

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.

PLEASE PRINT

Legal Name _____

Last First Middle

Preferred Name to be Called

Physical address			
House/Apt. Number	Street	City	Zip

Mailing Address(if different) _____
House/Apt. Number Street City Zip

Name of Subdivision / Neighborhood

Primary Phone _____

☐ Male ☐ Female

Date of Birth _____ Place of Birth _____
Month/Day/Year City/State/Country

Ethnicity (choose one): ☐ Hispanic ☐ Non-Hispanic

Race: (select all that apply) ☐ American Indian ☐ Black ☐ Asian ☐ Hawaiian/Pacific Islander ☐ White

Child resides with (name)

Relationship to Student _____

Legal Custodian Legal paperwork provided to school ☐ Yes ☐ No

Family Information

Father's Full Name _____

Deceased ☐ Yes ☐ No

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

Highest Education level completed _____

E-mail address _____

Mother's Full Name (include maiden name) _____

Deceased ☐ Yes ☐ No

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

Highest Education level completed _____

E-mail address _____

Stepparent's, Legal Guardian's, or Sponsor's information (if applicable)

Name _____ Relationship to student _____

Address _____ Home/Cell Phone _____

Employer _____ Business Phone _____

E-mail address _____

Other Information

Emergency Contact _____

Pick up Child
☐ Yes ☐ No

(Other than parent) Name Relationship Phone

Emergency Contact _____

☐ Yes ☐ No

(Other than parent) Name Relationship Phone

Emergency Contact _____

☐ Yes ☐ No

(Other than parent) Name Relationship Phone

If someone does **not** have your permission to pick up your child, please list name and relationship.

STUDENT ENROLLMENT FORM
UNION COUNTY PUBLIC SCHOOLS

Other children in the family that are enrolled in school (please note if the sibling is a stepsibling)

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

Other children in the family that are NOT enrolled in school:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Give pertinent health or medical information and instructions (including any medicines prescribed, any allergies 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)

Type of School (choose one):

☐ Private School ☐ Charter School ☐ Public School ☐ Group Home ☐ Home School

School Name _____ Street Address, City, State, Zip _____

Date attended last school _____ Grade _____ Homeroom teacher _____

Has the student ever been enrolled in Union County Public Schools (including Walter Bickett Pre School)? ☐ Yes ☐ No

If yes, School Name _____ School Year _____

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:

Military Information

Does your child have any member of their immediate family (parent, step-parent, sibling, guardian) currently 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 _____

Please respond
in English

Union County Public Schools
HOME LANGUAGE SURVEY

English
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 _____ 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

Phone No. 704-289-5460
Revised: 12/06

Fax No. 704-296-3107

Proof of Residence
Western Union Elementary Attendance Area
PLEASE PRINT

Student's Name _____ Grade _____

Parent's Name _____

Student's Address _____

Please attach two proofs of residence for the above address AND sign the statement below:

- | #1 | #2 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A notarized statement – Certification of Residence form – 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Rental / purchase agreement for the address. |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent Utility bill (electric, telephone, insurance, or gas) |
| <input type="checkbox"/> | <input type="checkbox"/> | Current Driver's license and automobile registration |
| <input type="checkbox"/> | <input type="checkbox"/> | Current car insurance or property insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent Income Tax W-2 and property tax bill. |

You must provide the following documents to the school to enroll your child:

1. Birth Certificate
2. Immunization Records – see UCPS NC Immunization Law Information sheet
3. Name, Telephone Number and Address of previous elementary school(s) attended.
4. Report Card or Grade Placement Information from previous school(s).
5. TWO proofs of residence listed above.

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

COUNSELOR INFORMATION

Please complete the following information:

PLEASE PRINT

Student Name _____ Grade _____

Please check each that apply:

_____ My child has an IEP – Individual Education Plan
_____ I have provided a copy of the IEP

_____ My child has a 504 plan
_____ I have provided a copy of the 504 plan

_____ My child has Medical Allergies / conditions.
Please explain _____

_____ We have parent custodial concerns the school should be aware of.
(Custodial parent must submit legal paperwork.)
Please explain _____

Please list / describe any other concerns or information that our Guidance Counselor should be aware of:

4th & 5th grade parents:

_____ My child is enrolled in the Academically / Intellectually Gifted program (AIG)

Name of Person completing this form _____

Phone number you can be reached between 7 am - 3 pm _____



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 Bention Sr
John Collins
Michael Guzman
Christina B. Helms
Sherry Hodges
Rick Pigg
Kevin Stewart

Please complete starred "★" info.
Transportation Department
NEW BUS RIDER INFORMATION FORM

School Year: 2016-17 ★ Date: _____
School: Western Union Elementary ★ Grade: _____
★ Student Name: _____ Power School #: _____
★ Telephone Number: _____
★ Parent Name: _____

Please check all that apply:

____ Student has special transportation as a related service on an IEP.
____ Student is on a modified schedule FROM _____ TO _____
____ Student in transitioning FROM _____ TO _____
(school) (school)

Modified Transportation Schedules: This form must be faxed to then EC Office for the EC Director's signature only when a student is not following the regular school transportation schedule.

EC Director Signature: _____ Date: _____

Please check all that apply (attach documentation where appropriate):

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

Action needed, if any

- 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:

Please check the appropriate special or supportive services needed:

____ 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

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***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 _____ OR 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

WESTERN UNION ELEMENTARY
4111 Western Union School Road
Waxhaw, NC 28173
704 843 2153
704 843 9019 fax
Kristi Williford, Principal

REQUEST FOR RECORDS

Student's Full Name

Date of Birth

Name of Last School Attended

School Phone

Address of School Last Attended

Please list all schools attended:

Kindergarten

Name of School

City, State

Phone #

1st Grade

Name of School

City, State

Phone #

2nd Grade

Name of School

City, State

Phone #

3rd Grade

Name of School

City, State

Phone #

4th Grade

Name of School

City, State

Phone #

5th Grade

Name of School

City, State

Phone #

Please send all that may apply:

If a NC school, please release from NC WISE.

NC WISE Number

Birth Certificate

Current Report Card / Grades to Date

Test Scores

Health / Immunization Records

Attendance / Discipline Information

Custody Info

Exceptional Children's Records

Psychological Evaluation

Medical/Allergy Info

Accountability Folder

504 Plans

Thank you for your help in obtaining this important information.

Carrie Johnson NC WISE Data Manager

carrie.johnson@ucps.k12.nc.us

Date Faxed _____

Date Records Received _____