REMOTE REGISTRATION PRE-KINDERGARTEN ENROLLMENT REQUIREMENTS

2023-2024

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.**
  - Completing this and submitting the form will count as 10 points in the selection process.
- ☐ Physical Exam (Health Check)
  - A Physical completed by your child's doctor is known as a Health Check.
  - Completing this and submitting the form will count as 10 points in the selection process.
- ☐ Dental Exam
  - Completing this and submitting the form will count as 10 points in the selection process.
- ☐ 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.**
  - Completing this and submitting the birth certificate will count as 10 points in the selection process.
  - **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
- ☐ Social Security Card
- ☐ Insurance Card
- ☐ Income verification
- ☐ Completed application including all forms posted on Barbour County Schools website

If you have questions, please contact Karen MacDonald:

Email kmacdonald@ncwvcaa.org Phone 304-614-8763 or 304-457-2181 Fax 304-457-6525

Office Use Only
90 130 10 NV
Birth Certificate Verification ____Y ____N
Social Security #: _____-_____-_____

2023-2024 Barbour County Universal Pre-K Registration Application
Barbour County Schools Pre-K Student Information Folder

Home School _____ 1st Choice_____ 2nd Choice_____

(Students not attending their home school for pre-school will be returned to their home school for kindergarten unless an out-of-zone form is completed)

CONFIDENTIALITY STATEMENT: This information is being requested on a voluntary basis by the Pre-K Collaborative Partners which may include but is not limited to BOE, Childcare, and NCWVCAA HS. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need-to-know basis. Upon request, the Pre-K Collaborative Partners discloses education records without consent to officials of another school district in which a student seeks or intends to enroll or is already enrolled if the disclosure is for the purposes of the student's enrollment or transfer. This includes disclosure of immunization records and other medical information to the applicable Pre-K Collaborative Partner for enrollment or placement purposes.

Student Name: _____ **Sex:** Male / Female
LAST First Middle

Birthdate (mm/dd/yr.): _____/_____/_____ **Birthplace** (City and State): _____

Immigration Information: AGE ____ **Born Outside United States**? ____Yes ____No **Number of Years Child has attended public Schools**? _____

Student lives with (Name): _____ **Relationship:** _____
Father-Mother-Both Father & Mother-Other/Guardian/Foster Parent

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address (if different): _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Are there any custody restrictions? _____Yes _____No
***NOTE: Any Custody Restrictions Must Be Documented by a Court Order. A Copy of the Court Order Must Be Provided.**

Native Language: _____ **(household language)**

EN=English	SP=Spanish	FR=French	HI=Hindi	JA=Japanese	GF=German	PT=Portuguese
IT=Italian	PO=Polish	VT=Vietnamese	HM=Hmong	NA=Navajo	CC=Chinese Cantonese	
CM=Chinese Mandarin	TH=Thai	CA=Cambodian	KO=Korean	TA=Tagalog	LA=Laotian	AR=Arabic
RU=Russian	CR=Creole (French)	OT=Other				

Ethnic Group:

1. **Is Student Hispanic/Latino? _____Yes _____No**

2. From racial categories below, circle one or more races with which you identify:
Asian Pacific Islander Black White American Indian/Alaskan Native

Family Information:

Father (Last name, First, MI) _____ **Home Phone:** _____ **Cell Phone:** _____

Father living in home _____Yes _____No

Date of Birth: _____ Email Address: _____ Employer: _____ Work Phone: _____

Home Address (if different from above) _____ City: _____ State: ____ Zip: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Mother (Last name, First, MI): _____**Home phone:** _____**Cell Phone:** _____

Mother Living in home? _____Yes _____No

Date of Birth: _____ Email Address: _____ Employer: _____ Work Phone: _____

Home Address (if different from above): _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

List Siblings and Dates of Birth:

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

Do you need assistance finding before and after school childcare? _____ Yes _____No

Is there a current Order of Protection or No Contact Order which concerns this student? _____Yes _____No

If "yes" a copy of the order must be provided to the school office.

Medical Information:

Do you have any Concerns about your child's health or development? _____ Yes _____No

I verify that my child has ongoing source of Medical care at:

Physician Name: _____

I verify that my child has ongoing source of dental care at:

Dentist Name: _____

Type of Insurance: ( ) Medicaid ( ) CHIPS ( ) Private ( ) Other: _____

Income Data: Please complete the requested information below. *The income information will be evaluated according to the "Income Guidelines" established by the United States Department of Health and Human Services to determine Head Start Eligibility. **ALL INFORMATION WILL BE STRICTLY CONFIDENTIAL.**

In the past year has anyone if your household received or been eligible for any of the following?	**Check Housing**
_____ Supplemental Security Income (SSI)	_____ Own
_____ TANF/WV Works	_____Rent
_____WIC	_____ Hud or Low Income
_____SNAP	_____ Shared Housing
_____ WV Birth to Three	_____ Shelter
_____ Mountain Heart	_____ Homeless
	_____ Foster Care
	_____ Living w/Family or Friends

- Incomplete packets may result in not getting 1st choice
- No Guarantee for 1st Choice
- An assignment to a site cannot be made until all parent boxes are checked, certificates verified, and final review is made by a designated Barbour County Universal Pre-K staff member. **NO EXCEPTIONS WILL BE MADE TO THIS RULE.**

**Parents: Once initial home visits have been completed for accepted site transferring will only be approved by administrative personnel.

