

# GREENBRIER EAST HIGH SCHOOL REGISTRATION FORM

Please circle your grade level 9<sup>th</sup> -10<sup>th</sup>-11<sup>th</sup>-12<sup>th</sup>

LAST NAME FIRST NAME FULL MIDDLE NAME STUDENT NO.

GENDER ETHNIC GROUP NATIVE LANGUAGE SOCIAL SECURITY NUMBER HOME PHONE

DATE OF BIRTH HOME MAILING ADDRESS (STREET OR PO BOX) CITY ZIP

Student E-mail address Parent/Guardian E-mail address

FATHER/GUARDIAN WORK PHONE MOTHER/GUARDIAN WORK PHONE

LIVE WITH: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ GUARDIAN

OTHER EMERGENCY CONTACT ADDRESS EMERGENCY PHONE

PREVIOUS SCHOOL (OTHER THAN EGMS) ADDRESS PHONE & FAX

ARE YOU RECEIVING SERVICES FOR SPECIAL EDUCATION? ☐ Yes ☐ No

*You will be enrolled in the required core classes after reviewing a transcript, but please choose some elective classes that you may be interested in. The enrollment bulletin is on our school website.*

[gehs.greenbriercountyschools.org](http://gehs.greenbriercountyschools.org)

*Select four alternate electives:*

Courses: First Semester

Code:

Courses: Second Semester

Code:


Parents please approve course selection and alternates by signing below. If you would like a conference with the guidance counselor before approving this registration, please call 647-6464. This proposed schedule follows my 5-year plan or reflects changes I hereby request.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ (Your signature authorizes a request for records from previous schools.)

\*\*\*Once these forms are completely filled out please bring/mail them to:

Greenbrier East High School 273 Spartan Lane Lewisburg WV 24901

Or fax them to 304-647-6488 or email them to [slburdette@k12.wv.us](mailto:slburdette@k12.wv.us)



# NEW STUDENT APPLICATION

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ OTHER \_\_\_\_\_ GENDER ☐ MALE ☐ FEMALE

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH CITY \_\_\_\_\_

STATE OR PROVINCE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HAS THIS STUDENT PREVIOUSLY ATTENDED A SCHOOL IN GREENBRIER COUNTY? ☐ YES ☐ NO IF YES, WHICH SCHOOL \_\_\_\_\_

PRIMARY TELEPHONE NUMBER \_\_\_\_\_ UNLISTED: ☐ YES ☐ NO

STUDENT WVEIS NUMBER (office use only) \_\_\_\_\_ GRADE ENROLLING FOR THIS SCHOOL YEAR \_\_\_\_\_

ETHNICITY IS STUDENT OF HISPANIC ORIGIN? ☐ YES ☐ NO

WHAT IS THE CHILD'S RACE? CHOOSE ONE OR MORE OF THE RACE CATEGORIES AS APPROPRIATE

☐ WHITE ☐ ASIAN ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER ☐ BLACK OR AFRICAN AMERICAN ☐ AMERICAN INDIAN OR ALASKA NATIVE

WHAT LANGUAGE DID YOUR CHILD LEARN WHEN HE/SHE BEGAN TO TALK? \_\_\_\_\_

WHAT LANGUAGE DOES YOUR CHILD MOST FREQUENTLY SPEAK AT HOME? \_\_\_\_\_

WHAT LANGUAGE IS SPOKEN BY YOU AND YOUR FAMILY MOST OF THE TIME AT HOME? \_\_\_\_\_

## FAMILY INFORMATION

STUDENT LIVES WITH: ☐ BOTH PARENTS ☐ MOTHER ONLY ☐ FATHER ONLY ☐ JOINT CUSTODY ☐ OTHER (FOSTER/GUARDIAN)

PARENT/GUARDIAN: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT/GUARDIAN: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

OTHERS IN HOUSEHOLD \_\_\_\_\_

(911) PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN COMPLETING FORM SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# REGISTRATION STATEMENT

Greenbrier County Board of Education

PLEASE COMPLETE THE SECTION OF THIS FORM THAT APPLIES TO YOU.

SCHOOL NAME: \_\_\_\_\_

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 attendance  
(name of pupil)  
at a private or public school in West Virginia or any other state.

\_\_\_\_\_  
Pupil's Parent, Guardian or Custodian

REGISTRATION STATEMENT REQUIRED BY WEST VIRGINIA CODE §18-5-15F  
(PUPIL CURRENTLY UNDER SUSPENSION OR EXPULSION)

I, \_\_\_\_\_, do hereby swear/affirm that  
(pupil's parent, guardian or custodian)

\_\_\_\_\_ is, at this time, under suspension or expulsion from attendance at a private or public  
(name of pupil)  
school in West Virginia or another state. The name and address of the school from which \_\_\_\_\_  
(name of pupil)

is under suspension or expulsion is as follows: \_\_\_\_\_  
(name of school)

\_\_\_\_\_  
(Mailing address: include street or box number, town or city, county, state and zip code.)

