

## **2024-2025 Barbour County Schools**

### **Kindergarten Registration by Appointment Only**

Enrollment packets available on the Barbour County Schools Website

Make an appointment with your child's school to enroll for kindergarten starting January 3, 2024 for the 2024-2025 school year by calling one of the following:

**Belington Elementary School 304-823-1411 or 304-823-1670**

**Junior Elementary School 304-823-1200**

**Kasson Elementary/Middle School 304-457-1485**

**Philippi Elementary School 304-457-4229 or 304-457-1262**

☐ **State Certified Birth Certificate**

- This is a birth certificate obtained from the state registrar's office from the state in which your child was born.
- **WE CANNOT ACCEPT A HOSPITAL OR COUNTY COPY OF A CHILD'S BIRTH. IT IS AGAINST THE LAW.**
- **We are required by law to contact the State Police if a certified birth certificate is not presented within three weeks of enrollment.**
- Online forms and ordering can be found at the following website:
- <http://www.wvdhhr.org/bph/hsc/vital/birthcert.asp>

☐ **Immunizations Record**

- **Preferred document: West Virginia State Immunization Certificate, available at your doctor's office or Health Department.**
- **Before being admitted to school, each child shall show proof that he/she has received the immunization requirements.**

☐ **Physical Exam (Health Check)**

- A Physical completed by your child's doctor is known as a Health Check.

☐ **Social Security Card**

☐ **Insurance Card**

☐ **Dental Exam**

**BARBOUR COUNTY SCHOOLS**

45 School Street

Philippi, WV 26416

**ENROLLMENT & WVEIS STUDENT DATA COLLECTION FORM**

(PLEASE PRINT) STUDENT INFORMATION

STUDENT NUMBER \_\_\_\_\_

Student Name \_\_\_\_\_ SEX \_\_\_\_\_  
Last First Middle M or F

Grade Level \_\_\_\_\_ Social Security No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Birthdate (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (city, state) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Unlisted \_\_\_\_\_  
Y or N

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Native Language \_\_\_\_\_ Ethnic Group \_\_\_\_\_

(Language spoken in the home) EN=English

A=Asian or Pacific Islander

B=Black, Non-Hispanic

SP=Spanish

FR=French

AS=S.E. Asian

JA=Japanese

H=Hispanic

W=White

GR=German

IT=Italian

PO=Polish

OT=Other

I=American Indian or Alaskan Native

Transportation \_\_\_\_\_

01=Bus Student

02=Non-Bus Student

(PLEASE PRINT) PARENT/GUARDIAN INFORMATION

Parent/Guardian \_\_\_\_\_  
Last First MiddleSpouse \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

This portion of this form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

Where does the student stay at night?

\_\_\_\_\_ in our own home

\_\_\_\_\_ in a motel/hotel

\_\_\_\_\_ in a car

\_\_\_\_\_ at a campsite

\_\_\_\_\_ in another location that is not

Appropriate for people (e.g., an abandoned

\_\_\_\_\_ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)

\_\_\_\_\_ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

STUDENT RESIDES WITH \_\_\_\_\_

**NAMES OF OTHER CHILDREN IN SCHOOL**

NAME	AGE	BIRTHDATE	SCHOOL	GRADE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LAST SCHOOL ATTENDED \_\_\_\_\_ PHONE# \_\_\_\_\_

IS YOUR CHILD COVERED BY MEDICAID? YES NO

IF YES: MEDICAID NUMBER \_\_\_\_\_

IF NO: IS YOUR CHILD COVERED BY ANOTHER INSURANCE?

IF YES: INSURANCE COMPANY \_\_\_\_\_

INSURED NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

POLICY # \_\_\_\_\_

IF I CANNOT BE CONTACTED, I HEREBY GIVE PERMISSION FOR THIS CHILD TO BE MOVED TO A HOSPITAL OR CLINIC BY AMBULANCE OR CAR, IF NEEDED, AND TREATMENT THAT IS NECESSARY TO BE ADMINISTERED BY A NURSE, A PHYSICIAN, OR THEIR ASSISTANT.

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

EMERGENCY INFORMATION-Please identify person other than parent or guardian who could be contacted in case of an emergency.

CONTACT 1 – NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT 2 – NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

SPECIAL INSTRUCTION:

Signature of Custodial Parent \_\_\_\_\_

Date \_\_\_\_\_

Signature of Non-Custodial Parent \_\_\_\_\_

Date \_\_\_\_\_

Principal Authorization \_\_\_\_\_

Date \_\_\_\_\_

## 2024-2025 EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Directions to Home (if not street address): \_\_\_\_\_

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### IN CASE OF EMERGENCY:

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Name/Telephone numbers of other persons who will accept responsibility if parent cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that the school is unable to locate a parent or guardian in an emergency, I hereby authorize school authorities to call emergency services, the student will then be transported to the nearest hospital at the parent's expense.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

BARBOUR COUNTY KINDERGARTEN

TRANSPORTATION 2024-2025

Student: \_\_\_\_\_ Age: \_\_\_\_\_

Attendance Zone: \_\_\_\_\_

Do you know? Bus # \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ Unknown \_\_\_\_\_

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

City/Town: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Directions to Home:

