

Medical Alert (Red)	Custody Alert (Green)	Confidential Information (Yellow)
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TAYLOR COUNTY SCHOOLS ENROLLMENT/TRANSFER FORM 2021-2022

WVEIS Number _____
 School _____ Date _____
 Homeroom _____ Grade _____
 New _____ Returnee _____
 State Birth Certificate on file: Y N
 Immunization Records on file: Y N
 Release of Information signed: Y N

Student Name _____ Nickname _____ Sex: F M
Last First Middle

Address _____ Primary Phone # _____

Parent/Guardian child lives with _____ Country of Birth _____

Birthdate _____ Birthplace _____ SSN _____ Medical # _____
City State

Attended Preschool? Y N As a three year old _____ As a four year old _____ Attended school in U.S. in past 3 years? Y or N

Entered From: State _____ District _____ School _____

Grade/Class - *Speech and Pre-K see the chart below.* *Elementary -0K, 01, 02, 03, 04;* *Middle-05, 06, 07, 08;* *High-09, 10, 11, 12*

The chart below applies to all WV Universal Pre-K children, collaborative or non- collaborative:

Enrollment Code	Enrollment Weight (FTE)	Register	Class
E1	Full Time (no FTE entered)	CE1	E1
E0	Go to the address below to view the chart: http://wveis.k12.wv.us/wveis2004/documents/PK%20FTE%20Chart%202016.pdf	CE0	E0
*E0 is used only for those who are not enrolled in a Universal Pre-K Classroom like speech walk ins or are enrolled as a 3 year old Head Start child with an IEP.			

Graduation Year _____ *E1-2035, K-2034, 1st -2033, 2nd -2032, 3rd -2031, 4th -2030, 5th -2029, 6th -2028, 7th -2027, 8th -2026, 9th -2025, 10th - 2024, 11th -2023, 12th - 2022*

Transportation _____ *01-Bus, 02-Non-bus, 03-Bus paid, 04-Non-bus paid*

Native Language _____ *EN-English, SP-Spanish, FR-French, AS-SE-Asian, GR-German, IT-Italian, PO-Polish*

Ethnicity _____ *A-Asian/Pacific Islander; B-Black, Non Hispanic; JA-Japanese; H-Hispanic; W-White; I-American Indian/Alaskan Native; M-Multiple Race*

List serious medical/physical problems and what actions the school must take. *(Tubes in ears, special dietary needs, medications required, etc.)*

Custody restrictions _____

Does your student receive Special Education including speech? Y N

Does your student have an IEP (Special Education) including speech? Y N

OVER

Specific directions to child's home _____

Other children in home (names and birthdates) _____

Mother _____ Marital Status _____ Last Grade in School _____
Last First Middle Initial Maiden

Address _____ Home Phone _____ Unlisted: Y N

Mailing Address (if different) _____ Cell Phone _____

Occupation _____ Employer _____ Work Phone _____

Father _____ Marital Status _____ Last Grade in School _____
Last First Middle Initial

Address _____ Home Phone _____ Unlisted: Y N

Mailing Address (if different) _____ Cell Phone _____

Occupation _____ Employer _____ Work Phone _____

Guardian/Step Parent _____ Occupation _____ Work Phone _____
Last First Middle Initial

Address _____ Home Phone _____ Unlisted: Y N

Mailing Address (if different) _____ Cell Phone _____

Guardian/Step Parent _____ Occupation _____ Work Phone _____
Last First Middle Initial

Address _____ Home Phone _____ Unlisted: Y N

Mailing Address (if different) _____ Cell Phone _____

Babysitter _____ Home Phone _____ Cell Phone _____
Last First Middle Initial

Address _____

Primary contact for mailings _____ Secondary contact for mailings _____

Parent signature _____ Date _____

For office use only:	
Date enrollment form sent to County Office _____	Date enrollment form received in County Office _____
Date records requested _____	Date records received _____
Withdrawal date _____	Reason _____
Transfer to School Name _____	City _____ State _____
Student received Special Education Services?	YES NO
Checked out with Counselor _____	Librarian _____ Child Nutrition Secretary _____
Date records forwarded _____	Outstanding bills _____ Textbooks out _____
Date withdrawal from sent to County Office _____	Date withdrawal form received in County Office _____