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 cus	etodian)
(name of pupil)	is not, at this time, under suspension or
expulsion from attendance at a private	or public school in West Virginia or any other state.
_	Pupil's Parent, Guardian, or Custodian
STATE OF WEST VIRGINIA, COUNTY OF CLAY, to-wit:	
	cknowledged before me this day of
_	N. D. LL
(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

BOARD OF EDUCATION

Philip Dobbins, Superintendent E. Michelle Samples, Ed.D., Assistant Superintendent Phoebe Nichols, President Brooke Jones, Vice President David W. Pierson, Jr., Member Susan Bodkins, Member Lolita Nutter, Member

TO	CDECIVI	EDITO	TION	DIDECTOD.

TO SI ECIAL 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
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	151Church St.	Lizemore Elementary 100 Lizemores Lions Rd. Lizemores, WV 25125	H.E. White Elementary 501 Bomont Road Bomont, WV 25030			
To:	(Nama a	of Previous School)				
A 11						
Phone:		Fax:				
Student:						
Student: First Name	Middle 1	Name	Last Name			
Current Grade:	rrent Grade:Date of Birth:					
named student.		release confidential informa	ation in the records of the above-			
			Date:			
Please release the following	g information to the appro	opriate address above:				
 □ Official Transcript □ Grades to date of withdra □ An explanation of your gr □ Attendance Record □ Discipline Records, if approximate the contract of the c	rading system	☐ Test Scores ☐ Birth Certificate ☐ Social Security Ca ☐ Immunization Red ☐ <u>WV Schools Only</u> ogical e	ard cord Drop to Unassigned Pool			

*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:

Yes

(Circle One)

No

999.31 Prior consent for disclosure not required.

Previously Enrolled in any Clay County Schools?

(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			