2023-2024 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, 2023 for the 2023-2024 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	Rirth	Certificate
Jule	cerunea	DILLI	ceruncare

- 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: <u>West Virginia State Immunization Certificate</u>, 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 (He	ealth Check)
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- 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 INFORMA	ATION	STUDENT NU	IMBER	
Student Name			SEX	
Last		Middle		
Grade Level	Social Security No			
Birthdate (MM/DD/YY)/_	Birthp	lace (city, state)		
Phone ()	Unlisted			
Cell Phone ()		Y or N		
Native Language (Language spoken in the home) EN=Er SP=Spanish FR=French GR=German IT=Italian	Ethnic Group nglish AS=S.E. Asian	A=Asian or Pac JA=Japanese	cific Islander H=Hispanic	B=Black, Non-Hispanic
Transportation	02=Non-Bus Student			
(PLEASE PRINT) PARENT/GUARDIAN IN Parent/Guardian				
Last Spouse			Middle	
Last Home Address	First		Middle	
Mailing Address (if different)				
City, State, Zip				
Employer	Phone	e ()		
Spouse Employer	Phone	e ()		
This portion of this form is intended to Child Left Behind Act). The question be services provided under the McKinney Where does the student stay at night? in our own hom in a motel/hote in a car at a campsite in another local Appropriate for people	elow is to assist in deterr r-Vento Act. ne el	tempor a house, mobi the family doe other (i	lent meets the	eligibility criteria for than one family in artment (because ace of its own) ent that is not and is not

STUDENT RESIDES WITH _

NAMES OF OTHER CHILDREN IN SCHOOL

NAME	AGE 	BIRTHDATE	SCH	OOL	GRADE
LAST SCHOOL ATTENDED		PHO	ONE#		
IS YOUR CHILD COVERED BY	MEDICAID?	YES	NO		
IF YES: MEDICAID NUMBER _					
IF NO: IS YOUR CHILD COVER	ED BY ANOTHER IN	NSURANCE?			
IF YES: INSURANCE COMPAN	Υ				
INSURED NA	ME				
SOCIAL SECU	JRITY #				
POLICY#					
PHYSICIAN, OR THEIR ASSISTA					DATE
EMERGENCY INFORMATION- emergency.	Please identify per	son other than pare	nt or guardian wh	no could be o	contacted in case of an
CONTACT 1 – NAME	LAST	FIR:		MIDDLE	
RELATIONSHIP	LAST	PHONE (IVIIDDLE	
ADDRESS					
CONTACT 2 – NAME					
RELATIONSHIP	LAST		ST)	MIDDLE	
ADDRESS					
SPECIAL INSTRUCTION:					
Ci-matura of Courts II 1 2			5		
Signature of Custodial Parent					
Signature of Non-Custodial P					
Principal Authorization			Date	e	

BARBOUR COUNTY PRE-KINDERGARTEN/KINDERGARTEN

TRANSPORTATION 2023-2024

Student:	Age:		
Attendance Zone:			
Do you know? Bus #a.m	_ p.m	Unknown	
Address:			
City/Town:			
Parent/Guardian:			
	Work:		
Directions to Home:			



2023-2024 EMERGENCY INFORMATION

Child's Name:	Date of Birth:
Home address:	Home Phone:
Directions to Home (if not street address):	Cell Phone:
IN CASE OF EMERGENCY:	
Father's Name:	Ноте Риспе.
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 re	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 guard emergency services, the student will then be transported to the	to locate a parent or guardian in an emergency, I hereby authorize school authorities to call then be transported to the nearest hospital at the parent's expense.
Signature of Parent/Guardian:	Date: