

Student ID#:

Date of Enrollment:

### 2020-2021 Doddridge County Middle School Registration Form

Address Change      Locker #: \_\_\_\_\_      Bus #: \_\_\_\_\_      Round #: \_\_\_\_\_

Name: \_\_\_\_\_  Male       Female      Grade: \_\_\_\_\_      Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street/PO Box/RFD)      (City)      (State)      (Zip)

Phone: \_\_\_\_\_  Unlisted      Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Place: \_\_\_\_\_ (City/State)      Resides in Doddridge County?  Yes  No  Board Approved

Email Address: \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
(School Name)      (City/State)

List of Siblings and School they attend: \_\_\_\_\_

Are there custody regulations/problems we should be aware of?  Yes      Please contact the Principal with the necessary legal papers so the school can be aware of any problems. *Be aware that we cannot deny access to this child or information concerning this child to any biological parent, unless there are court orders to the contrary.*

List those people who have permission to pick up your child from school. WE CANNOT LET YOUR CHILD GO WITH ANYONE THAT YOU HAVE NOT SPECIFIED. Those listed as emergency contacts need not be repeated. \_\_\_\_\_

Child Resides With:  Both Parents     Mother     Father     Stepmother     Stepfather     Foster     Other

Complete below if you are the Custodial Parent/Guardian:

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

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Complete below if the Non Custodial Parent/Guardian has shared custody:

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

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMERGENCY INFORMATION – Should your child become ill, involved in an accident, etc., and you cannot be reached, please list two (2) individuals to be contacted. You may list any other contacts as you wish on a separate sheet of paper.

Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

NATIVE LANGUAGE: \_\_\_\_\_

- EN-English      AS-Asian
- IT-Italian      JA-Japanese
- SP-Spanish      PO-Polish
- FR-French      GR-German
- OT-Other \_\_\_\_\_

ETHNIC GROUP: \_\_\_\_\_

- List ALL that apply
- A-Asian      W-White
  - B-Black      H-Hispanic
  - I-American Indian/Alaskan
  - P-Pacific Islander

TRANSPORTATION: \_\_\_\_\_

- 01-Bus Student
- 02-Non Bus Student
- 03-Bus Student Paid
- 04-Non Bus Student Paid

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? \_\_\_\_\_

#### McKinney-Vento Act

Is your current address a temporary living arrangement?  Yes  No

Is this temporary living arrangement due to a loss of housing or economic hardship?  Yes (If yes, complete remainder questions)

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/apartment     with friends/family members (other than parent/guardian)

a public or private place not used as a regular sleeping accommodation     none of the above

Please ensure that you notify the school with any address or phone number changes as soon as possible so student data is kept accurate.

**AUTHORIZATION FOR TREATMENT OF A MINOR**

I, \_\_\_\_\_ (Parent/Guardian), hereby authorize the Emergency Department personnel, school staff, the Emergency Department of the United Hospital Center, Ritchie Regional Health or the Doddridge County Medical Center to provide treatment for any medical emergency which my child, \_\_\_\_\_ should need in my absence or unavailability. I also agree that I will not hold any school staff member responsible for any liabilities concerning decisions of medical treatment made regarding my child. I also understand that in order to provide appropriate medical/health care, certain information will be disseminated to school staff members and emergency facilities/personnel in regard to the treatment of my child.

Parent/Guardian Signature and Date: \_\_\_\_\_

Physician Name and Phone Number: \_\_\_\_\_

Special Instructions For Emergencies: \_\_\_\_\_

Name of Insurance Covering Your Child: \_\_\_\_\_

**NOTE ABOUT MEDICATIONS**

Only prescription medication will be dispensed in the office. A release form is available in the office. The release must be completed for each prescription before it will be dispensed to the student. ALL medication must be in the original bottle with instructions.

Does your child have any physical handicaps? If yes, explain: \_\_\_\_\_

Does your child have any medical conditions or allergies requiring medication or special diet? If so, please describe below and personally contact the school with details. \_\_\_\_\_

If your child has an allergy to certain foods or milk, please contact Mrs. Deana Clark in the Child Nutrition Office at 304-873-2300. The appropriate forms for your doctor to complete will be made available so we can modify his/her diet.

**DISCLOSURE OF STUDENT INFORMATION**

From time to time, we are asked to provide "directory information" to military personnel, persons hired from grants or agencies who work with the school system to improve drop-out rates, attendance issues, provide job related work opportunities, or other legitimate educational interests. At times, pictures may be taken of students to publish in the newspaper, school newsletter, county website or other school related entity. If you would not like your child's information/picture to be disseminated, please contact the school in writing, within 10 days of registering you child.

**EMERGENCY DISMISSAL PLAN**

In the case of a true emergency dismissal, last minute phone calls to any parent from the school or to the school by a parent are not an appropriate or effective way to plan for the full safety of our students and your child. In order to help us ensure you child's safety, please be aware of weather conditions at all times. In the event of potentially hazardous conditions, alerts will be sent out via School Messenger, School App, as well as the utilization of various media outlets. **PLEASE BE SURE THAT YOU HAVE DISCUSSED ANY DISMISSAL PLANS WITH YOUR CHILD.**

If school is dismissed early for any reason, my child is to do as follows. (CHECK ONLY ONE)

- |  |   |
|--|---|
| <input type="radio"/> Ride the bus home/day-care/babysitters as normal | <input type="radio"/> Drive home as normal (High School Drivers only) |
| <input type="radio"/> Will be picked up at school by a Parent/Guardian | <input type="radio"/> Other: _____                                    |
- (Please describe in detail what your child is to do)

I would like to receive a copy of the school handbook.  Yes  No

School Handbooks can also be viewed in their entirety at: [www.dcschools.us](http://www.dcschools.us)

Please refer to the Goggle Calendar on the County-site ([www.dcschools.us](http://www.dcschools.us)) for up-to-date information on events for your child's school. I would like to receive a hard copy of the School County Calendar.  Yes  No

**DIRECTIONS TO YOUR HOME**

Please provide specific directions to your home.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_