New Student Registration

Students who were <u>not</u> enrolled in any Clay County Schools last year must register at their home school before registering for virtual school. Parents or guardians who wish to enroll new students must accompany their child to the school and have in their possession the following:

- 1. Valid birth certificate
- 2. Immunization record
- 3. Proof of guardianship (only if there is a question of joint custody or if custody is being transferred)
- 4. It would be helpful but not necessary, if the student could bring a copy of their last report card. This registration is only for students who were not enrolled in Clay County last year.

REGISTRATION STATEMENT REQUIRED BY WEST VIRGINIA CODE §18-5-15f

(PUPIL NOT CURRENTLY UNDER SUSPENSION OR EXPULSION)

| I, | , do hereby swear/affirm that |
|--|---|
| (pupil's parent, guardian, or custodian) | |
| (name of pupil) | _ is not, at this time, under suspension or |
| expulsion from attendance at a private or public school | l in West Virginia or any other state. |
| Pupil's Pa | arent, Guardian, or Custodian |
| STATE OF WEST VIRGINIA, COUNTY OF CLAY, to-wit: The foregoing instrument was acknowledged be | efore me this day of |
| | |
| (SEAL) | Notary Public |



CLAY COUNTY SCHOOLS

P.O. BOX 120 • 285 CHURCH STREET • CLAY, WEST VIRGINIA 25043 Telephone (304) 587-4266 • Fax (304) 587-4181 • www.claycountyschools.org

Joe Paxton, Superintendent Joan Haynie, Assistant Superintendent

BOARD OF EDUCATION

Dave Mullins President David Pierson, Vice President Susan Bodkins, Member Morgan Triplett, Member Cheryl White, Member

TO SPECIAL EDUCATION DIRECTOR:

| TO SPECIAL EDUCATION DIRECTOR: |
|--|
| I state that my child, |
| whose date of birth is, has an IEP in place at |
| School and give the Clay County Schools Office of Special Education permission to place my child in the |
| placement deemed most appropriate until a transition meeting can be scheduled. I believe the exceptionality to |
| be one or more of the following: |
| ☐ Learning Disability |
| □ Mentally Impaired |
| ☐ Behavior Disorder |
| □ Autism |
| □ Speech Impairment |
| □ Vision Impairment |
| □ Gifted |
| □ No Services Requested |
| |
| Parent/Guardian's Signature Date |
| |

Telephone Number



CLAY COUNTY SCHOOLS

Clay County High School 1 Panther Drive Clay, WV 25043 Clay County Middle School 419 Church Street Clay, WV 25043

| Big Otter Elementary |
|----------------------|
| 59 Ossia-O'Brien Rd. |
| Duck, WV 25063 |
| |

Clay Elementary 151Church St. Clay, WV 25043 Lizemore Elementary 100 Lizemores Lions Rd. Lizemores, WV 25125

H.E. White Elementary 501 Bomont Road Bomont, WV 25030

| To: | |
|--|---|
| (Name of Previous | is School) |
| Address: | |
| Phone: | Fax: |
| Student: Middle Name | |
| First Name Middle Name | Last Name |
| Current Grade: | Date of Birth: |
| I hereby authorize you to release to the party or parties na school records of the above-named student. I understand that this form grants you permission to release | |
| named student. | confidential information in the records of the above |
| Name of Parent/Guardian: | |
| *Signature of Parent/Guardian: | Date: |
| Please release the following information to the appropriate | address above: |
| □ Official Transcript □ Grades to date of withdrawal □ An explanation of your grading system □ Attendance Record □ Discipline Records, if applicable □ Most recent eligibility report, most recent psychological evaluation, and most recent IEP, if applicable | □ Test Scores □ Birth Certificate □ Social Security Card □ Immunization Record □ <u>WV Schools Only</u> : Drop to Unassigned Pool |
| Previously Enrolled in any Clay County Schools? | Yes No (Circle One) |

*Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Volume 41, No. 118, page 24673, reads in part:

999.31 Prior consent for disclosure not required.

(a) An education agency or institution may disclose personally identifiable information from the education records of a student without the written consent of the parent of the student or the eligible student if the disclosure is to other school officials, including teachers within the education institution who have legitimate educational interest; to officials of another school or school system in which the student seeks or intends to enroll, subject to the requirements set forth in 99-34.

HOME LANGUAGE SURVEY

| Stude | ent Name: | _ Birth Date: | Sex: | ■ Male | ☐ Female |
|--------|---|---------------|------|------------|----------|
| Parer | nt/Guardian Name: | | | | |
| Addre | ess: | | | | |
| | e Telephone: | | | | |
| Scho | ol: | Grade: | Date | : | |
| | ral and state laws require the following information be collected a Iment in the school district. Please complete a survey for each ch | | | ry student | upon |
| 1. | What language did your child learn when he/she first began to t | alk? | | | |
| 2. | What language does your child most frequently speak at home? | ? | | | |
| 3. | What language is spoken by you and your family most of the tin | ne at home? | | | |
| profic | inguage other than English is indicated for any of the above ques siency to determine eligibility for initial and continuing placement i t the results of this testing. | | | | |
| 4. | If available, in what language would you prefer to receive inform from the school? | nation | | | |
| | | | | | |
| | Parent or Guardian's Signature | Date | | | |