



School Use Only

WVEIS # _____
AM Bus # _____
PM Bus # _____
AM Walker Yes No
PM Walker Yes No

STUDENT INFORMATION 2020-2021

School _____

Student Name _____ Grade _____ Sex _____
First Middle Last

Mailing Address _____ Student E-mail _____

City _____ State _____ Zip _____ Home Phone (_____) _____
(Home Phone is used for SchoolMessenger)

Home Room Teacher _____ Birth date (MM/DD/YY) _____ / _____ / _____

Birthplace (City, State, Country) _____

NOT born in any State (State refers to the 50 states, DC and Puerto Rico) **Yes** _____ **No** _____

Attended **less than 4 full U.S.** academic years (circle one) **3, 2, 1, 0**

Race: (Circle all that apply) White Black Hispanic Asian American Indian/Alaskan Native Pacific Islander

Transportation: Is student a walker? Yes _____ No _____ Bus: Morning Bus # _____ Afternoon Bus # _____

Year entered this school _____ Name of school last attended _____

Home District & School (other than Marion County) _____

If out of area, parent has completed and returned the Student Transfer Form to school. Yes _____ No _____

Name of siblings, school they attend and grade: _____

Father/Guardian _____ Cell No. (_____) _____

Place of Employment _____ Work No. (_____) _____

Mother/Guardian _____ Cell No. (_____) _____

Place of Employment _____ Work No. (_____) _____

Father/Guardian E-mail _____ Mother/Guardian E-mail _____

Mother's Maiden Name (Last Only) _____

The student lives with father mother father& mother a relative, friend(s) or other adult an adult who is not the parent or guardian alone with no adults.

Every Student Succeeds Act – Title IX, Part A – Education for the HOMELESS

Where is the student living now?

in a shelter in a car in a campsite in a motel/hotel/efficiency apartment with more than one family in a house or apartment with friends or family members (other than parent/guardian) None of these choices.

Does the living arrangement checked above result from the loss of housing or economic hardship?

Yes No Unsure

Today's date: _____

Student Name: _____

Physical Address and Directions to the student's house: _____

In order to safeguard your child's safety, we need your assistance in providing names and signatures of those to whom the school may release your child. If parents are separated or divorced, we need a copy of the total court order awarding custody of the child. Please do not call the office to change this form, you must stop at the school office and submit a new form in total to change the information below.

1 _____
Please Print Name of Father/Guardian Signature
Home # _____ Cell # _____ Work # _____

2 _____
Please Print Name of Mother/Guardian Signature
Home # _____ Cell # _____ Work # _____

3 _____
Please Print Name of Other/Relationship Signature
Home # _____ Cell # _____ Work # _____

4 _____
Please Print Name of Other/Relationship Signature
Home # _____ Cell # _____ Work # _____

Health / Emergency Care Information

Medical concerns _____

Medications / Procedures that my child may need to have at school _____

Medications taken at home on a regular basis _____

List any allergies to medications, food, substances, and/or insect stings that may cause difficulty breathing _____

Student's Doctor _____ Student's Dentist _____

Please contact your school nurse for any other health concerns that you may wish to discuss.

ASBESTOS IN SCHOOLS

The Marion County Board of Education has had all of its schools inspected for asbestos to comply with Federal AHERA regulations. The MANAGEMENT PLAN outlining what materials contain asbestos is available in each school's Administrative Office and in the Maintenance Office for the Board of Education. This plan is available for review, but cannot be removed from the premises.

Student Name: _____

Supports / Entitlements

Americans with Disabilities Act, Section 504 and Individuals with Disabilities Education Act

Does student have an IEP _____ Yes _____ No. Does student have a 504 Plan _____ Yes _____ No.

Title III – English As A Second Language

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

EMERGENCY DISMISSAL PLAN

If school is dismissed early for any reason, my child is to be dismissed as follows. **(Check One)**

_____ Ride the bus home or to day care or to the babysitter as usual. _____ Walk home as usual.

_____ Will be picked up at school by Parent/Guardian as usual. _____ Other. (describe below)

Please describe in detail what your child is to do and where he/she is to go when dismissed and provide general directions from the school to the alternate location. (Ex. Pick up by neighbor, John Doe – 1-304-111-2222)

PLEASE BE SURE THAT YOU HAVE DISCUSSED THIS PLAN WITH YOUR CHILD

In the case of a true emergency, last minute phone calls to any parent from the school or to the school by a parent are not an appropriate way to plan for the full safety of our students and your child.

POLICY & ADMINISTRATIVE REGULATIONS

Policy & Administrative Regulations are for informational purposes only and do not constitute an agreement with students or parents regarding the contents therein. The school system reserves the right to modify policies governing the operation of the school at any time such changes are considered necessary. Your signature at the end of this form will indicate that you have received the regulations in a folder, agenda, handbook, or in some way that the school has disseminated them. If you have not received them, please contact the school.

PARENTAL PERMISSION FOR SPECIAL PARTICIPATION

Dear Parents:

During the course of the school year, there may be many occasions for your child to take part in programs or activities, which might call for them to be photographed, videotaped, or appear in a news/TV article. This includes any website and social media owned and managed by MCBOE. Examples of those activities are: student of the month, bulletin boards, candid classroom photos that may appear in the school yearbook, PTA activities, sports, visits from the local newspaper or visits from the local TV stations. (This is not all inclusive.)

Please indicate your preference by checking the appropriate space below.

Permission is given to participate.

Permission is not given for the student to participate.

Student Name: _____

SchoolMessenger Emergency Notification Service

The Marion County Board of Education Emergency Notification Service, known as SchoolMessenger, allows school districts to easily use their daily uploaded WVEIS data to quickly reach targeted groups of parents and staff through several channels including voice message and website posting. SchoolMessenger, notifies parents or guardians for various reasons including, but not limited to school delays, closings or early dismissals, fire, medical, environmental, weather, acts of terrorism, police emergencies, floods or any other circumstance that may be considered for emergency notification.

Every employee and enrolled student in Marion County Schools are automatically uploaded in the calling system with their home phone or main contact number. If you are not receiving calls, please **notify your school** so that they can make a change in the phone number in the West Virginia Education Information System (WVEIS). Please be prompt in updating contact information anytime a phone number or address is changed. It is preferred that any change be made in writing with a parent signature and date.

PESTICIDE NOTIFICATION REQUEST

According to Title 61, Legislative Rules, Series 12J, Integrated Pest Management Programs in Schools and Day Care Centers, it is my responsibility as a school administrator to notify you of your right to be informed of the application of Level 3 and Level 4 pesticides in our school.

Definitions:

“Pesticide” means the insecticides or herbicides that are to be sprayed in or around a building and the adjacent board-owned playgrounds utilized by a school, and that are used to protect the safety of the buildings occupants from the damage of stinging, biting, and disease carrying rodents and insects.

“Level 3 pesticide” means a pesticide which has a Federally Registered Caution Label that is registered for use in or around public buildings, schools, and commercial kitchens and that are applied as a crack and crevice application and/or spot treatment. This level has a four (4) hour re-entry period and is usually done after hours or when the affected areas can be closed off. (Students and employees could not re-enter this area for four (4) hours after the pesticide application.) Exposure to building occupants is minimal.

“Level 4 pesticide” means a product which is registered for use in or around public buildings, schools, and commercial kitchens and is applied as either a broadcast treatment or as a space treatment. This product will display either a caution or danger notice on the label. This level of treatment has an eight (8) hour re-entry period in most cases and is usually performed when the school is closed.

If you wish to be informed twenty-four (24) hours or more in advance of the application of Levels 3 and 4 pesticides in our school, please sign and return the form below.

I **wish** to be informed at least twenty-four (24) hours in advance of a Level 3 or a Level 4 pesticide application at my child’s school.

Parents and students need to be aware that all courses receiving high school credit have an effect on the calculation of a student’s cumulative grade point average and class rank.

If any of the information changes on this form at any time, please notify the school in writing of the change with a parent signature and date.

Parent Signature

Date