



# CLAY COUNTY SCHOOLS ENROLLMENT

SCHOOL: \_\_\_\_\_ Grade \_\_\_\_\_

STUDENT WVEIS NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Other

BIRTH: \_\_\_\_\_  
Birth Date Age Place of Birth: City State Gender

STUDENT'S HOME PHONE: \_\_\_\_\_ UNLISTED: \_\_\_Yes \_\_\_No

LIVES WITH: (Check all that apply) \_\_\_Both Parents \_\_\_Mother only \_\_\_Father only \_\_\_Grandparent(s)  
\_\_\_Other (please specify) \_\_\_\_\_

NAME: \_\_\_\_\_  
Last Name First Name Middle Name Relationship Phone

\_\_\_Not Military \_\_\_Air Force \_\_\_Army \_\_\_Coast Guard \_\_\_Marines \_\_\_Navy  
\_\_\_Active Duty \_\_\_National Guard \_\_\_Reserve \_\_\_Active Guard Reserve \_\_\_Standby Reserve \_\_\_Retiree/Veteran

NAME: \_\_\_\_\_  
Last Name First Name Middle Name Relationship Phone

\_\_\_Not Military \_\_\_Air Force \_\_\_Army \_\_\_Coast Guard \_\_\_Marines \_\_\_Navy  
\_\_\_Active Duty \_\_\_National Guard \_\_\_Reserve \_\_\_Active Guard Reserve \_\_\_Standby Reserve \_\_\_Retiree/Veteran

PHYSICAL HOME ADDRESS: \_\_\_\_\_  
House Number Street Name  
City State Zip Code

MAILING ADDRESS IF DIFFERENT THAN PHYSICAL ADDRESS: \_\_\_\_\_  
City State Zip Code

FATHER'S WORK NUMBER(S): \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S WORK NUMBER(S) \_\_\_\_\_ CELL \_\_\_\_\_

PRIMARY EMAIL : \_\_\_\_\_ SECONDARY EMAIL: \_\_\_\_\_

HAVE YOU PREVIOUSLY ATTENDED A SCHOOL IN CLAY COUNTY? \_\_\_\_\_

IF SO, WHICH SCHOOL? \_\_\_\_\_ LAST YEAR ATTENDED? \_\_\_\_\_

ETHNICITY: What is your race? \_\_\_White \_\_\_Black/African American \_\_\_Asian  
\_\_\_American Indian/Alaska Native \_\_\_Native Hawaiian/Pacific Islander \_\_\_Hispanic

Does your child speak a language other than English? \_\_\_Yes \_\_\_No If yes, which language? \_\_\_\_\_

Does either parent speak a language other than English in the home? \_\_\_Yes \_\_\_No If yes, which language? \_\_\_\_\_

What is the main language used in the home? \_\_\_\_\_ What language did the student speak first? \_\_\_\_\_

What language is most often spoken by the student? \_\_\_\_\_

TRANSPORTATION (BUS NUMBER) \_\_\_\_\_ Driver \_\_\_\_\_ IN WHAT COUNTY DO YOU LIVE? \_\_\_\_\_

Mark the one that best describes student's housing situation: \_\_\_adequate \_\_\_inadequate (substandard conditions  
or no water or no electricity or lack of heating) Where is student living now? (Check all that apply.)

\_\_\_ In a shelter \_\_\_In a motel/hotel \_\_\_ In a car \_\_\_ In a camper or campsite \_\_\_ Doubled Up

\_\_\_ A public or private place not ordinarily used as a regular sleeping accommodation \_\_\_ None of these

EMERGENCY CONTACT: \_\_\_\_\_  
(FIRST NAME) (LAST NAME) (PHONE)

WHO IS ALLOWED TO SIGN YOUR CHILD OUT OF SCHOOL OTHER THAN PARENTS/GUARDIANS? For your child's safety,  
we will be asking for picture identification when anyone, including you, comes to get your child.

Federal law requires us to make sure you are informed of the contents of the school handbook, such as but not limited to the School-Home Compact and the Family Policy, which are located in the front of your student's agenda. In order to prove we have met this requirement, we need you to read the handbook and return this paper with your signature to your school. We appreciate your help in showing evidence that we have accomplished this.

Principal Student Signature Family Signature Date

Internet  
Acceptable Use Policy  
Clay County Schools

The goal in providing students at each school access to the computer network for Internet use and electronic mail is to promote educational excellence by sharing resources, exploration, innovation, and communication through our direct Internet connection. With this access, students also have accessibility to potentially offensive and controversial materials. However, the benefits to students from network access exceed the disadvantages. It is the responsibility of the students, parents, teachers, and administrators to insure that access to telecommunication networks and computers provided by the school system is not abused. Access to Internet services is a privilege given to students who agree to act in a considerate and responsible manner.

All network users at every Clay County School must abide by the following rules:

- Students must have Acceptable Use Policy Training (AUP) and turn in a completed AUP parental consent form.
- All student access must be related to class work and assigned by a teacher.
- Students or staff members are not to bring storage devices from outside school for use in school computers.
- All student access to online services will be supervised by a member of the school staff or the family during virtual school.
- Students or teachers will not take for granted that the librarian is willing or free to supervise.
- Because school computers are reserved for academic purposes, the school reserves the right to monitor all student activities, including e-mail, etc.
- The instructor must authorize printing of materials.
- Use of instant messaging by students or staff is not permitted.
- Users who see improper use of school technology must report it to the staff member supervising.
- Error messages are not to be ignored. Write them down verbatim.
- Hacking or attempting to hack any site without authorization is prohibited.

EXAMPLES OF UNAUTHORIZED USE INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

- Executing non-educational gaming.
- Creating, storing, sending, or viewing pornographic or other inappropriate material.
- Downloading, uploading and/or executing viruses.
- Using e-mail or user ID other than one's own.
- Misrepresenting an individual's identity or source of communication or data.
- Illegally accessing another person's data or private system files.
- Corrupting, destroying, deleting, or manipulating system data with malicious intent.
- Requesting that inappropriate material be transferred.
- Users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:
  - Be polite. Do not write abusive messages to others.
  - Use appropriate language.
  - Do not reveal the personal home address or phone numbers of students or colleagues.
  - Do not use the Internet in a way that would disrupt the use of the Internet by others.

Individuals are responsible for their own behavior when using school technology and must comply with policy standards. Violations may result in a loss of access as well as other disciplinary or legal action. No student may use school computers to access any web site or online service outside the school unless a consent and waiver form signed by the student and parent or guardian is on file in the office.

#### STUDENT AGREEMENT

I have read the Clay County Schools Acceptable Use Policy. I agree to follow the rules outlined in this policy. I understand that if I violate these rules my computer privileges may be terminated, and I may face other disciplinary measures including legal action.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

#### FAMILY AGREEMENT

As the responsible family of the minor child signed above, I grant permission for my child to access network computer services, such as the Internet and electronic mail. I understand that my child must behave responsibly and will be held accountable for all violations of the rules. I agree that the school will not be held liable if I am or my child is hurt or offended by gaining access to inappropriate material or other use of school technology.

Family Signature \_\_\_\_\_ Date \_\_\_\_\_

CLAY COUNTY SCHOOLS  
Student's Profile Sheet

Child's Name \_\_\_\_\_ Bus No. \_\_\_\_\_ WVEIS No. \_\_\_\_\_  
Last, First Middle

Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Child's Mailing Address \_\_\_\_\_  
Street or PO Box, City, State Zip

Child's Physical Address \_\_\_\_\_

Telephone (Parent/Guardian) \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Please circle. Living Deceased Divorced Please circle. Living Deceased Divorced

Step-Father's Name \_\_\_\_\_ Legal Guardian's Name(s) \_\_\_\_\_

Step-Mother's Name \_\_\_\_\_ Foster Parent Name(s) \_\_\_\_\_

Name of person with whom student lives \_\_\_\_\_

Does your child require Special Education Services? YES \_\_\_\_\_ NO \_\_\_\_\_

HEALTH HISTORY

Does your child have any of the following conditions?

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Allergies          | <input type="checkbox"/> Cystic Fibrosis     | <input type="checkbox"/> Hyperactive/ADHD    | <input type="checkbox"/> Seizure/Epilepsy        |
| <input type="checkbox"/> Anorexia/Bulimia   | <input type="checkbox"/> Depression          | <input type="checkbox"/> Intestinal problems | <input type="checkbox"/> Spina Bifida            |
| <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Leukemia            | <input type="checkbox"/> Sports injury/Fractures |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Ear infections      | <input type="checkbox"/> Multiple Sclerosis  | <input type="checkbox"/> Thyroid disease         |
| <input type="checkbox"/> Bladder infections | <input type="checkbox"/> Emotional problems  | <input type="checkbox"/> Pneumonia           | <input type="checkbox"/> Tourette's syndrome     |
| <input type="checkbox"/> Bleeding disorder  | <input type="checkbox"/> Headache            | <input type="checkbox"/> Prosthesis          | <input type="checkbox"/> Tuberculosis            |
| <input type="checkbox"/> Cancer             | <input type="checkbox"/> Heart problems      | <input type="checkbox"/> Scoliosis           | <input type="checkbox"/> Ulcers/GERD             |
| <input type="checkbox"/> Cerebral Palsy     | <input type="checkbox"/> Hearing problems    | <input type="checkbox"/> Severe Acne         | <input type="checkbox"/> Vision problems         |
| <input type="checkbox"/> Chicken Pox        | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sinus problems      | <input type="checkbox"/> Weight problems         |

Describe any other health problems. \_\_\_\_\_

List any surgeries. \_\_\_\_\_

List any activity restrictions. \_\_\_\_\_

List daily medications. \_\_\_\_\_

Will student need to take medication at school? YES \_\_\_\_\_ NO \_\_\_\_\_

Will student need special health care procedures at school? YES \_\_\_\_\_ NO \_\_\_\_\_

Describe procedure. \_\_\_\_\_

DOES YOUR CHILD HAVE SEVERE REACTIONS TO BEE STINGS REQUIRING AN INJECTION OF MEDICATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IN THE EVENT OF SERIOUS ACCIDENT OR ILLNESS, EMERGENCY MEDICAL SERVICES WILL BE CALLED.  
THE STUDENT WILL THEN BE TRANSPORTED TO THE NEAREST HOSPITAL AT THE PARENT'S EXPENSE.

This information, along with my child's immunization record, may be shared with school personnel, wellness center personnel, and other health professionals pertinent to my child's health. My child's immunization record can be shared with the West Virginia Statewide Immunization Information System.

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

**FERPA/HIPAA CONSENT**

**AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN DENTAL/MEDICAL PROVIDERS and SCHOOL DISTRICTS**

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal laws (including HIPAA) concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

**USE AND DISCLOSURE INFORMATION:**

Patient/Student Name: \_\_\_\_\_  
Last First MI Date of Birth

I, the undersigned, do hereby authorize (name of agency and/or health care providers):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

to provide health information from the above-named child's medical record to and from:

Clay County Schools PO Box 120 Clay, West Virginia 25043

School District to Which Disclosure is Made Address / City and State / Zip Code

Alicia Johnson, Jennifer Moore, or Lindsay Schoolcraft 304 587 4266

Contact Person at School District Area Code and Telephone Number

The disclosure of health information is required for the following purpose:

Requested information shall be limited to the following:

All minimum necessary health information; or  Disease-specific information as described:

**DURATION:**

This authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ (enter date) or for one year from the date of signature, if no date entered.

**RESTRICTIONS:**

Law prohibits the Requestor from making further disclosure of my health information unless the Requestor obtains another authorization form from me or unless such disclosure is specifically required or permitted by law.

**YOUR RIGHTS:**

I understand that I have the following rights with respect to this Authorization: *I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the school district/health care agencies/persons listed above. My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance to this Authorization.*

**RE-DISCLOSURE:**

I understand that the Requestor (School District) will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate and least restrictive educational settings and school health services and programs.

I have a right to receive a copy of this Authorization. Signing this Authorization may be required in order for this student to obtain appropriate services in the educational setting.

