



University High School  
131 Baker's Ridge Road  
Morgantown, WV 26508

Student's Name \_\_\_\_\_

Date: \_\_\_\_\_

Registrar: \_\_\_\_\_

*UHS Counselor working with new student*

**Requirements for New Enrollments**

**Both for in state and out of state**

\_\_\_\_\_ WVEIS Form

\_\_\_\_\_ LIVE Birth Certificate\*

\_\_\_\_\_ Immunizations

\_\_\_\_\_ 1<sup>st</sup> Proof of Enrollment\*\* is \_\_\_\_\_ (type of proof)

\_\_\_\_\_ 2<sup>nd</sup> Proof of Enrollment\*\* is \_\_\_\_\_ (type of proof)

\_\_\_\_\_ TB Form (NOT Mon County)

\_\_\_\_\_ Records Request    Date sent: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Live Birth Certificate will say Vital Registration or Vital Statistics on it.

\*\*Proofs of Residency must be attached to the PHYSICAL address such as a utility bill, lease or rental agreement, house deed, etc. Any other document(s) must be approved by Mrs. Greene.

**Current or Incoming Seniors** – MUST have the following shots: Tdap **AND** a second dose of Meningococcal Vaccine. If the first dose of the Meningococcal Vaccine was received after age 16, then only one dose is required.

Per WV Senate Bill 424 and H.B. 2669 effective May 25, 2015, new students from out of state are not required to have a TB screening done for entry into Monongalia County Schools.

New students from high epidemic Countries will still be required to have a TB screening done prior to **beginning school** in Monongalia County.

# Monongalia

## COUNTY SCHOOLS

### STUDENT DATA COLLECTION FORM WVEIS 2019-2020

**School** \_\_\_\_\_ **WVEIS #** \_\_\_\_\_  
**Date** \_\_\_\_\_ OFFICE USE

**Please Print** Please check box if student is new to this school

<b>Student Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Other</b>
* (must match Birth Certificate)			
<b>GENDER</b> _____	_____/_____/_____	_____	_____
Male or Female	Date of Birth	Birthplace	City and State or Country

<b>Class</b> (0K,01,02,03,04,05,06,07,08,09,10,11,12) _____	<b>Social Security Number</b> _____
<b>Transferred From</b> (previous school/state etc.) _____	<b>Home Phone</b> _____ <b>Unlisted Y or N</b> _____

**Year of Graduation** \_\_\_\_\_ ( Class placement in fall of '17 matched with year of graduation )  
 12th-19; 11th-20; 10th-21; 9th-22; 8th-23; 7th-24; 6th-25; 5th-26; 4th-27; 3rd-28; 2nd-29; 1st-30; 0K-31

**Native Language** \_\_\_\_\_ (first language spoken)

- |                      |                           |                     |                      |                       |                    |              |
|----------------------|---------------------------|---------------------|----------------------|-----------------------|--------------------|--------------|
| AF=Afrikaans         | A1=Afro-Asiatic Lan       | AK=Akan             | SQ=Albanian          | AM=Amharic            | AR=Arabiic         | AS=Assamese  |
| HY=Armenian          | A2=Austronesian Languages |                     | BN=Bengali           | BS=Bosnian            | BG=Bulgarian       | MY=Burmese   |
| CA=Cambodian         | CB=Cebuano (Bisaya)       | CC=Chinese Cantones |                      | CM=Chinese (Mandarin) | CR=Creole (French) |              |
| CP=Creoles ENG/JA/KR | HR=Croatian               | CS=Czech            | NL=Dutch             | EN=English            | EE=Ewe             |              |
| ET=Estonian          | FJ=Fijian                 | FL=Filipino         | FR=French            | GR=German             | EL=Greek           | GU=Gujarati  |
| HW=Hawaiian          | HT=Haitian Creole         | HE=Hebrew           | HI=Hindi             | HM=Hmong              | HU=Hungarian       | IS=Icelandic |
| IG=Igbo              | IU=Inuktitut              | IT=Italian          | JA=Japanese          | KN=Kannada            | KA=Karen           | KK=Kazakh    |
| KM=Khmer Central     | KO=Korean                 | KU=Kurdish          | LA=Laotian           | LT=Lithuanian         | ML=Malayalam       | MA=Mandingo  |
| MR=Marathi           | MH=Marshallese            | ME=Mende (Kissi)    | MN=Mongolian         | NA=Navajo             | BE=Nepali          |              |
| OM=Oromo             | FA=Persian                | PN= Pohnpeian       | PO=Polish            | PT=Portuguese         | PA=Punjabi         | PS=Pushto    |
| RO=Romanian          | RU=Russian                | SR=Serbian          | SM=Somoan            | SN=Shona              | SD=Sindhi          | SI=Sinhalese |
| SK=Slovak            | SO=Somali                 | SP=Spanish          | SW=Swahili /Kiswahil |                       | SV=Swedish         | TL=Tagalog   |
| TA=Tamil             | TE=Telugu                 | TH=Thai             | TI=Tigrigna          | TO=Tonga              | TS=Tsonga          | TR=Turkish   |
| TW=TWI               | UK=Ukrainian              | UG=Uyghur           | UR=Urdu              | UZ=Uzbek              | VT=Vietnamese      | WO=Wolof     |
| YO=Yoruba            |                           |                     |                      |                       |                    |              |

**Race/Ethnic Data : Are you Hispanic ? Yes or No**

From the racial categories below, circle one or more races with which you identify.

**White                      Black                      Asian                      Amerind                      Pacific**

**Transportation** \_\_\_\_\_ 01=Bus Student    02=Non-Bus Student    03=Bus Student Paid    04=Non-Bus Student Paid

HR Teacher

Student Name

**IF APPLICABLE COMPLETE**

Student has "years attending school in any state."

(circle the one that applies)

3 + yrs      2 yrs      1 yr      less than 1 yr

**NOTE: ANY CUSTODY RESTRICTIONS MUST BE DOCUMENTED BY A COURT ORDER.  
A COPY OF COURT ORDER MUST BE PROVIDED TO THE SCHOOL OFFICE.**

Student lives with ( ) both parents ( ) mother ( ) father ( ) guardian

Parent/Guardian (Last, First, Middle) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address (No Post Office Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Pager ( ) \_\_\_\_\_

\*\*\*\*\*

Parent/Guardian (Last, First, Middle) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address (No Post Office Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Pager ( ) \_\_\_\_\_

**EMERGENCY INFORMATION**

Please identify person other than parent or guardian who could be contacted in case you cannot be reached. Anyone that is authorized to pick-up your child from school should also be listed.

**NAME** \_\_\_\_\_ **Relationship To Student** \_\_\_\_\_ **PAGER** \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**NAME** \_\_\_\_\_ **Relationship To Student** \_\_\_\_\_ **PAGER** \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**NAME** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_ **PAGER** \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**NAME** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_ **PAGER** \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

**EMERGENCY USE ONLY**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical Instructions \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Home Language Survey

1. What is the language used in the home, regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoke by the student ? \_\_\_\_\_
3. What is the language that the student first acquired ? \_\_\_\_\_
4. For developmental screenings and assessments:  
Does your child need an interpreter? \_\_\_\_ Yes \_\_\_\_ No

### Student/Family Residency Questionnaire

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Presently, are you and/or your family living in any of the following situations?

- in a shelter (family shelter, domestic violence shelter, youth shelter)
- waiting for foster care placement
- sharing the housing of others due to loss of housing, economic hardship or similar reason
- living in a car, park, campground, abandoned building, or other inadequate accommodations
- temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- living alone as a minor student(s) without an adult (unaccompanied youth)

*The undersigned parent/guardian certifies that the information provided above is accurate.*

\_\_\_\_\_  
PRINT (Parent/Guardian Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### School Principal:

If any box is checked, send copy of pages 1 and 4 to the Homeless Grant Coordinator, at Suncrest ADM/FED Programs.

#### Confidential Information

Is there a current **Order of Protection** or **No Contact Order** which concerns this student? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" a copy of the order must be provided to the school office.

