

Date of application: _____
 School District: _____
 Assigned: _____

**Upshur County Schools
 Pre-K Enrollment Form**

State birth certificate obtained: Y N
 Immunization records: Y N
 HealthCheck received: Y N
 Dental Exam received: Y N

Student Information:

Name: _____ Gender: M F Date of birth: _____
 (First) (Middle) (Last)

Address: _____
 (Street) (City) (Zip Code)

Email address: _____ Is your child currently a resident of Upshur County? Yes No

Directions to the home: _____

Family Information:

Parent Information	Parent Information	Guardian/Step Parent Information
Name: _____	Name: _____	Name: _____
Address (if different from child's): _____	Address (if different from child's): _____	Relationship to child: _____
Home Phone #: _____	Home Phone #: _____	Address (if different from child's): _____
Cell Phone #: _____	Cell Phone #: _____	Home Phone #: _____
Employer: _____	Employer: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____	Employer: _____
Birthday: _____	Birthday: _____	Birthday: _____
Highest level of education: _____	Highest level of education: _____	Highest level of education: _____

Please mark all that apply to your family situation:

Household Language	Child Language	Ethnicity	Housing	Services Receiving
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Chinese <input type="checkbox"/> Italian <input type="checkbox"/> Korean <input type="checkbox"/> Portuguese <input type="checkbox"/> Other	How well does your child speak English (please mark one): <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Share housing <input type="checkbox"/> Homeless <input type="checkbox"/> HUD or low income ***** <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile home/trailer <input type="checkbox"/> Shelter <input type="checkbox"/> Other	<input type="checkbox"/> EHS <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> SSD <input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Food stamps <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Unemployment <input type="checkbox"/> Active Military <input type="checkbox"/> Disability <input type="checkbox"/> No income

Marital status of parents: Single Married Separated Divorced Widowed

Child lives with: Both parents Mother Father Joint Custody Grandparent(s) Foster Family
Other _____

Total Number in Primary Family _____

Others in the home	Name	Birthdate	Relationship to child
Male Female	_____	_____	_____
Male Female	_____	_____	_____
Male Female	_____	_____	_____
Male Female	_____	_____	_____
Male Female	_____	_____	_____
Male Female	_____	_____	_____

Custody issues? Yes No

**Any custody restrictions must be documented by a court order. A copy of the court order must be provided to the Board of Education.

If yes, please briefly describe: _____

Income: Please indicate your Household Income by circling your current yearly income. This information will help determine funding sources for services.

\$16,910 - \$21,983
\$21,330 - \$27,729
\$25,750 - \$33,475
\$30,170 - \$39,221
\$34,590 - \$44,967
\$39,010 - \$50,713
\$43,430 - \$56,459
Above

Please note that to be considered for Head Start services, you will need to provide verification of income with a pay stub, W-2, SSI documentation, TANF documentation, written statement from employer, child support documentation, foster care reimbursement, or notarized documentation of no income.

Transportation: Transportation is considered a support, not a mandated service; however, some transportation is available depending on placement and residency.

Do you require transportation? Yes No

Medical information:

Child's primary care physician: _____

Child's dentist: _____

WV law requires that all students entering WV schools for the first time have their vision, hearing, and speech tested, as well as have verification of a dental exam. In addition, we may also complete developmental screenings, social/emotional screening, and gather height and weight information. If your physician is unable to complete these parts of the HealthCheck physical, your signature below gives us permission to complete these screenings.

I give permission for the above mentioned screenings and collection of information to be completed.

Signature of Parent or Guardian

Date

WV Statewide Immunization Information System (WVSIIS)

WV law requires parents to show proof that their children have received certain vaccinations before being admitted to school. The WV Bureau for Public Health began a program, WVSIIS (West Virginia Statewide Immunization Information System), to help parents keep track of their children's shots. Some children's immunization records have been reported by doctors and entered into the database; however, not all records have been entered. Maintaining your child's immunization records in WVSIIS helps schools, doctors and families determine which shots your child has had, which ones are needed, and minimizes the chance of repeating immunizations when proof of immunization may be required. The WVSIIS program provides for the safe, accurate and confidential maintenance of your child's immunization records.