_____ _____

Signature of Parent/Guardian Date

_____ _____

District Signature Date

All applicants that enroll their child must follow all Barbour County Schools policies, including the attendance policy.

2023-2024 Barbour County Universal Pre-K Registration Folder Checklist

School Personnel Must Complete This Box when Folder is complete	_____ Date folder completed: _____ Initials of person receiving folder: _____ _____ Information complete on all 4 pages. _____ Certificate of Live birth received from Office of Vital Statistics. _____ Up-to-date immunization record with the required immunizations completed. _____ Completed physical form signed from physician. _____ Attendance Area (Home school) verified by staff _____ Transportation Form _____ Court Order, If Applicable

- **Students must be 4 years old on or before June 30, 2023. Certificate of Live Birth is required for the completion of the packet.**
- **Parents**: Place a "certified of Live Birth" from the West Virginia State Department of Vital Statistics located in Charleston, WV, inside. (*Certificates from Hospitals and County Courthouses are not acceptable. Children born outside West Virginia must also have a certified copy of the Department of Vital Statistics/State Capitol from the state where they were born.)*
- **Parents:** Place Certificate of Immunization from a physician or health department inside. **Certificate of Immunization is required for the completion of the packet.** If your child turns 4 after April 17, 2023, you may turn in current immunizations before this date and then submit 4 year old boosters after 4th birthday.
- **Parents:** Place completed Health Check Physical Form signed by a physician. Health Check Physical Form is required for the completion of the packet. *(**Exception**: If your child has had a health check in the previous 12 months, you may turn in the Health Check Form from previous 12 month period and then submit the new one once it's completed. Completed forms MUST be received before school begins).*
- **Parents:** Include copies of court orders awarding custody of the child, if parents are separated or divorced

**** Sign and date at the application day**

_____ _____

Signature of Parent or Guardian Date

_____ _____

Signature of Staff Member Date

Revised:11/14/22; 1/1/2019; 12/2019, 11/2020; 11/2021

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: _____

BARBOUR COUNTY PRE-KINDERGARTEN/KINDERGARTEN

TRANSPORTATION 2023-2024

Student: _____ Age: _____

Attendance Zone: _____

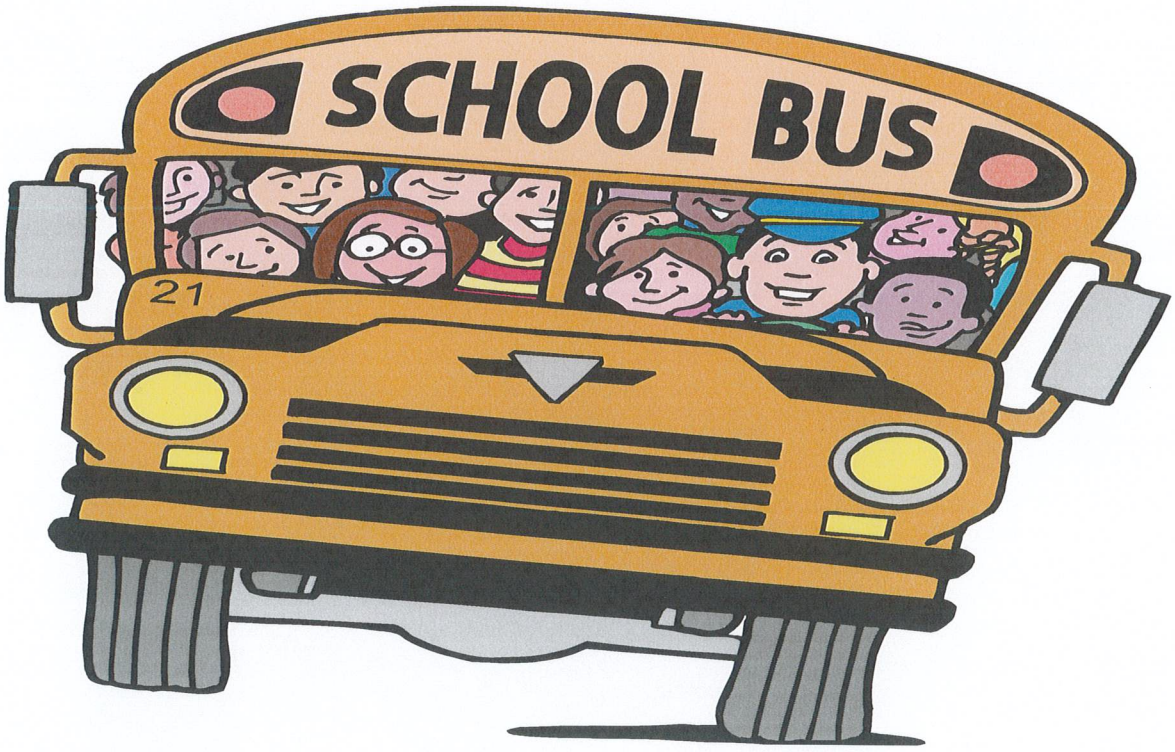
Do you know? Bus # _____a.m. _____ p.m. _____Unknown_____

Address: _____

City/Town: _____

Parent/Guardian: _____ Phone: _____
Cell: _____
Work: _____

Directions to Home:



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 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
_____ 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 _____
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 _____