

2025-2026 Barbour County Schools

Kindergarten Registration by Appointment Only

Enrollment packets available on the Barbour County Schools Website

Make an appointment with your child's school to enroll for kindergarten starting January 3, 2025, for the 2025-2026 school year by calling one of the following:

Belington Elementary School 304-823-1411 or 304-823-1670

Junior Elementary School 304-823-1200

Kasson Elementary/Middle School 304-457-1485

Philippi Elementary School 304-457-4229 or 304-457-1262

State Certified Birth Certificate

- This is a birth certificate obtained from the state registrar's office from the state in which your child was born.
- **WE CANNOT ACCEPT A HOSPITAL OR COUNTY COPY OF A CHILD'S BIRTH. IT IS AGAINST THE LAW.**
- **We are required by law to contact the State Police if a certified birth certificate is not presented within three weeks of enrollment.**
- Online forms and ordering can be found at the following website:
 - <http://www.wvdhhr.org/bph/hsc/vital/birthcert.asp>

Immunizations Record

- **Preferred document: West Virginia State Immunization Certificate, available at your doctor's office or Health Department.**
- **Before being admitted to school, each child shall show proof that he/she has received the immunization requirements.**

Physical Exam (Health Check)

- A Physical completed by your child's doctor is known as a Health Check.

Social Security Card

Insurance Card

Dental Exam

Barbour County Schools Student and Emergency Care Information 2025-2026

OFFICE USE ONLY: Student's ID# (9 digits): _____ Date(s): Revised: _____

STUDENT INFORMATION

Student Legal Name: _____ Sex: F ___ M ___ N/A ___
Last Name First Name Middle Name

Physical Address (REQUIRED): _____

City: _____ State: _____ Zip: _____

Mailing Address (REQUIRED): _____

City: _____ State: _____ Zip: _____

Student's Preferred Name: _____ Date of Birth: _____ Grade: _____

★ ★ Custody Issues: Y ___ N ___ ★ Court Documents are in Student's File: Y ___ N ___ Medical Issues: Y ___ N ___ ★★

★★ Is Student in Foster Care Y ___ N ___ ★★ ★★ Media Opt Out Y ___ N ___ ★★

The Following ARE NOT Authorized to Pick Up My Child: _____

Bus Number(s): AM _____ PM _____

FAMILY INFORMATION

Please fill this section out with who resides at above address.

Name: _____
(First and Last Name)

Name: _____
(First and Last Name)

Relationship to Student: _____
(Father, Mother, Guardian, Foster Parent, etc.)

Relationship to Student: _____
(Father, Mother, Guardian, Foster Parent, etc.)

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

*If child has a second home, please fill out this section with who resides at the second home.
If this does not apply, please leave blank.*

Name: _____
(First and Last Name)

Name: _____
(First and Last Name)

Relationship to Student: _____
(Father, Mother, Guardian, Foster Parent, etc.)

Relationship to Student: _____
(Father, Mother, Guardian, Foster Parent, etc.)

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

Email Address: _____

Email Address: _____

Physical Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Employer: _____

Employer: _____

Work Phone: _____ Student Lives With: Yes No

Work Phone: _____ Student Lives With: Yes No

OFFICE USE ONLY:

Student Last Name: _____

Student First Name: _____



FAMILY INFORMATION CONTINUED

Sibling Name(s) : _____

School(s) : _____

EMERGENCY CONTACTS

ADDITIONAL CONTACTS IN CASE OF AN EMERGENCY & OTHERS WHO MAY PICK UP MY CHILD:

In order to safeguard your child, we need your assistance in providing names of those to whom the school may release your child.

If parents are divorced or separated, please include a copy of the total court order awarding custody of child. Please do NOT call to change this form.

You must stop at the school office and submit a new form or make changes to current form.

****** Photo identification for picking up student and/or submitting changes may be required.******

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

MEDICAL INFORMATION:

Please list any medical conditions your child has: _____

List Allergies: _____

Medication to be taken at school and at home with time(s) ***Please Consult with School Nurse Regarding Proper Protocol in Regards to Taking Medication at School:***

Medical devices, appliances, etc. the student wears or uses: _____

In the event of a life-critical emergency, severe emotional crisis, or if the school is unable to locate a parent or guardian in an emergency, I hereby authorize school authorities to have my child transported for emergency treatment and give permission for the information on this emergency card to be released to the medical professional providing treatment.

Parent/Guardian/Foster Parent Signature _____ Relationship _____

Parent/Guardian/Foster Parent Signature _____ Relationship _____

Date _____

BARBOUR COUNTY PRE-KINDERGARTEN/KINDERGARTEN

TRANSPORTATION 2025-2026

Student: _____ Age: _____ Grade: _____

School: _____ Bus # _____ a.m. _____ p.m. Unknown _____

Parent/Guardian: _____ Phone: _____ Cell: _____

Sibling(s)/School(s): _____

Complete Address: _____

Directions to Home:

For office use only:

Bus Assigned: _____ Stop # _____ Date Received: _____ by _____