I give permission for my child's shot records to be shared with the WVSIIS.

Signature of Parent or Guardian

Date

Permission to photograph:

As parent/guardian, I hereby consent to the use of photographs/videos taken during the course of the year for publicity, promotional, and/or educational purposes (including publications, presentations, newspaper articles, internet, or other media sources.

Signature of Parent or Guardian

Date

Student Residency

By completing this questionnaire, you help the county comply with the McKinney-Vento Act, Title X, and the Every Student Succeeds Act. Your accurate answers help the county identify services that the student may be eligible to receive.

Is your current address a temporary living arrangement due to loss of housing or economic hardship?

_____ Yes _____ No

If you answered YES,

please select the one which BEST describes your current living arrangements:

- Temporarily staying with family or friends due to loss of housing or economic hardship.
- Living in motel/hotel due to loss of housing or economic hardship.
- Residing in an emergency shelter or in transitional/supportive housing for the homeless.
- Residing in car, park, abandoned building or substandard housing.
- Residing with someone who does not have legal custody and/or is not the legal parent.

Child's Educational History:

Previously enrollment	Special Education	Services Receiving	Immigration Information
Child Care at _____	Child currently has an ___IFSP	___speech/language	Born outside of the United States? Yes No
Head Start at _____	___IEP	___hearing	Age when immigrated?
Other _____		___vision	_____
		___gross motor	
		___fine motor	
		___developmental	

Child Care: Do you need before/after school child care? Yes No

Classroom: Please indicate a 1st, 2nd, and 3rd choice of classroom below.

Collaborative Upshur County Schools PreK Classrooms (only students who are 4 years old prior to July 1, 2019)

- | | |
|-------------------------------------|--|
| _____ Buckhannon Academy Pre-K 1 | _____ Kids R Kids |
| _____ Buckhannon Academy Pre-K 2 | _____ Little Ones Place |
| _____ BU Center A | _____ Mt. CAP Child Development Center |
| _____ Child Development Center | _____ Rock Cave Elementary Pre-K |
| _____ French Creek Elementary Pre-K | _____ Tennerton Center A |
| _____ Hinkle Drive II A | _____ Union Elementary Pre-K |
| _____ Hodgesville Elementary Pre-K | _____ Washington District Elementary Pre-K |
| _____ Island Nursery | |

Upshur County Schools PreK/Head Start Preschool

(includes students who are 4 years old prior to July 1, 2019 AND 3 year olds)

- | | |
|------------------------|--------------------------|
| _____ BU Center B | _____ Tennerton Center B |
| _____ Hinkle Drive I B | |

Head Start Preschool Only (not collaborative with Upshur County Schools)

- _____ Head Start Hinkle Drive I A (3 year olds only)
 _____ Head Start Hinkle Drive II B (3 and 4 year olds)

CONFIDENTIALITY STATEMENT: This information is being requested on a voluntary basis. However, some information is required in order to determine eligibility. All information disclosed will be used only by those persons related to the program and who are on a need to know basis.

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE, COMPLETE AND ACCURATE. I AFFIRM THAT MY CHILD MEETS THE RESIDENCE REQUIREMENTS FOR ENROLLMENT IN UPSHUR COUNTY.

Parent/Guardian Signature

Date

As required by federal laws and regulations, the Upshur County Board of Education does not discriminate on the basis of sex, race, color, religion, handicapping condition, or national origin in employment or in its education program and activities. Inquiries may be referred to the Title IX Coordinator, Upshur County Board of Education, 102 Smithfield Street, Buckhannon, WV 26201, phone number 304-472-5480; to the Section 504 Coordinator, Upshur County Board of Education, 102 Smithfield Street, Buckhannon, WV 26201, phone number 304-472-5480; to the State Elimination of Sex Discrimination Project Coordinator, phone number 304-558-7867; or the U.S. Department of Education's Director of the Office of Civil Rights, phone number 215-596-6795.