

KINDERGARTEN ENROLLMENT REQUIREMENTS

2018-2019

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

2018-2019 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 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

Class _____ Social Security No. _____/_____/_____

Birthdate (MM/DD/YY) ____/____/____ Birthplace (city, state) _____

Phone (____) _____ Unlisted _____
Y or N

Year of Graduation _____

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 Middle

Spouse _____
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 | _____ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own) |
| _____ in a motel/hotel | _____ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices) |
| _____ in a car | |
| _____ at a campsite | |
| _____ in another location that is not appropriate for people (e.g., an abandoned | |

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 _____

BARBOUR COUNTY PRE-KINDERGARTEN/KINDERGARTEN

TRANSPORTATION 2018-2019

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:

