

Logan County Schools

New Enrollees Packet

2017 - 2018

Do you and/or your child live in someone else's home? Yes / No
If yes, your child could be eligible for McKinney-Vento Services.

IT IS VERY IMPORTANT THAT MULTIPLE STUDENT RECORDS ARE NOT GENERATED.

Was your child previously enrolled in any WV School (Y/N)? If yes, Name of County: _____

If yes, what was the Original Enrollment Date? ____/____/____ Name School Attended: _____

School: _____ Date: _____

Student Legal Name: _____ Sex: _____
(No nicknames, please) Last First Middle Other

Birthdate: ____/____/____ Birthplace: _____
mm dd yy City State

Class: _____ Social Security Number: ____/____/____

*Pre-School, FTE: P1, P2, P3, P4 (All PK programs, E1 (All early childhood collaborative)
 OK, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12
 Post Graduate = PG

Transfer from: _____
School City State

Home Phone: (304) _____ - _____ Unlisted? _____ (Y or N)

Year of Graduation: _____ Career Cluster: _____ Pathway: _____
K-30, 1st-29, 2nd-28, 3rd-27, 4th-26, 5th-25, 6th-24
 7th-23, 8th-22, 9th-21, 10th-20, 11th-19, 12th-18
 BM: ET: FH: HE: HU: SN E: P: S:
 (Secondary Only)

Native Language: * _____
Print Other Not Shown

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

Ethnic Group: (Mark Both Questions Below)
 1. Are you Hispanic? Yes / No
 2. What is your race: (Choose one or more of the race categories)
 _____ American Indian or Alaska Native
 _____ Asian
 _____ Black or African American
 _____ Native Hawaiian or Other Pacific Islander

Transportation: _____ BUS AM: _____ PM: _____
*01-Bus Student; 02-Non-Bus Student;

PRIMARY GUARDIAN (Specify: Father / Mother / Other) _____ (Call Order 1-2-3-4) _____

Name: (Last, First, Middle) _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____ Phones: Home: (____) _____ - _____ Unlisted? _____

Employer: _____ Work: (____) _____ - _____ Ext: _____

Occupation: _____ Cell: (____) _____ - _____

E-Mail: _____ Other: (____) _____ - _____

SECONDARY GUARDIAN: (Specify: Father / Mother / Other) _____ (Call Order 1-2-3-4) _____

Name: (Last, First, Middle) _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____ Phones: Home: (____) _____ - _____ Unlisted? _____

Employer: _____ Work: (____) _____ - _____ Ext: _____

Occupation: _____ Cell: (____) _____ - _____

E-Mail: _____ Other: (____) _____ - _____

STUDENT DATA COLLECTION FORM

Emergency Contact(s): *Person(s) other than parent or guardian who could be contacted in case of emergency

Additional Contact: (Specify Relationship: _____)

Name: (Last, First, Middle) _____

Address: _____

Mailing Address: (If Different) _____

City, State, Zip: _____ Phones: Home: (____) ____ - _____ Unlisted? _____

Employer: _____ Work: (____) ____ - _____ Ext: _____

Occupation: _____ Cell: (____) ____ - _____

E-Mail: _____ Other: (____) ____ - _____ Ext: _____

Additional Contact: (Specify Relationship: _____)

Name: (Last, First, Middle) _____

Address: _____

Mailing Address: (If Different) _____

City, State, Zip: _____ Phones: Home: (____) ____ - _____ Unlisted? _____

Employer: _____ Work: (____) ____ - _____ Ext: _____

Occupation: _____ Cell: (____) ____ - _____

E-Mail: _____ Other: (____) ____ - _____ Ext: _____

Additional Contact: (Specify Relationship: _____)

Name: (Last, First, Middle) _____

Address: _____

Mailing Address: (If Different) _____

City, State, Zip: _____ Phones: Home: (____) ____ - _____ Unlisted? _____

Employer: _____ Work: (____) ____ - _____ Ext: _____

Occupation: _____ Cell: (____) ____ - _____

E-Mail: _____ Other: (____) ____ - _____ Ext: _____

Physician:

Name: _____

Address: _____

City, State, Zip: _____ Phones: (____) ____ - _____ Ext: _____

Special Instructions:

Logan County Schools
New Enrollees Checklist

School: _____ Student Name: _____ Gr. _____ Date: _____

Place a check beside each item as it is completed for the enrolling student. Keep in student's file.

- Record of Disclosure of Student Records
- Enrollment Form (copy to Librarian)
- Tine Test (must be completed and read before attending—copy to Nurse)
- Emergency information and Procedure Form (place in emergency notebook)
- Language Survey (copy to speech teacher and copy to Harless Cook if Language other than English is used at Home) original to be kept in student file.
- Student Schedule
- Affidavit Concerning Suspension or Expulsion (needs notarized)
- Student Packet (map, schedule, dress code, tobacco policy)
- Internet User Form
- Fax Cover Sheet
- Request for records
- Copy of Birth Certificate
- Copy of Social Security card
- Shot Records
- copy of latest grades from last school attended (copy to teachers)
- Student Residency Form (if other than none of the above in # 1 is checked, copy to Cathy Adkins)
- Bell Schedule
- 2 hr. Delay Bell Schedule
- Bus Notification Form
- Health Record
- WVEIS Student Data Collection Form
- Agenda to student

If Required:

- I.E.P.
- Psychological
- Certificate of Eligibility

Logan County Schools

Home Language Survey

Date:		School:	
Grade:		Birth date:	
Student Name:			

1. Does Student speak a language other than English? Yes No

*If YES, please answer the following questions, if NO, stop here.

2. What is the language?

3. What language was FIRST learned by the student?

4. Of the languages spoken at home, which language is spoken most often?

5. Please describe the language understood by the student (check one)

- a. Understands only the home language and NO English
- b. Understands most of the home language and some English
- c. Understands the home language and English equally
- d. Understands mostly English and some of the home language

6. How many years has this student attended an English Speaking School?

If answer to question # 1 is YES, please fax form immediately to Harless Cook @ 304-752-3711

English	☞ Please point to the language you understand.
Albanian	☞ Ju lutem tregoni se cilën gjuhë e kuptoni.
Amharic	☞ እነዚህ ወደ የሚረዱት ድንጋጌ ያመለክቱ።
Arabic	☞ يرجى الإشارة إلى اللغة التي تفهمها.
Armenian*	☞ Մասնագրայց արեք ձեր հասկացած լեզուն.
Bosnian	☞ Molimo vas da navedete koji jezik razumijete.
Cambodian	☞ សូមចង្អុលទៅភាសាដែលលោកអ្នកយល់។
Chinese	☞ 請指出您所懂的語言。
French	☞ Veuillez indiquer la langue que vous comprenez.
Gujarati	☞ કૃપા કરી તમે જે ભાષા સમજતા છે તેની સામે અંગૂઠી ચીંધો.
Haitian Creole	☞ Montre lang la ki-w pale.
Hebrew*	☞ הנך מתבקש/ת להצביע על השפה שאותה את/ה מדבר/ת ומבין/ה.
Hmong	☞ Taw rau yam lus uas koj to taub.
Japanese	☞ 理解できる言語を指で示してください。
Korean	☞ 이해하실 수 있는 언어를 표시해 주십시오.
Laotian	☞ ກະລຸນາຊີ້ໃສ່ພາສາທີ່ທ່ານເຂົ້າໃຈ.
Portuguese	☞ Favor apontar para o idioma que entende.
Punjabi	☞ ਕਿਰਪਾ ਕਰਕੇ ਤੁਸੀਂ ਜਿਹੜੀ ਭਾਸ਼ਾ ਸਮਝਦੇ ਹੋ ਉਸ ਵੱਲ ਟਿਕਾਕਾ ਕਰੋ।
Russian	☞ Пожалуйста, укажите на язык, который вы понимаете.
Somali	☞ Fadlan tilmaan luqada aad ku hadasho.
Spanish	☞ Indique el idioma que usted entiende.
Tagalog	☞ Manyanging ituro sa wika na inyong naiintindihan.
Thai	☞ กรุณาชี้ไปที่ภาษาที่คุณเข้าใจ
Tigrigna	☞ እዚኻን ላይ እትርድኩዎ ድንጋጌ ያለኩት ገብሩ።
Urdu	☞ یہاں پر اس زبان کو نشان دہی کیجئے جو آپ کو سمجھ آئے۔
Vietnamese	☞ Xin chỉ vào ngôn ngữ nào mà quý vị thông hiểu.

STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Act. Answers to this questionnaire are confidential and will help determine the services a student may be eligible to receive.

1. Is the student living with someone other than their parent/guardians? (Parent is not living in the house)
 Yes No

2. Is student's current address a temporary living arrangement due to loss of housing or economic hardship?
 *A long-term, cooperative living arrangement among families or friends that is fixed, regular and adequate should not be considered a homeless situation, even if the parties are living together to save money.
 Yes No

3. Is student in a foster care placement?
 Yes No

If you answered YES to any question, please continue and complete the remainder of the form and return to school principal.

Name of Student	Name of School	DOB	GRADE	WVEIS / LUNCH NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Parent / Guardian / Foster Parent _____

Address _____

Phone # _____ Cell # _____ Other # _____

Please select the one which "best" describes 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.
- Foster placement through Department of Health and Human Resources, family, kinship or residential placement.
- Residing with someone who does not have legal custody and / or is not the legal parent.

Is / are student(s) eligible for special education services? Yes No

Individual completing this form _____

Signature of Parent / Guardian / Foster Parent _____ Date _____

Please return this form to the principal at your school:

For further information contact:
 Cathy M. Adkins, Homeless Liaison
 506 Holly Ave. Box 477
 Logan, WV 25601

Phone: 304-792-2043 Fax: 304-792-2027

Office Use Only

Date Received

WVEIS #

PERMANENT HEALTH RECORD

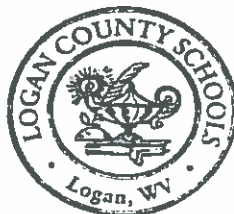
Logan County Schools

Pupil Name: Last - First - Middle		Date of Birth: Mo. Day Yr.		Sex	Race	Emergency Telephone Name - Relationship			
Address:		School:		Telephones: Home - Business		Physician: Telephone:			
Pupil Resides with: Name - Relationship		Occupation:		Dentist: Telephone:		Hospital: Telephone:			
Father/Guardian Name: Last - First - Middle Initial		Occupation:		Emergency Treatment Plan					
Mother/Guardian Name: Last - First - Middle Initial		Occupation:							
VISION SCREENING:									
W - with Glasses		WO-Without Glasses		Color Blind					
Date	R.	L.	Both	Remarks - Type of Test - Examiner					
VACCINE				IMMUNIZATIONS:		ENTER DATE OF EACH DOSE BY MONTH, DAY, AND YEAR			
DTP/Td				DATES					
TOPV/IPV									
HIB									
PREVNAR									
HEP B									
HEP A									
MMMR									
VARICELLA									
HEP A									
MCVC									
OTHER									
RECORDED BY:				N: Negative		P: Positive			
TUBERCULIN TESTS:									
Date	R.	L.	Remarks - Type of Test - Examiner's Name	Date	Type	Result	Date	Type	Result
SCOLIOSIS:				Recorded By:					
OTHER:				Recorded By:					
SPEECH AND LANGUAGE SCREENING:									
HEARING SCREENING:		V - Satisfactory		X - Unsatisfactory					
Date	R.	L.	Remarks - Type of Test - Examiner's Name	Date	Results	Remarks - Recorded By:	Date	Results	Remarks - Recorded By
SPEECH AND LANGUAGE SCREENING:									

DTP/Td - diphtheria, Tetanus, Pertussis
 TOPV/IPV - Polio
 HIB - Haemophilus Influenzae Type B
 HEP B - Hepatitis B
 MMR - Measles, Mumps, Rubella
 MCVC - Meningococcal Infection
 HEP A - Hepatitis A
 Prevnar - Pneumococcal Polysaccharide

Board of Education

Paul Hardesty, President Member
Debbie Mendez, Vice President Member
Jeremy Farley, Member
Dr. Ed White, Member
Dr. Pat J. White, Member



506 Holly Avenue, Post Office Box 477
Logan, West Virginia 25601
(304) 792-2060- Fax (304) 752-3711
Website www.logancountyschoolswv.com
An Equal Opportunity Employer

AFFIDAVIT OF CONCERNING SUSPENSION OR EXPULSION

I, _____, the parent/guardian, of _____, verify that I am the parent, custodian or legal guardian of the above named child. I further verify that said child is not currently under suspension or expulsion from attendance of any public or private school in West Virginia or any other state. I understand that providing false information on this document is a misdemeanor and as such punishable by a fine of up to \$1,000.00 and or up to one year in jail, as well as never being able to hold any office of honor, trust, or profit in this State, or serve as a juror. I further understand that any student that has been expelled under the provision of the West Virginia Code 18A-5-1a may not be admitted to any public school within the State of West Virginia until such expulsion expires.

Parent / Guardian Signature

STATE OF WEST VIRGINIA
COUNTY OF LOGAN

The foregoing instrument was acknowledged before me this _____ (Date)

by _____.

My commission expires _____

Notary Public _____

PARENT'S E-MAIL ADDRESS: _____

Grade _____

Homeroom Teacher: _____

**LOGAN COUNTY SCHOOLS
EMERGENCY INFORMATION AND PROCEDURE FORM**

Child's Name _____
Last Name First Name Middle Name

Date of Birth _____

Mailing Address _____
City State Zip Code Home Phone

(911 ADDRESS IF POSSIBLE) _____

Please Give Directions To Your Home (include name of street and house number is available) _____

Parent or Guardian Employment Information:

Name Place of Employment Position Held Telephone Number

Father _____

Mother _____

Guardian _____

Marital Status of Parents Married _____ Divorced _____

List Anyone Who May Assume Responsibility For Your Child If You Cannot Be Reached

Name Address Relationship Telephone Number

In Case My Child Becomes Seriously Ill Or Injured At School And I, Or Other Named On This Form Cannot Be Reached, Take My Child To:

Physician Name Office Address Telephone Number

Dentist _____

Hospital _____

If School Must Be Closed During The Day, I Have Instructed My Child To:

_____ Come Straight Home

_____ Go Home With _____ (Other Students or Parents & Telephone)

_____ Go To Neighbor's _____ (Name & Telephone)

_____ Wait At School To Be Picked Up

_____ Other (Specify) _____

In Case of Emergency, Illness, Or Accident to My Child, Proceed as Indicated Below: List Order of Action Desired (1-2-3-4-5)

- () Contact Father
- () Contact Mother
- () Take Child to Hospital Emergency Room
- () Contact Physician
- () Other (Specify) _____

Parent or Guardian Signature

Date

PLEASE TURN OVER TO COMPLETE FORM

MEDICAL PROBLEMS
(Check All That Apply To Your Child)