**APPROVAL:**

\_\_\_\_\_  
Printed Name Signature Date  
\_\_\_\_\_  
Relationship to Patient/Student Area Code and Telephone Number

CLAY COUNTY SCHOOLS STUDENT RESIDENCY QUESTIONNAIRE  
Date \_\_\_\_\_ School \_\_\_\_\_

*By completing this questionnaire, you help the county comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the county identify services that the student may be eligible to receive. Please contact the school if you would like additional McKinney-Vento information.*

Student Name: \_\_\_\_\_

Parent(s)/Legal Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_  Same as Student Profile Sheet

Telephone # \_\_\_\_\_  Same as Student Profile Sheet

1. Mark the one that best describes student's housing situation: \_\_\_adequate \_\_\_inadequate (substandard conditions **or** no water **or** no electricity **or** lack of heating)

2. Where is student living now? (Check all that apply.)

- In a shelter  In a motel/hotel  In a car  In a camper or campsite
- Doubled up-Your family and other relative(s) (i.e. grandparent, aunt, uncle, cousin) other than parents, siblings live in the same house.
- With someone **other** than parent/guardian
- A public or private place not ordinarily used as a regular sleeping accommodation
- Alone with no adults available
- None of the above

3. Is your current address a temporary living arrangement? \_\_\_Yes \_\_\_No

4. If yes, is this temporary living arrangement due to loss of housing or economic hardship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

5. The student lives with:

- 1 parent  2 parents  1 parent and another adult  grandparents
- a relative, friend(s) or other adults  alone with no adults
- an adult other than a parent/legal guardian

The answers above can also help determine free lunch status.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

**\*\*\*CONFIDENTIALITY IS ESSENTIAL FOR THIS PROGRAM\*\*\***This form will be kept private and strictly confidential. Please sign and return a copy of this form to the principal or fax to 304-587-4181. If an envelope is included, please seal and return to the Principal of your child's school.



# CLAY COUNTY SCHOOLS

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Clay County High School  
1 Panther Drive  
Clay, WV 25043  
304 587 4226

Clay County Middle School  
419 Church Street  
Clay, WV 25043  
304 587 2343

## Virtual School Contract

### Family Responsibilities

- Ensure a successful virtual experience by providing structure, guidance, support, and encouragement.
- Ensure student has a device with reliable internet accessibility.
- Set up a parent account in Live Grades at <http://livegrades.com> to monitor grades.
- Provide assistance to the student in trouble-shooting computer problems or answering course related questions.
- Complete Enrollment Packet at in-person school and submit documentation of required immunizations and health screenings.
- Communicate regularly with virtual teachers and respond to each teacher's email or communication within 24 hours.
- Notify the school as soon as an issue arises.
- Provide a specific location free of distractions that allows for monitoring of the students' on-line activities to ensure that they are working on schoolwork or attending live lessons if applicable.
- Help students develop a schedule for each week. The week runs from Saturday to Friday. It is recommended for students to use a written schedule of assignments and cross off each assignment as it is completed.
- Make sure students complete all course work three days prior to the end of each grading period.
- Review student's work before it is submitted ensuring it is the student's original work.
- Take advantage of extended day and extended year programs.
- Ensure students participate in all required school-wide and Statewide Assessments at their local schools.

### Student Responsibilities

- Ensure a successful virtual experience.
- Have access to a device with reliable internet accessibility.
- Comply with WV Policy 2460 as well as the County's Acceptable Use Policy.
- Be comfortable using the Internet as means to communicate learning needs and challenges as well as to research.
- Learn and apply new software applications.
- Check my [@stu.k12.wv.us](mailto:@stu.k12.wv.us) email and Live Grades daily and respond to teachers' emails and correspondences within 24 hours, Monday-Friday.
- Log into each course daily (Monday-Friday).
- Troubleshoot computer issues with my family and notify teacher as soon as an issue arises.
- Follow the course expectations and pacing guide listed for each of my classes and devote a minimum of thirty hours per week to my on-line classes. The week runs from Saturday to Friday.
- Prioritize tasks, organize assignments, and manage time to complete assigned work before the deadline.
- Complete all my course work three days prior to the end of each grading term.
- Work independently and submit my original work using the proper citations when needed. I understand that plagiarism is illegal and will not be accepted.
- Take advantage of extended day and extended year programs.
- Participate in all required school-wide and Statewide Assessments at my local school.

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Family Signature and Date

Student Signature and Date