\_\_\_\_\_  
Pupil's Parent, Guardian or Custodian

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_, to wit:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Seal



School Year \_\_\_\_\_

(For Office Use Only) Date Received: \_\_\_\_\_

## GREENBRIER COUNTY SCHOOLS - BASIC STUDENT AND EMERGENCY INFORMATION

Student's Name \_\_\_\_\_  
(First) (Middle) (Last)

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ Bus # \_\_\_\_\_ Student # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Native Language \_\_\_\_\_ Primary Contact Number \_\_\_\_\_

(List a cell number to be able to opt in to receive text message notifications)

911 Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

List Brothers/Sisters in School (Name/School/Grade) \_\_\_\_\_

Lives with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Grandparent(s) ☐ Guardian ☐ Foster Parent

CUSTODY ISSUES: ☐ No ☐ Yes Court documents are in student's file: ☐ Yes ☐ No

PARENT/GUARDIAN/FOSTER PARENT INFORMATION (List a cell number to be able to opt in to receive text message notifications)

(1) Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone numbers (1) ( ) \_\_\_\_\_ (2) ( ) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone numbers (1) ( ) \_\_\_\_\_ (2) ( ) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone numbers (1) ( ) \_\_\_\_\_ (2) ( ) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

In case of student illness/medical emergency (if you cannot be reached) list three persons to be called in order of preference

• Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

• Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

• Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Where does student go after school? \_\_\_\_\_ (Change in this routine requires a note approved by the principal.)

Student may be picked up by \_\_\_\_\_

EMERGENCY DISMISSAL: (Please check one) ☐ Student follows their normal routine

☐ Student is to \_\_\_\_\_

Health Insurance: ☐ Yes ☐ No Provider: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Medical Information: List any physical or medical conditions which could affect the student during the school day and would require specific procedure by school personnel \_\_\_\_\_

Student's Physician \_\_\_\_\_ (Please check one) Student ☐ will or ☐ will not require medicine during the school day.

Whenever a student is involved in an emergency, the school will contact 911 and the parents. If the school is unable to reach parents or responsible parties listed on this form, the EMS personnel will take charge of the student's care and they will make the decision if transporting to a hospital is necessary. The physician and the hospital are hereby authorized to give such treatment as deemed necessary in an emergency for the health of the student.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Student Network/ Internet User Agreement (Acceptable Use Policy)

## Student Code of Conduct / Media Release and Parent Permission Form

### STUDENT Signature for Network Internet User Agreement

As a student user of the Greenbrier County Public Schools Computer Network, I hereby agree to comply with the statements and expectations outlined in the Greenbrier County Technology Policy and to honor all relevant laws and restrictions.

1) I also agree that violations of the policy and / or this agreement may subject me to discipline and termination of use.

2) I have received the 2020-2021 Greenbrier County Schools Student and Family Calendar and Information Guide for Parents and have read and understand the Student Code of Conduct found within the Student Calendar and all policies within this publication.

Print Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

### PARENT/GUARDIAN signatures and/or Permissions

#### Please read and sign all 3 items below:

#### 1 Parent Signature for Permission to Access Internet and Email Systems

I grant permission for my child to access the Internet and email systems. This includes Google GSuite for Education. For more details visit <https://edu.google.com/products/gsuite-for-education/>. I understand that some materials on the Internet may be objectionable and that the County Schools' filtering system cannot replace parental guidance and supervision. I accept responsibility for guidance of Internet use and setting and conveying standards for my son(s) and/or daughter(s) to follow when selecting, sharing or exploring information and media.

Print Parent/Guardian Name \_\_\_\_\_

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

Address \_\_\_\_\_

Date \_\_\_\_\_

Primary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

#### 2 Parent Signature for Permission to Photograph and Audio- or Video-Record Student & Student Work Product

As a parent or legal guardian of the student signing this permission form, I understand that my child will be working on the Greenbrier County Schools network.

I recognize the value of audio-visual and other types of electronic communication in providing my child with an effective education and hereby grant permission for my child and/or his/her schoolwork to be photographed or audio- or video-recorded as part of an educational program produced by the County Schools or coalition of county school systems.

I further grant permission for the photographs or audio-/video-recordings to be used in media presentations that are made available to other educational institutions; local media; school and district websites and social media sites; school yearbook; and school pictures. I understand that my child's image, name, work product, school, and grade level may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

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

Date \_\_\_\_\_

#### 3 Parent Signature for Student Code of Conduct Agreement

I have received the 2020-2021 Greenbrier County Schools Student Calendar and Information Guide for Parents and understand that my child is responsible for adhering to the Student Code of Conduct and all policies within this publication. I understand that the complete Student Code of Conduct can be obtained from my child's principal, the board of education and/or from the school district website at [www.greenbriercountyschools.org](http://www.greenbriercountyschools.org).