1. Congenital Heart - TYPE _____
2. Hemophilia _____
3. Hypertension _____
4. Leukemia _____
5. Cerebral Palsy _____
6. Epilepsy / Seizures / Last Seizure _____
7. Hydrocephalic _____
8. Migraine Headaches _____
9. Multiple Sclerosis _____
10. Hyperactive -ADHD _____
11. Hives _____
12. Eczema / Psoriasis _____
13. Lyme Disease _____
14. Diabetes _____
15. Hypoglycemia _____
16. Hyperthyroidism _____
17. Hypothyroidism _____
18. Diagnosed Visual Impairment _____
19. Diagnosed Hearing Impairment _____
20. Anorexia _____
21. Bulimia _____
22. Crohn's Disease _____
23. Ulcers _____
24. Celiac Disease _____
25. Pancreatitis _____
26. Colitis _____
27. Diagnosed Behavioral Disorder _____
28. Autism _____
29. Down's Syndrome _____
30. Tourette's Syndrome _____
31. Dwarfism _____
32. Amputation (Missing Limbs) _____
33. Juvenile Rheumatoid Arthritis _____
34. Congenital Hip _____
35. Lordosis, Kyphosis, Scoliosis _____
36. Muscular Dystrophy _____
37. Spina Bifida _____
38. Chronic Substance Abuse _____
39. Asthma _____
40. Mononucleosis _____
41. Anaphylactic Reaction _____
42. Chronic Bronchitis _____
43. Cystic Fibrosis _____
44. Renal Disease _____
45. Bladder Incontinence _____
46. Wears Prosthesis _____
47. Diagnosed Orthopedic Impairment _____
48. Allergies _____
49. Limited Activities Due To Physical Defects _____
50. Other _____

Activity _____ Limited _____ Unlimited _____

Glasses _____ Contacts _____ Surgery _____
Type _____ Hearing Aid _____

Tobacco _____ Alcohol _____ Drugs _____
Severe _____ Mild _____

Severe Due To Bee Sting Which Requires Injection _____

Type _____
Type _____ Crutches / Braces _____
Seasonal _____ Food _____ Medicine _____ Other _____
Type _____

ANY ILLNESS THAT IS CHECKED, WRITE THE NUMBER AND ANY MEDICATION THAT IS PRESCRIBED AS WELL AS THE DOCTOR WHO IS TREATING THE CHILD. (Example #39 Asthma - Preventil Inhaler - Every 6 hours as needed - Dr. Adkins)

_____ Yes, I give permission for information stated on this form to be released to school personnel

_____ No, I do not give permission for information stated on this form to be released to school personnel

Parent Guardian Signature

**LOGAN COUNTY SECONDARY SCHOOLS
TRANSFER OF STUDENTS**

Name of Students _____ HomeRoom _____
(Last) (First) (M.I.)

Name of Parent/Guardian _____

Circle Present Grade in School: 5 6 7 8 9 10 11 12 Date of Birth _____

Old Address _____

New Address _____

Date of Last Attendance _____ Date of Transfer _____

Transferred from _____ School

Transferred to _____ School

Address _____

CURRENT PROGRESS AND/OR GRADES

If the ten weeks period of instruction is not completed, please give an estimated grade. Record Under Grades to Date column.

Subject	1 st 9 wks	2 nd 9 wks	1 st Sem	3 rd 9 wks	4 th 9 wks	2 nd Sem	Grades to Date	Books Returned	
								Yes	No

Librarian** _____
(signature)

Lunch Secretary** _____
(signature)

****Signatures and initials signify that the student has checked out with you, returned appropriate books/materials and does not owe any library fines and breakfast/lunch bills. If money is due, please note.**

For Cumulative Records, Direct Request to:

WVEIS ENROLLMENT/TRANSFER/WITHDRAWAL CODES

Enrollment Codes

Description

EA	IN COUNTY PUBLIC EDUCATION
EB	IN COUNTY NON-PUBLIC EDUCATION
EC	ENROLLED PART TIME
ED	PREVIOUS DROPOUT RE-ENROLLING
EF	ENTERING FROM OUT OF THE UNITED STATES
EG	ENROLLED IN ADULT GED AFTER DROPPING OUT
EH	ENTERING FROM HOM SCHOOL (FULL TIME)
EM	MOUNTAINEER CHALLENGE ACADEMY
EX	ENROLL FOREIGN EXCHANGE STUDENT
EZ	ENROLL SCHOOL CHOICE (TITLE 1-NCLB)
E0	OUT OF STATE—PREVIOUSLY IN STATE
E1	IN STATE PUBLIC EDUCATION
E2	IN STATE NON-PUBLIC EDUCATION
E3	OUT OF STATE PUBLIC EDUCATION
E4	OUT OF STATE NON-PUBLIC EDUCATION
E5	RESIDES IN ANOTHER COUNTY
E6	RESIDES IN ANOTHER STATE
E7	NON CLASSIFIED OR HOME EDUCATION
E8	PROMOTION DEFAULT ENROLLMENT VALUE
E9	OTHER ENROLLMENT REASON

*EN- Enroll Chestnut
Mountain Ranch*

Transfer Codes

Description

TA	PRE-KINDERGARTEN STUDENT WHO WITHDREW
TB	IN COUNTY—NON PUBLIC EDUCATION
TG	EARLY GRADUATE
TH	IN COUNTY—HOME SCHOOL
TM	TRANSFERRED TO MOUNTAINEER CHALLENGE ACADEMY
TP	TRANSFER PERSISTENTLY DANGEROUS POLICY 4373
TS	SUMMER SCHOOL GRADUATE
TX	WITHDRAW FOREIGN EXCHANGE STUDENT
TY	TRANSFER VICTIM OF VIOLENT CRIME POLICY 4373
TZ	TRANSFER SCHOOL CHOICE (TITLE 1—NCLB)
T1	TRANSFERRED WITHIN COUNTY
T2	TRANSFERRED OUT OF COUNTY
T3	TRANSFERRED OUT OF STATE
T4	TRANSFERRED OUT OF THE UNITED STATES
T5	DECEASED STUDENT

TN Withdraw Chestnut Mountain Ranch

WITHDRAWAL CODES ON BACK

WITHDRAWAL CODES DESCRIPTION

01	ACADEMIC DIFFICULTY
02	BEHAVIOR DIFFICULTY
03	DISLIKE OF SCHOOL EXPERIENCES
04	ECONOMIC REASONS
05	EMPLOYMENT
06	EXCEEDED ALLOWABLE ABSENCES
07	FAMILY CARE RESPONSIBILITY
08	LACK OF APPROPRIATE CURRICULUM
09	LACK OF INTEREST OR MOTIVATION
10	MARRIAGE
11	PREGNANCY
12	MARRIAGE/PREGNANCY
13	NEEDED AT HOME
14	PARENTAL INFLUENCE
15	PHYSICAL ILLNESS/DISABILITY
16	POOR PUPIL-STATE RELATIONSHIP
17	POOR RELATIONSHIP WITH FELLOW PUPILS
18	TRANSPORTATION DIFFICULTY
19	UNKNOWN
20	OTHER
21	EXPELLED—COUNTED AS DROPOUT
22	COMPLETED FEEDER SCHOOL—DID NOT ENTER HS

Logan County Schools
Drop / Transfer Checklist

School: _____ Student Name: _____ Grade: _____

- _____ Notified by student/parent/other that student is leaving the school.
- _____ Request for records from _____.
- _____ Transfer of students form (fill out & give to student to take to all teachers to check off books returned and for current grades.)
- _____ From WVEIS, print 2 copies of grades, absences, family information, schedule. Place one copy in records and one to mail to receiving school.
- _____ Get records from file cabinet
- _____ Copy records, including I.E.P., psychological, birth certificates, SAT, shot records, Assessment results and any other pertinent forms.
- _____ Record drop / transfer in drop / transfer notebook.
- _____ Mail copy of records to new school. If within county, send original records to the receiving school.
- _____ Drop student from WVEIS.
- _____ Place records in Drop cabinet (except for in county transfers – original goes to receiving school).
- _____ Notify teachers of student on drop / transfer form.
