

Cuthbertson Middle School
8th Grade Registration
2014-2015

Student Name: _____

Band Students Only

_____ Yes, I am a band student.

Band students will take yearlong PE along with band. There are no other options for semester classes due to Band going back to split days next year.

RELATED ARTS (Non-Band)

All students will take yearlong PE. You will take 2 semester long related arts classes **or** 1 yearlong class. Complete **both** sections below **only** if you choose a yearlong class.

You will need to choose 5. You will receive 2. Rank your choices 1-5, 1 being your top choice. You are not guaranteed your top choices.

- _____ Spanish
- _____ French
- _____ Computer Applications
- _____ STEM/Careers
- _____ Drama
- _____ Chorus
- _____ Chinese
- _____ Art
- _____ Global Studies

OR

YEARLONG RELATED ARTS

- _____ Spanish (Took it in 7th)
- _____ French (Took it in 7th)
- _____ Chinese (Took it in 7th)
- _____ Advanced Art
- _____ Chorus

Parent Signature _____ Date: _____



www.ucps.k12.nc.us

Cuthbertson Middle School
1520 Cuthbertson Road
Waxhaw, NC 28173
Phone 704.296.0107
Fax 704.243.1673
<http://cms.ucps.k12.nc.us>

Dear Parent(s) 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 forms, please include a copy of the following:

- Birth Certificate
- Immunization Record
- Proof of residence (please see attached list for acceptable proof of residence)
- Previous test scores, report cards, recommendations for placement
- Withdrawal slip from previous school

This information must be obtained before we can enroll your child.

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

Thank you

Diane Scaduto
Power School Data Manager/Registrar

Growing Possibilities...

**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) Name, Telephone Number and Address of Previous School
- 4) Report Card or Grade Placement Information
- 5) Two Proofs of Residence as listed below.

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 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 W-2 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.

**Cuthbertson Middle School
Student Registration 2014-2015**

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/Pacific American/Alaskan Multi 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:

Father's (Stepfather's Name): _____ **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.) **Fathers E-Mail Address** _____

Mother's (Stepmother's Name): _____ **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.) **Mothers E-Mail Address** _____

Please list other children in order from oldest to youngest

Name _____ Male/Female _____ Birthdate _____ Grade _____ School _____

Name _____ Male/Female _____ Birthdate _____ Grade _____ School _____

Name _____ Male/Female _____ Birthdate _____ Grade _____ School _____

Name _____ Male/Female _____ Birthdate _____ Grade _____ School _____

Name _____ Male/Female _____ Birthdate _____ Grade _____ School _____

Welcome to Cuthbertson Middle School!!

Please respond
in English



English
Home Language
Survey

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 anything other than English? Yes (Please continue 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 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



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 _____
Postal Address Calle y Número Ciudad Estado Código

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

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

¿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 alumno? _____
3. ¿Cuál es el idioma que su hijo/hija habla mas frecuentemente? _____
4. ¿Cuál es el idioma más 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 será 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 Guardián

Fecha

Teléfono 704-289-5460

Fax 704-296-3107

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 first grade for the first time after 7/1/87, but before 7/1/94

- 4 DPT last dose on or after 4th birthday
- 3 Polio last dose on or after 4th birthday
- 2 Measles first dose after 1st birthday
- 1 Mumps
- 1 Rubella

If a child enrolled in kindergarten or 1st grade for the first time after 7/1/94, but before 7/1/99:

- 5 DPT 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

If child enrolled in kindergarten for the first time after 7/1/99

- 5 DPT 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 6 months of age

Additional requirements:

- 1 Varicella between 15 – 18 months of age if born on or after 4/1/01; second dose highly recommended before school entry
- 1 Tdap before entry into 6th grade (this booster dose is required if no Tetanus vaccine given within the last 5 years)

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 kindergarten in 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 Kindergarten for the first time.

Student's Name	Date of Birth	Enrollment Date
Parent/Guardian Signature	Date	

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



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 _____

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.



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
John Collins
John Crowder
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: _____

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

*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.

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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

Globalization. Innovation. Graduation.



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.

**Cuthbertson Middle School
1520 Cuthbertson Road
Waxhaw, NC 28173**

(704) 296-0107 Phone
(704) 243-1673 Fax

Proof Of Residence

Student's Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Grade: _____

*****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 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 W-2 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 pay a tuition charge of \$35.00 per week per child and provide transportation until I obtain residence inside Union County. Contact Dr. Roger Ashford at 704-292-2504 if you have any questions.

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