

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 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**

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 _____
LAST FIRST MIDDLE

RELATIONSHIP _____ PHONE (____) _____

ADDRESS _____

CONTACT 2 – NAME _____
LAST FIRST MIDDLE

RELATIONSHIP _____ PHONE (____) _____

ADDRESS _____

SPECIAL INSTRUCTION:

Signature of Custodial Parent _____

Date _____

Signature of Non-Custodial Parent _____

Date _____

Principal Authorization _____

Date _____

BARBOUR COUNTY PRE-KINDERGARTEN/KINDERGARTEN

TRANSPORTATION 2023-2024

Student: _____ Age: _____

Attendance Zone: _____

Do you know? Bus # _____ a.m. _____ p.m. _____ Unknown _____

Address: _____

City/Town: _____

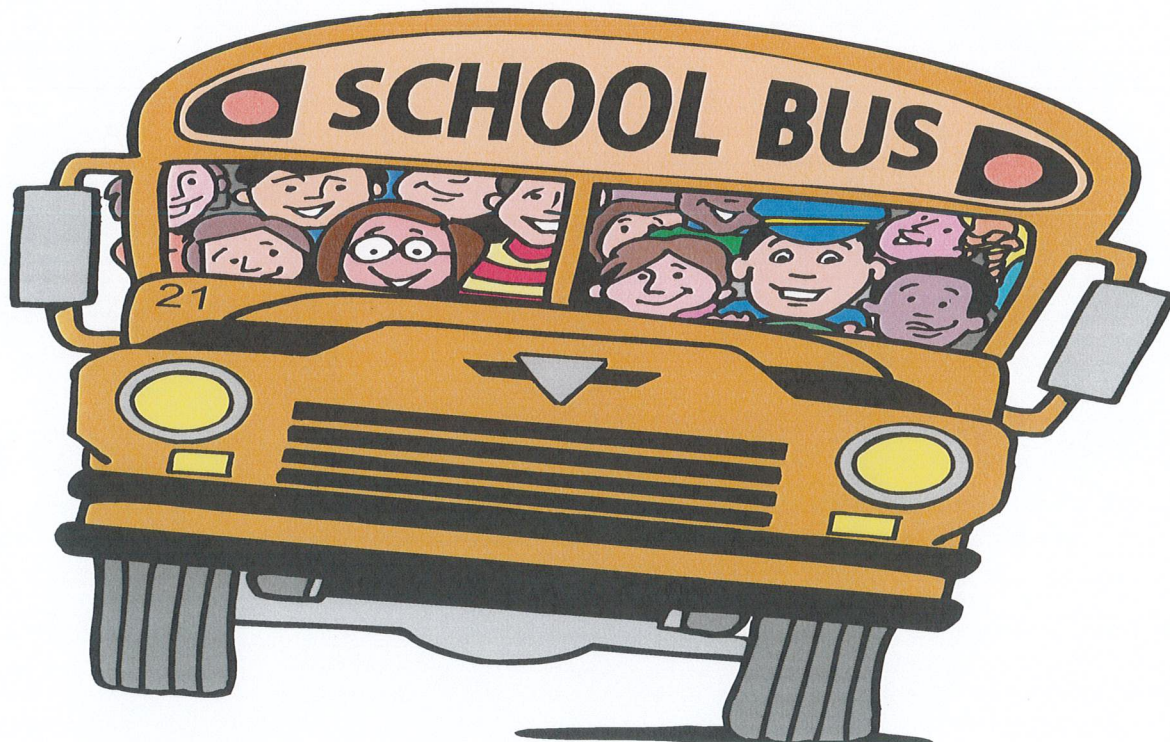
Parent/Guardian: _____

Phone: _____

Cell: _____

Work: _____

Directions to Home:



2023-2024 EMERGENCY INFORMATION

Child's Name: _____

Date of Birth: _____

Home address: _____

Home Phone: _____

Cell Phone: _____

Directions to Home (if not street address): _____

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: _____