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

Date \_\_\_\_\_



# SCHOOL CHROMEBOOK TICKET

(Form 5931 F1)

**PARENTS: Please help us maintain documentation by assisting your child in completing all areas below AND on the back of this form.** Students will receive a 1:1 computing device once 1) parents and students sign the Acceptable Use Policy on the back of this form; 2) students sign the Student User Agreement below; 3) parents sign the Parent/Guardian Device Permission form below; and 4) any outstanding Chromebook or charger fees are paid.

## Student User Agreement for 1:1 Computing Devices

As a student user of the Greenbrier County Schools (GCS) Computer Network, I hereby agree to comply with the statements and expectations outlined in the GCS Internet & Network Acceptable Use Policy (copied from policy into this calendar/guide) and to honor all relevant laws and restrictions. I also understand that violations of the policy and/or this agreement may subject me to discipline and termination of use.

Printed Student's Last Name

Printed Student's First Name

Signature

Date

Grade 4 ☐

5 ☐

Grade 6 ☐

7 ☐

8 ☐

Grade 9 ☐

10 ☐

11 ☐

12 ☐

\_\_\_\_ Alderson  
\_\_\_\_ Crichton  
\_\_\_\_ Frankford  
\_\_\_\_ Lewisburg  
\_\_\_\_ Rainelle

\_\_\_\_ Roncerverte  
\_\_\_\_ Rupert  
\_\_\_\_ Smoot  
\_\_\_\_ White Sulphur Spgs.

\_\_\_\_ Eastern Greenbrier Middle School  
\_\_\_\_ Western Greenbrier Middle School

\_\_\_\_ Greenbrier East High School  
\_\_\_\_ Greenbrier West High School

## Parent/Guardian Device Permission for 1:1 Computing Devices

I give my child permission to receive a device for use during the 2020-2021 school year. I understand I am liable for loss or intentional damage to this device and will ensure that my child understands his/her responsibility as well..

Parent/Guardian Signature

Printed Name

Date

Parent Email (required to receive student work summaries from Google Classroom)

Safety Training Completed ☐

Date Completed

Student Initials

Teacher Initials

Greenbrier County Schools  
197 Chestnut Street  
Lewisburg, WV 24901

Greenbrier County Boundary Map

304-647-6461

Enrollment Area Confirmation for School Year: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

911 PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Please list daytime contact number(s)

GENERAL LOCATION OF RESIDENCE NEAREST STREET OR ROAD:

\_\_\_\_\_

Signature of parent/guardian making this request: \_\_\_\_\_

Please mail, fax, or drop off form. You will be contacted as soon as possible with school zone information. This form must be filled out and resubmitted to the Transportation Director any time a student's address changes.

**FOR COUNTY OFFICE USE ONLY**

☐ Transportation Office   ☐ Attendance Office   ☐ Parent Contacted (Transportation)   ☐ Form Sent to School (Attendance)

Office of Transportation (Contacts Parent)

Home School Zone: \_\_\_\_\_

Signature: \_\_\_\_\_

Director of Transportation or Designee

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

Parent acted: \_\_\_\_\_

(Name and Date)

Office of Attendance (Files Copy of Form)

Greenbrier County Resident: YES NO

Out-of-Zone Student: YES NO

Date Out-of-Zone Form Received: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Attendance or Designee

Notes/Comments:

Date sent to school: \_\_\_\_\_

## ADMISSIONS CHECKLIST

### REQUIRED INFORMATION NEEDED

- \_\_\_\_\_ BIRTH CERTIFICATE
- \_\_\_\_\_ IMMUNIZATIONS RECORDS
- \_\_\_\_\_ SOCIAL SECURITY CARD
- \_\_\_\_\_ PROOF OF RESIDENCY
- \_\_\_\_\_ PREVIOUS SCHOOL RECORDS/TRANSCRIPTS

### FORMS FILLED OUT/SIGNED/RETURNED

\_\_\_\_\_ INTERNET PERMISSION FORM

\_\_\_\_\_ CHROMEBOOK TICKET

\_\_\_\_\_ NEW STUDENT APPLICATION

\_\_\_\_\_ EMERGENCY FORM

\_\_\_\_\_ REGISTRATION STATEMENT (NOTORIZED FORM)

\_\_\_\_\_ ADDRESS VERIFICATION FORM

\_\_\_\_\_ REGISTRATION FORM (SIGNED)

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ DATE: \_\_\_\_\_