

KINDERGARTEN ENROLLMENT REQUIREMENTS

2020-2021

PARENT CHECKLIST

- 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.
- Dental Exam
 - Due before the beginning of school.
- 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>

If you have questions, please contact one of the following:

Connie Mundy Barbour County Schools 304-457-3030
Principal of your home school

2020-2021 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: _____

BARBOUR COUNTY PRE-KINDERGARTEN/KINDERGARTEN

TRANSPORTATION 2020-2021

Student: _____ Age: _____

Attendance Zone: _____

Do you know? Bus # _____ a.m. _____ p.m. _____ Dont' know bus number

Address: _____

City/Town: _____

Parent/Guardian: _____

Phone: _____

Cell: _____

Work: _____

Directions to Home:



