

PRE-KINDERGARTEN ENROLLMENT REQUIREMENTS

2017-2018

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 prior to the close of business on May 5, 2017 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 prior to the close of business on May 5, 2017 will count as 10 points in the selection process.
- Dental Exam
 - The form to take to your dentist is enclosed. 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.**
 - Completing this and submitting the birth certificate prior to the close of business on May 5, 2017 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>

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

Karen MacDonald	Head Start	304-457-2181
Vanessa Mayle	Head Start	304-457-2181
Nancy Keller	Head Start	304-457-2181
Connie Mundy	Barbour County Schools	304-457-3030

KINDERGARTEN ENROLLMENT REQUIREMENTS

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

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

2017-2018 Barbour County Universal Pre-K Registration Application

Office Use Only			
90	130	10	NV
Birth Certificate Verification <input type="checkbox"/> Y <input type="checkbox"/> N			
Social Security #: _____ - _____ - _____			

Barbour County Schools Pre-K Student Information Folder

 1st Choice

 2nd Choice

Home School _____ (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)

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=Chincese Cntonese

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

Physician Name: _____ 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

Any participant or potential participant of the HS/EHS program whom falsifies or misrepresents given information for the purpose of their child/themselves Being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the EHS/HS program.

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

2017-2018 Barbour County Universal Pre-K Registration Folder Checklist

<p style="text-align: center;">School Personnel Must Complete This Box when Folder is complete</p>	<p>_____ Date folder completed: _____ Initials of person receiving folder: _____</p> <p>_____ Information complete on all 4 pages.</p> <p>_____ Certificate of Live birth received from Office of Vital Statistics.</p> <p>_____ Up-to-date immunization record with the required immunizations completed.</p> <p>_____ Completed physical form signed from physician.</p> <p>_____ Attendance Area (Home school) verified by staff</p> <p>_____ Transportation Form</p> <p>_____ Court Order, If Applicable</p>
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- **Students must be 4 years old on or before August 31, 2017. 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.**
- **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 turns 4 after May 5, 2017, you may turn in the Health Check Form after the birth date. 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)

2017-2018 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: _____

UNIVERSAL PRE-K PROGRAM SELECTION CRITERIA

Student's Name: _____

Preference of Site(s): _____ _____ _____
 Homeschool 1st Choice 2nd Choice

Placement of Pre-Kindergarten students will be based on the following criteria and point system. Children receiving the most points will receive priority in pre-kindergarten placement. In the event of a tie, a drawing will be held to determine the placement of students.

- | | | |
|--|--------------|-------|
| 1. Income Data (Completed on Application) | Yes= 10 No=0 | _____ |
| 2. Provided Certificate of birth from Office of Vital Statistics | Yes=10 No=0 | _____ |
| 3. Provided up-to-date immunizations. | Yes=10 No=0 | _____ |
| 4. Lives within home school district for 1 st choice. | Yes=10 No=0 | _____ |
| 5. Health Check Form (Fully Completed) | Yes=10 No=0 | _____ |
| 6. Completed Application | Yes=10 No=0 | _____ |

All information must be in by May 5, 2017 to receive credit for the selection process.

Reviewer BCS Date Reviewer HS Date

The following items are required by the beginning of school:

1. Health Check Form (Fully completed)
2. Dental Screening
3. Up-to-date immunizations
4. Birth Certificate

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 2017-2018

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:

