



Porter Ridge Middle School
Lee Casey, Principal
2827 Ridge Rd.
Indian Trail, NC 28079
Phone: 704-226-7355
Fax: 704-226-9844
prms.ucps.k12.nc.us

Dear Parent (s) and Student:

Welcome to Porter Ridge Middle School! Enclosed is a packet of information that needs to be completed and returned to the middle school to assist in registering your son or daughter. Please fill out the information and return it as soon as possible.

The forms that are included in this packet are:

- Student Enrollment Form
- Request for Records Form
- Record of Previous Schools Attended Form
- Proof of Residence Form
- Special Medical Need/Condition Form
- NC Immunization Law Information form
- Transportation Bus Rider Form
- Home Language Survey Form
- Internet Use Agreement Form
- Chrome book Student/Parent Agreement Form
- Student/Parent Handbook Verification Form

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

- Birth Certificate
- Official Immunization Record (copy from a doctor's office or health clinic)
- Most Recent Report Card
- Previous Test Scores/Transcript
- Two Proofs of Residency (Below are Acceptable Document to prove residency)
 1. Notarized rental/purchase agreement
 2. Utility bills (electric, telephone, gas, etc)
 3. Driver's license and automobile registration
 4. Income tax W-2 form and property tax bill

All of the above information MUST be completed before your child can be enrolled.

We look forward to working with your child and you at PRMS!

Globalization. Innovation. Graduation.

STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

For Office Use Only	Parent: Ridge Middle School
Student ID#	Enrollment Date
Date Received	Place Received by

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 _____

Relationship to Student

Legal Custodian(s) _____ 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 _____
 Email address _____

STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

Other Information			
Emergency Contact (Other than parent)	Name _____	Relationship _____	Phone _____
			Pick up Child <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact (Other than parent)	Name _____	Relationship _____	Phone _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact (Other than parent)	Name _____	Relationship _____	Phone _____
			<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	Brother/Sister _____	Grade _____
Name _____	School _____	Brother/Sister _____	Grade _____
Name _____	School _____	Brother/Sister _____	Grade _____
Give pertinent health or medical information and instructions (including any medicines prescribed and any physical restrictions) _____			
Permission to obtain medical attention <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical Provider	Name _____	Address _____	Phone _____
Dentist	Name _____	Address _____	Phone _____
Please indicate the student's previous academic placement (if applicable)			
<input type="checkbox"/> Private School	Name _____	Street Address, City, State, Zip _____	
<input type="checkbox"/> Charter School	Name _____	Street Address, City, State, Zip _____	
<input type="checkbox"/> Public School	Name _____	Street Address, City, State, Zip _____	
<input type="checkbox"/> Group Home/Institution	Name _____	Street Address, City, State, Zip _____	
<input type="checkbox"/> Home School			
Has the student ever been enrolled in Union County Public Schools or another school in NC? <input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 504 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Academically Gifted (AIG or TD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has a copy of the plan been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade? _____			
Has the student ever left any school due to a Suspension or Expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			
Transportation			
Morning- <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walk		Afternoon- <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walk	
Military Information			
Does your child have any member of their immediate family serving in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, _____			
Name _____	Relationship _____	Branch of military service _____	
Name _____	Relationship _____	Branch of military service _____	

Parent/Legal Guardian _____
Signature
Date

Porter Ridge Middle School
2827 Ridge Road
Indian Trail, NC 28079
Phone: (704) 225-7555 Fax: (704) 226-9844

Request for Transcript

Previous School's Name and Address:

Phone _____ Fax _____

Name of Student _____

Date of Birth _____

The above named student has enrolled in our school in the _____ grade and has informed us your school is the one he/she last attended.

Please send us the following information so that this student can be placed in the appropriate classes:

- **Transcript of the student's school record.**
- **Please include academic information for all grades.**
- **Grades at the date of withdrawal from your school**
- **Attendance record for all previous years**
- **Standardized test results**
- **Immunization Records**
- **Gifted records and Exceptional Children records**

Signature of Parent/Guardian

Date

Student Name _____

**To ensure complete and accurate academic records,
please indicate the schools that your child has attended:**

School Name

State

Kind. - _____

1st grade - _____

2nd grade - _____

3rd grade - _____

4th grade - _____

5th grade - _____

6th grade - _____

7th grade - _____

Proof of Residence

Student's Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Grade: _____

Please 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 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 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 UCPS Administration at 704-292-2504 with any questions.

Parent Signature _____ Date _____

Student 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 wherebus software for transportation start date.

Address for Morning Stop: _____

Address for Afternoon Stop: _____

Names and addresses of persons nearby student's residence where student can be taken by bus driver if no adults are at the residence:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

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

**Union County Public Schools
HOME LANGUAGE SURVEY**

Date _____ School _____ Grade _____

Has the student ever attended a U.S. school before? yes no If yes DOE _____

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 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 Signature

Date

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 7/1/15

- 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
- 2 Varicella before school entry

Additional requirements:

- 1 Tdap before entry into 7th grade (this booster dose is required if no Tetanus vaccine given within the last 5 years)
- 1 Meningococcal before entry into 7th grade

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	

Original in File: copy to parent + nurse

reviewed 1-2015 jsl

This will be the only notification of health requirements.

2015-16 STUDENT HANDBOOK

The 2015-16 Elementary/Middle/High School Handbook is available on the UCPS website by clicking the Parent & Community Tab and contains the following documents:

- The Code of Student Conduct (Policy 4-3a/b) and Discipline Policy (Policy 4-3)
- The following Board of Education Policies:
 - 5-8 Annual Parent Notification
 - 4-18 Appeals
 - 4-1 Attendance
 - 4-12 Communicable Diseases
 - 4-7 Discrimination/Harassment/Bullying
 - 4-7 Disability Discrimination/Harassment Complaint Procedure for Students
 - 4-7b Sexual Harassment Complaint Procedure for Students
 - 4-19 Food Allergies
 - 4-3c Gangs: Prohibition of Gangs and Gang Activities
 - 5-20 Internet Use
 - 5-21 Internet Safety
 - 4-6 Medication
 - 5-12 Promotion and Accountability
 - 4-3 Seclusion and Restraint (with NCGS 115C-391.1)
 - 4-14 Student Records
 - 3-5a Tobacco
- There is also information about the Americans with Disabilities Act, Asbestos Awareness, Personal Checks, Connect-Ed Messages, Exceptional Children's Services, Guidelines for Extra and Co-Curricular Activities, Section 504 of the Rehabilitation Act, Housing Emergencies, "Healthy Schools and Healthy Youth", Integrated Pest Management, No Child Left Behind and Title IX.

It is important that you review this entire handbook yourself and with your child. The Code of Student Conduct was also reviewed with your child at school on _____.

Please check one of the following and sign below:

_____ I have reviewed the Handbook myself and with my child, _____.

_____ I cannot access the Handbook and am requesting
_____ access at school; or
_____ a hard copy.

Signature

Date

Printed Name