is being handed in at this time. Parents are responsible to have their own personal copy. We will not be able to provide copies during tryouts.**

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 friend. where items are listed together, 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. If you are just closing on a home, please provide a Closing Statement with signature page and ALL information on it. If you provide a Closing Statement, please have your utility company fax over confirmation of your services being connected for the above address in your name. In 30 days from the closing of your home, you will need to provide the school with (2) utility bills to complete your registration.
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 on it.
4. Car insurance **and** property insurance tax bill with the person's name on it
5. Income tax W-2 form **and** property tax bill with the person's name and address on it.
6. A completed Certificate of Residence form notarized from the owner of the house where the person is living, listing the names of the person and their child (ren) along with a utility bill for that person. In addition our attendance counselor will do a home visit.

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-155.

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

Original in File: copy to parent

revised 2/17 cs

This will be the only notification of health requirements.



School Health Office

400 North Church Street
Monroe, NC 28112
Phone 704.296.0845 Fax 704.289-2457
www.ucps.k12.nc.us

To: Parents of Rising 7th graders

From: Union County School Health Nursing Program

Dear Parents,

This letter is to inform you of the 7th grade immunization law in North Carolina. A dose of **Meningococcal vaccine and a booster of Tetanus, Pertussis, and Diphtheria vaccine** is required for students attending school in North Carolina who are entering the 7th grade, or by 12 years old, whichever comes first.

Please review your child's immunization record to see if these vaccines have been given. If not, make an appointment with your primary care provider to have this done as soon as possible. You may also make an appointment with the Union County Health Department at 704-296-4800 for your child to obtain these required vaccines.

Upon completion of the required vaccines, please provide your school with a copy of your child's updated immunization record. **Students who remain non-compliant with this requirement after 30 days from the start of the school year are to be excluded from school.**

If you have questions or concerns regarding this requirement, please consult with your health care provider. You may also call your child's School Health Office at 704-296-0107.



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 require communication from the school 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



HOME LANGUAGE SURVEY-ENCUESTA DEL IDIOMA EN EL HOGAR

Fecha _____ Escuela _____ Grado _____

¿Ha asistido el estudiante a alguna escuela en los E.U. antes? ☐ Sí ☐ No
Si contestó sí, Fecha de Entrada _____

Nombre del Estudiante _____ Nació el _____
Student's Name Primer Nombre Apellido Paterno (DOB) Mes Día Año

Dirección o Domicilio _____
Address Calle y Número Ciudad Estado Código Postal

Teléfono _____
Phone No. Casa (Home) Trabajo (Work)

Nombre del Padre/madre o Tutor _____
Parent o Guardian Primer Nombre Apellido Paterno

Idioma Natal del Padre/Madre o Tutor _____

¿Requiere usted que la comunicación de la escuela sea en su idioma natal?

Sí _____ No _____

¿En qué país nació el estudiante y a que grupo étnico pertenece? _____ / _____
Ejemplo: México/Hispano País Grupo Étnico

1. ¿Fue el primer idioma aprendido por el estudiante cualquier otro que inglés?
_____ Sí (Continúe con la encuesta) No _____ (Pare aquí y firme abajo)

2. ¿Cuál fue el primer idioma que aprendió a hablar el estudiante? _____

3. ¿Cuál es el idioma que su hijo/hija habla mas frecuentemente? _____

4. ¿Cuál es el idioma comúnmente hablado en su hogar? _____

5. Aparte de los idiomas estudiados en la escuela, ¿qué otro idioma o idiomas habla su hijo/hija? _____

*Si la respuesta a las preguntas de la 2 a la 5 es otro idioma aparte del inglés, el estudiante podría ser evaluado con la Prueba de Conocimiento del Inglés designada por el Estado para asegurar la colocación apropiada y la ayuda si fuera necesaria con el idioma Inglés.

Firma del Padre/Madre o Tutor Legal

Fecha



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 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



School Health Office

400 North Church Street
Monroe, NC 28112
Phone 704.296.0845 Fax 704.289-2457
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," whether or not your student has medical needs that could affect learning or might require emergency care during the school day.

Chronic Health Conditions

- Please complete the reverse side of this form annually
- 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 the 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,

School Nurse

Request for Health Information

Must be completed annually

School _____ Date _____
 Student's Name _____ Date of Birth _____
 Teacher _____ Grade _____
 Parent/Guardian (names) _____
 Home Phone _____ Mom's work _____ Mom's cell _____
 Dad's work _____ Dad's cell _____
 Emergency Contact Person _____ Daytime Phone _____
 Drug Allergy(s) ☐ None Known ☐ Yes (list) _____
 Treating Physician _____ Office Phone _____

☐ **MY CHILD DOES NOT HAVE ANY KNOWN MEDICAL CONDITIONS.** (You may stop here if there are no known medical conditions. Please sign at the bottom and return.)

Asthma Triggers: ☐ environmental ☐ seasonal ☐ exercise induced
Inhaler at school- ☐ upper respiratory infection ☐ others _____
MD order required. Inhaler location: ☐ Carried by student (requires self carry form)
☐ Classroom ☐ Health Room

Diabetes ☐ Type I ☐ Type II Diagnosis Date: _____ Insulin by: ☐ Pump ☐ Injections
 Desire Diabetes Care Plan: ☐ yes ☐ no, independent with all care **Please call for Nurse Conference - Notify your school nurse and principal immediately if newly diagnosed**

Food Allergy** ☐ Peanuts ☐ Tree Nuts ☐ Milk ☐ other/s _____
 Date/Type of Last Reaction _____
 Student Needs for Class/School _____
Diet Order signed by MD required (diet form may be obtained in the front office)

Severe Sting Allergy**
 Date and Type/Description of Last Reaction: _____

****Notify your school nurse and principal immediately if anaphylaxis may occur****

Epilepsy Type(s) of Seizure(s): _____
☐ controlled with medication ☐ on medication, continues to have seizures
☐ Diastat needed at school ☐ no medication needed at school
 Date and Type/description of last seizure _____

Head Injury/Concussion within the past year Date: _____

Other conditions/or specify pertinent data to help us better serve your child: _____

Does your child take routine medication(s) ☐ yes ☐ no List Meds: _____

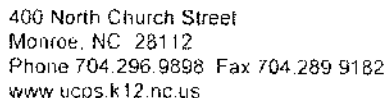
Does your child need medication(s) at school? ☐ yes ☐ no List Meds: _____

If your child needs medication at school, a medication consent form is required to be signed by the health care provider and the parent/guardian. *Medication cannot be given at the school until appropriate consents have been received. *UCPS does not provide medications for students.****

I give permission to the School Staff/School Nurse to share information regarding my child's medical condition(s) with my physician or emergency personnel:

Date: _____ Parent/Guardian Signature _____

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.



Board of Education
Melissa Merrell - Chairman
Gary Sides - Vice Chairman
Leslie Boyd
Kathy Heintzel
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: _____

[illegible]

EC Director Signature: _____ Date: _____

Medical condition, if so what condition _____
Hearing Limitation _____ Vision Limitation _____ Communication Concerns _____
Medication, if so what _____
BIP _____ IHP _____ Allergies, if so, to what? _____

- Is the child on medication? ____ Yes ____ No;
If yes, will administration be required during transport? ____ (Attach doctor's order);
- Does child have self-administration/carry approval? ____ (Attach copy);
- Will medication be transferred between adults? ____
If yes, identify what medications will either be carried by student or transferred by adults:

___ Bus stop relocation	___ Device to access steps	___ Monitor
___ Preferential seating	___ Assigned seat	___ Mom Seat
___ Add-on restraint	___ Peer Buddy	___ BIP
___ Air conditioning	___ Student Weight	___ Medication
___ IHP	___ Wheelchair/ stroller tie downs	___ Harness measurements: Waist ___
___ Head phones	___ Medical equipment transport	___ Chest ___ Shoulder to hip

Growing Possibilities.

***All modifications in seating or restraint must be determined in consultation with a physical therapist and must be addressed on the DEC 4 (IEP) under the section which documents transportation as a related service. Measurements are only needed for students requesting a harness.**

Student Name: _____ Power School #: _____

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

Cuthbertson Middle School
1520 Cuthbertson Road
Waxhaw, NC 28173
(704) 296-0107 Phone
(704) 243-1673 Fax

Proof of Residence

Student's Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

***NOTE: You **MUST** attach a tangible proof 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 friend. where items are listed together, 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. If you are just closing on a home, please provide a Closing Statement with signature page and ALL information on it. If you provide a Closing Statement, please have your utility company fax over confirmation of your services being connected for the above address in your name. In 30 days from the closing of your home, you will need to provide the school with (2) utility bills to complete your registration.
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 on it.
4. Car insurance **and** property insurance tax bill with the person's name on it.
5. A completed Certificate of Residence form notarized from the owner of the house where the person is living, listing the names of the person and their child (ren) along with a utility bill for that person. In addition our attendance counselor will do a home visit.

***I understand that I must take temporary housing outside of Union County before I locate permanently inside the boundary of Union County. I MUST pay a tuition charge of \$35.00 per week per child and provide transportation until I obtain residence inside Union County. Please call 704-296-1004 to submit your transfer paperwork for approval or if you have any questions about approval or tuition.**

PARENT SIGNATURE

DATE

CUTHBERTSON MIDDLE SCHOOL

1520 CUTHBERTSON ROAD

WAXHAW, NC 28173

(704) 296-0107 Phone

(704) 243-1673 FAX

REQUEST FOR TRANSCRIPT

Previous School's Name: _____

Address _____

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 last school that he/she attended. Please send us the following information so that this student may be placed in the proper classes:

Transcript of the student's school record

Grades at the date of withdrawal from your school

Attendance records for all previous years

Report Cards for All previous grades including Elementary School

Standardized test results

Immunization Records – This is VERY important!

Gifted, Exceptional Children's or ESL records

Court Papers if applicable

Signature of Parent (Approval)

Date

Thank you

Diane Scaduto

Power School Data Manager/Registrar