

STUDENT DATA COLLECTION FORM 2021-2022

PLEASE PRINT

Was your child previously enrolled in any WV school (Y/N)? If Yes, name of County: _____

If Yes, what was the Original Enrollment Date? ____/____/____ Last School Attended: _____

Did this child attend preschool?

____ Yes Name of preschool attended _____

____ No Reason child did not attend preschool (i.e., cost, transportation, not interested, etc.) _____

School: _____ Date: _____

Student Legal Name: _____ Sex: _____

(No nicknames, please) Last First Middle Other

Birthdate: ____/____/____ Birthplace: _____

mm dd yy

City

State

Class: _____ * Social Security Number: _____ - _____ - _____

Pre-School FTE: P1 through P9 (dependent on FTE),

Early childhood FTE: E1 through E9 (dependent on FTE),

OK, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12 Post Graduate=PG

Transfer from: _____

School

City

State

Home Phone: () _____ - _____ Cell Phone: _____ Unlisted? _____ (Y or N)

All phone numbers must include Area Code

Year of Graduation: _____ * Career Cluster: _____ Pathway: _____

*Grade: K=34; 1st=33; 2nd=32; 3rd=31; 4th=30; 5th=29; 6th=28;
7th=27; 8th=26; 9th=25; 10th=24; 11th=23; 12th=22

E; P; S; BM; ET; FH; HE; HU; SN
(Secondary only)

Native Language: _____ * Ethnic Group: (Mark Both Questions Below)

(Language Spoken in Home)

Print Other Not Shown

EN=English; SP=Spanish; FR=French; JA=Japanese;

GR=German; IT=Italian; PO=Polish; AR=Arabic;

CC=Chinese Cantonese; CM=Chinese Mandarin;

CR=Creole (French); HI=Hindi; HM=Hmong; KO=Korean;

LA=Laotian; NA=Navajo; PT=Portuguese; RU=Russian;

TA=Tagalog; TH=Thai; VT=Vietnamese

1. Are you of Hispanic Origin? Yes / No

2. What is your race? Choose one or more of the race categories

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

*IF A LANGUAGE OTHER THAN ENGLISH IS NOTED, PLEASE NOTIFY TITLE III DIRECTOR IMMEDIATELY.

Transportation: _____ * BUS # AM: _____ PM: _____

*01 =Bus Student; 02 =Non-Bus Student;

03 =Bus Student Paid 04 =Non-bus Student Paid

PRIMARY GUARDIAN (Specify: Father/Mother/Other: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ Phones: Home: () _____ - _____ Unlisted? _____

Employer: _____ Work: () _____ - _____ EXT: _____

Occupation: _____ Cellular: () _____ - _____ EXT: _____

E-mail: _____ Pager: () _____ - _____ EXT: _____

SECONDARY GUARDIAN (Specify: Father/Mother/Other: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ Phones: Home: () _____ - _____ Unlisted? _____

Employer: _____ Work: () _____ - _____ EXT: _____

Occupation: _____ Cellular: () _____ - _____ EXT: _____

E-mail: _____ Pager: () _____ - _____ EXT: _____

Do you live with someone other than a parent? _____

STUDENT DATA COLLECTION FORM

***IF YOU LACK A REGULAR RESIDENCE; LIVE IN MOTEL/HOTEL; OR ARE LIVING WITH A FRIEND OR RELATIVE DUE TO LOSS OF HOUSING, PLEASE INFORM THE PRINCIPAL IMMEDIATELY.**

Emergency Contact: *Person other than parent or guardian who could be contacted in case of emergency.

Additional Contact: (Specify Relationship: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____

Phones: Home: (____) ____ - ____ Unlisted? ____

Employer: _____ Work: (____) ____ - ____ EXT: ____

Occupation: _____ Cellular: (____) ____ - ____ EXT: ____

E-mail: _____ Pager: (____) ____ - ____ EXT: ____

Physician:

Name: _____

Address: _____

City, ST, Zip: _____

Phone: (____) ____ - ____ EXT: ____

Additional Contact: (Specify Relationship: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____

Phones: Home: (____) ____ - ____ Unlisted? ____

Employer: _____ Work: (____) ____ - ____ EXT: ____

Occupation: _____ Cellular: (____) ____ - ____ EXT: ____

E-mail: _____ Pager: (____) ____ - ____ EXT: ____

Additional Contact: (Specify Relationship: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____

Phones: Home: (____) ____ - ____ Unlisted? ____

Employer: _____ Work: (____) ____ - ____ EXT: ____

Occupation: _____ Cellular: (____) ____ - ____ EXT: ____

E-mail: _____ Pager: (____) ____ - ____ EXT: ____

Special Instructions

HANCOCK COUNTY SCHOOLS

P.O. BOX 1300, New Cumberland, WV 2047

Phone - 304-564-3411

REQUEST FOR RELEASE OR TRANSFER OF STUDENT RECORDS

RELEASING SCHOOL: _____
(Name of school or agency last attended)

Address: _____

Phone/Fax: _____

I hereby authorize the release of the following information regarding:

(Student's Name) (Grade) (Date of Birth)

The above named student is enrolling in Hancock County Schools. Please send all of the information listed below that will help in meeting the student's educational needs.

In accordance with the Family Education Rights and Privacy Act of 1974, I/We authorize the release of the following records:

- ✓ School Records (Grades, Attendance, Birth Certificate)
- ✓ Medical Records (Immunizations)
- ✓ Psychological Reports(s)
- ✓ Individual Educational Program (IEP)
- ✓ Discipline Records
- ✓ Proficiency Scores (state testing results)
- ✓ Other

We appreciate your cooperation in the transfer of this student's records.

(Date) (Parent/Guardian Signature) (Relationship to Student)

RECEIVING SCHOOL: Please Fax to: OAK GLEN MIDDLE SCHOOL
ATTN: Alyssa Mick
FAX: 304-387-4624

Oak Glen Middle School- 39 Golden Bear Drive- New Cumberland, WV 26047-Phone 304-387-2363

Hancock County School's mission is to afford all students the academic and social skills necessary to become productive members of society.

HANCOCK COUNTY SCHOOLS

STUDENT INFORMATION

PLEASE PRINT ALL INFORMATION

Student ID # _____

Grade: _____

Student Name: LAST _____ FIRST _____ MI _____

Student lives with _____

Birth Date: _____

Mother / Guardian's Name _____

Actual Address: Street _____ City _____ Zip Code _____

Mailing Address: Street _____ City _____ Zip Code _____

Home Phone _____ Cell _____ Work _____ Other _____

Father / Guardian's Name _____

Actual Address: Street _____ City _____ Zip Code _____

Mailing Address: Street _____ City _____ Zip Code _____

Home Phone _____ Cell _____ Work _____ Other _____

List two or more neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____ Other _____

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____ Other _____

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____ Other _____

Current medical problems, allergies or special instructions _____

List daily medications (long term) to be taken at school _____

Local physician's name _____ Office Phone _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary.

Signature of parent or guardian _____

HOME LANGUAGE SURVEY



1. Complete this home language survey at the student's initial enrollment in school.
2. This form must be signed and dated by the parent or guardian. It must be kept in the student's file.
3. This form will be used only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

School:

Student ID #:

Student's Last Name:

Student's First Name:

ENGLISH

1. Is a language other than English spoken in your home? ☐ No ☐ Yes
_____ (specify language)
2. Does your child communicate in a language other than English? ☐ No ☐ Yes
_____ (specify language)
3. Which language did your child learn first? _____ (specify language)
4. In which language do you prefer to receive information from the school?
_____ (specify language)
5. What is your relationship to the child? ☐ Father ☐ Mother ☐ Guardian ☐ Other (specify)

Parent or Guardian Signature

Name _____ **Date** _____



HANCOCK COUNTY SCHOOLS

Student Services Department
104 North Court St., P. O. Box 1300
New Cumberland, WV 26047
304-564-3411, ext. 382 Fax - 304-564-9028

Dear Parents / Guardians,

Any student entering West Virginia schools who doesn't have English as their main language must be given an English proficiency test. The test will assist us in determining the help we need to give the student. After the testing has been completed, then you will be informed of the results.

Please sign below so that we can give your child the test.

I give permission for my child/ guardian, _____
to be given the English proficiency test.

Parent / Guardian's Signature - Date

In addition, we would like to offer English (ESL) services to your child.
Please choose one:

_____ Yes, I want my child to receive English (ESL) services.

_____ No, I do not want my child to receive English (ESL) services.

Thank you.

Yours truly,

Andrea Hufnagel
Director of Student Services

**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 custodian)

_____ is not, at this time, under suspension or expulsion from
(Name of pupil)

attendance at a private or public school in West Virginia or any other state.

(Pupil's parent, guardian or custodian)

(Witness)

(Date)

STATE OF WEST VIRGINIA

COUNTY OF HANCOCK

HANCOCK COUNTY SCHOOLS



2021-2022

Telecommunications Access Acceptable Use and Internet Safety Policy Agreement

SCHOOL NAME: _____

DATE: _____

STUDENT NAME: _____

DEVICE SERIAL #: _____

The appropriate use of technology and digital resources promotes positive and effective digital citizenship among students and staff. Successful, technologically fluent digital citizens live safely and civilly in an increasingly digital world and use technology responsibly. The promotion of acceptable use in instruction and educational activities is intended to provide a safe digital environment, as well as meet federal Communications Commission (FCC) and E-rate guidelines.

Neither the information, nor the content of information on the Internet can be controlled by the Hancock County School System. The majority of the sites on the Internet can provide a wealth of educational opportunity to schools and students; however some sites may contain information that is inaccurate, obscene, or offensive to some users. WVDE and Hancock County Schools apply filtering software to block or filter Internet access to picture and materials that are obscene, contain pornography, or are otherwise considered to be harmful to minors. Filtering software is not 100% effective, so every user shall take responsibility for his or her use of the network and Internet. While the intent of Hancock County Schools is to provide access to the Internet and online services to further its educational goals and objectives, parents should be aware that student account holders will have access to potentially unacceptable resources if they disregard the schools and school system's access limitations stated below. In addition to this county policy, all students and employees of the Hancock County School System will be subject to the guidelines and regulations of the West Virginia State Department of Education Internet Policy 2460. Both policies will also encompass the proper and responsible use of the network and Internet as a means of information storage and retrieval.

Use of the Internet and Online Services Is A Privilege Not A Right! The student and his/her parent(s) or guardian(s) must understand that student access to any school network is to support the school system's educational mission. The specific conditions and services being offered will change from time to time. Hancock County Schools makes no warranties with respect to network services and specifically assumes no responsibilities for:

1. the content of any advice or information received by a student from a source outside the Hancock County School System;
2. any costs, liability or damages caused by the way the student chooses to use his/her network access;
3. any consequences of service interruptions or changes, even if these disruptions arise from circumstances under the control of the Hancock County School System;
4. the privacy of electronic mail, which is not guaranteed.

Copyright Observance

Employees, students, and patrons of Hancock County Schools shall observe copyright laws strictly with respect to information obtained or accessed through technology, computer software, and other print and non-print media. To discourage violation of copyright laws, the following compliance requirements are specified:

- A. Illegal copies of copyrighted programs shall not be made or used on school equipment.
- B. Students are to be taught the ethical and practical problems and consequences of software and media piracy.
- C. Downloading, copying, duplicating and distributing software, music, sound files, movies, images or other copyrighted materials without the specific written permission of the copyright owner is prohibited unless such duplication falls within the Fair Use Doctrine of the United States Copyright law.

Student Responsibilities:

- * I will limit my use of telecommunications in school to the educational objectives established by my teacher(s);
- * I will not retrieve or send unethical, illegal, immoral, inappropriate or unacceptable information of any type;
- * I will not seek unauthorized access of the school network, including wireless access;
- * I will not disrupt network users, services, traffic, or equipment;
- * I will not use abusive language of any type, including swearing, name-calling, nor transmit threatening, obscene, or harassing materials;
- * I will not divulge personal information with another user for any purpose;
- * I will not plagiarize information received in any form;
- * I will observe copyright laws
- * I will not use another person's account;
- * I will not share my password with anyone else;
- * I will not use telecommunications access provided by Hancock County Schools for illegal purposes of any kind

- * I will not use personal devices to gain or give an advantage in a testing situation;
- * I will not use personal devices or equipment that are not approved by the school or the individual teacher
- * I recognize that information posted on the internet is public and permanent and can have a long-term impact on my life and career.
- * If I identify a security problem on the network, I will notify my teacher and I will not demonstrate the problem to other users.
- * I understand that the use of telecommunications and/or access to the Internet is an extension of my classroom responsibilities and the behaviors expected in Hancock County Schools policy EDC, Safe and Supportive Schools apply.
- * I acknowledge that I have completed and understand the acceptable use of the internet training offered by Hancock County Schools the following website: <https://www.common sense media.org/user/register>.

Parent/Guardian are required to sign and return this Acceptable Use Agreement before student access to the network and internet will be permitted.

By signing this Telecommunications Access Acceptable Use Agreement, I understand and agree that Hancock County Schools will not be held responsible if I participate in inappropriate activities listed above. I understand my responsibility as a user of telecommunications. I have read the above rules and realize that any infraction may cancel my user privileges and could result in further disciplinary action, including suspension from school.

PARENT/GUARDIAN

As the parent or legal guardian of _____ (student), I have read the aforesaid Telecommunications Access Acceptable Use Agreement and will discuss this with my son/daughter. I understand that this access is for educational purposes only, and that it is the responsibility of my child to restrict his/her use to the classroom projects/activities assigned by the teacher. I also accept full responsibility for supervision if and when my child's use of telecommunications is in a setting other than school. I also understand that the teacher cannot be held responsible for intentional infractions of the above rules by my son/daughter.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____

PERMISSION FORM FOR WORLD WIDE WEB PUBLISHING OF STUDENT PHOTOGRAPH

I understand that my child's photograph may be published on the district's web page at <http://www.hancockschools.org> or my child's school's web page. I further understand that no last name or private information such as home address or home telephone number will appear with such work. I grant permission for the World Wide Web Publishing. I may withdraw my permission in writing at any time.

Parent/Guardian Signature _____

Date _____

Reference: West Virginia Board of Education Policy #2460 or Children's Internet Protection Act (CIPA)

Hancock County Schools

Student Residency

Date:

A. Demographic Information:

School:

Last School Attended:

Student Name:

WVEIS #:

Male/Female:

Date of Birth:

Age:

Grade:

Parent(s)/Legal Guardian(s) Name:

Telephone Number:

B. Are you an unaccompanied youth not in the custody of a legal parent or guardian? YES, or NO:

C. Is your family residing in any of the following situations?

- ☐ 1. Sharing the housing with others due to loss of housing or economic hardship.
B) How long?
- ☐ 2. Living in a motel or hotel due to loss of housing or economic hardship.
B) How long?
- ☐ 3. Staying in transitional or emergency shelter.
- ☐ 4. Substandard housing; without electricity, running water, health code violations, lack of cooking capabilities, etc.
- ☐ 5. Sleeping in a car, campground, park or public space.

D. Is your current address a temporary living arrangement; YES, or NO:

E. Are any of the below the reason for the displacement of your family:

- ☐ 1. Mortgage Foreclosure
- ☐ 2. Natural Disasters:

F. List ALL children in the family:

Name:

M/F:

DOB:

Grade:

G. List ALL adults in the family:

Name:

M/F:

Relationship to above children:

H. Records Needed:

- ☐ Birth Certificate
- ☐ Immunization/Medical Records
- ☐ Academic Records
- ☐ Guardianship Records (If applicable)
- ☐ Evaluation for Special Education

* Time line is waived for immediate enrollment and attendance

