CABELL COUNTY SCHOOLS
WVEIS – Student Data Collection Form
2026-2027 School Year

BC Y N
WVEIS ID _____

PLEASE PRINT CLEARLY

Has child ever attended school in WV? ❑ Yes ❑ No **Last School Attended** _____

If yes, where _____ **City** _____ **State** _____

Student Name: _____ (Last Name) _____ (First) _____ (Middle) _____ (Other)

Date of Birth _____ / _____ / _____ (Month / Day / Year)	**Birthplace** City _____ State ____	**Gender :** ❑ Male ❑ Female	**Grade Level:** _____ *(2026-2027 School Year)*
Enrollment Date _____ / _____ / _____ (Month / Day / Year)	**Is student Hispanic/Latino ? (Circle one)** NO YES	**What is student's Race? (Check one or more – descriptions on back)** ❑ American Indian/Alaska Native ❑ Native Hawaiian/Pacific Islander ❑ Black/African-American ❑ Asian ❑ White	

Household Information

People listed in this section can make education decisions for the student. For emergency pickup, please use Additional Contacts on the back.

PRIMARY GUARDIAN
Contact this person 1st

Student resides with _____ _____ _____ *(Primary guardian/parent)* (Last / First / Middle)

Physical Address _____ _____ _____ _____ (Street / City / State / Zip)

Mailing *(if different)* _____ _____ _____ _____

Phone # _____ **Email:** _____

Employer _____ **Work Number (____)** _____

Relationship to Student _____

SECONDARY GUARDIAN

Name _____ _____ _____ (Last / First / Middle)

If different from primary guardian:

Physical Address _____ _____ _____ _____ (Street / City / State / Zip)

Mailing *(if different)* _____ _____ _____ _____

Phone # _____ **Email:** _____

Employer _____ **Work Number (____)** _____

Relationship to Student _____

Social Security Number	**Native Language**
_____ - _____ - _____	_____

Immigrant Status

Please complete this section only if the student was born outside the 50 states, DC, or Puerto Rico.
Students who are US Citizens born at embassies or on military bases need to have this section completed.

Country of Birth

- ❑ Other US Territory (includes any territories other than Puerto Rico, military bases, and embassies)
- ❑ Not Born in United States

Initial Enrollment Date

_____ *(Month and Year is sufficient)*

Years in US Schools

❑ Less than 1 Year	❑ 1 Year	❑ 2 Years
❑ 3 Years	❑ More than 3 Years	

Parent/Guardian Signature _____ **Date** _____

FOR OFFICE USE ONLY

HR Teacher _____ **HR Num** _____ **Bus Num** _____ **School:** _____

ADDITIONAL CONTACTS

Individuals listed here have your permission to pick up your student as needed.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

SIBLINGS IN HOUSEHOLD

Please list siblings living at the same address so we can add this student to correct household.

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

ADDITIONAL INFORMATION

Special Placement: _____

_____

Medical Needs: _____

_____

RACE/ETHNICITY

CHECK ALL BOXES THAT MAY APPLY ON REVERSE

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America - including Central America - and who maintains tribal affiliation or community attachment)

2. Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

3. Black or African American (A person having origins in any of the black racial groups of Africa)

4. Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

CABELL COUNTY SCHOOLS

BIRTH CERTIFICATE REQUIREMENT

The purpose of this informational item is to clarify several issues regarding the requirement of a birth certificate upon admission into public schools.

The legislation was passed to help eliminate the problem of missing and abducted children which is a national concern. The legislation states that a principal or designee it to require any person enrolling a pupil for the first time in any public school in this state, furnish a certified copy of the pupil's birth record confirming the pupil's identity and age, A certified copy of a child's birth certificate is one that is obtained from the State Registrar, Vital Registration Office in Charleston, West Virginia. **NO OTHER FORM OF BIRTH CERTIFICATE IS ACCEPTABLE.**

If a person enrolling the student is unable to furnish a certified copy of the student's birth record, he or she must submit to the school, a notarized affidavit that explains the reasons for being unable to furnish a certified birth certificate. Failure to furnish a certified copy requires the principal or designee to immediately notify the local law enforcement agency.

A certified copy of your child's birth certificate may be obtained by sending **$12.00** along with an Application for Certified Copy of Certificate of Birth or Death to the following address:

Bureau for Public Health
Vital Registration Office
350 Capitol Street, Room 165
Charleston, WV 25301-3701

Make check or money order payable to Vital Registration.

Parents with children born in another state must contact the State Vital Statistics Office in the capital city of that state and request a copy of the child's birth certificate. If parents are unsure who to contact, they may call the West Virginia Vital Statistics Office at (304) 558-2931 for the address and telephone number for the state office where their child was born.

THE BIRTH CERTIFICATE MUST BE FURNISHED TO THE SCHOOL PRIOR TO THE FIRST DAY OF SCHOOL

Cabell County Public Schools
2850 Fifth Avenue
Huntington, WV 25702

RESIDENCE VERIFICATION FORM

I, _____certify that I am a resident of the Cabell County Public School district at:

Address_____

City/Zip Code_____

Date of Occupancy_____

Verification of above residence provided to school officials by copy of two of the following items:

_____Signed Rental Agreement/with landlord verification

_____Mortgage Coupon

_____Two current utility bills that show your name and street address (electric, gas, water)

_____Special circumstances (letter describing circumstance) Applicant must return with letter and owner you are residing with. Upon return, residence will be verified by district attendance worker.

I, _____ further certify that the above information is true and accurate. Should any of this information be false, I agree to pay tuition cost per day for each student listed below while illegally attending the Cabell County Public School District. I understand that immediate withdrawal will occur. I am aware that the Cabell County Public School District may use legal means to verify my residence.

Child(ren)	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____
Signature of Person Enrolling Child Relationship to Child

_____ _____
School Official Date

Office use only:
□ Verified by Building Principal
□ Copy Sent To_____

Revised 8/26/08

Cabell County, WV Schools Home Language Survey

Date: _____ School: _____ Grade: _____ Birth Date: _____ F ___ M ___

Student's Name:

_____

First Name **Middle Initial** **Last Name (Family Name)**

Parent or Guardian's Name:

_____

First Name **Middle Initial** **Last Name (Family Name)**

Address:

_____

Street **City** **State** **Zip Code**

Phone Number:

_____

Home **Work** **Cell**

1. Is the Student's ***first exposure to, first-learned.*** or ***home language*** anything ***other than American English,*** or does **anyone** in the family speak a language ***other than American English*** in the home?

Yes_____ **No** _____

If ***YES***, please answer the following questions: **IF NO, STOP HERE AND GO TO THE SIGNATURE LINE**

2. What is the student's country of origin: _____
3. What language did your son/daughter hear first? _____
4. What language did your son/daughter learn when he/she first began to talk? _____
5. What language does your son/daughter most often use at home? _____
6. What language do you most frequently speak to your son/daughter?

   Father_____ Mother_____

7. What is the language most frequently spoken at home? _____
8. Please describe the language understood by your child. (Check only one)
   - A. __ Understands only the home language and NO English
   - B. __ Understands mostly the home language and some English
   - C. __ Understands the home language and English equally
   - D. __ Understands mostly English and some of the home language
   - E. __ Understands only English
9. If you don't understand English at all, in what language do you need to receive communication from the school, if available? _____
10. Who is your bilingual contact person/friend who helps you translate school correspondence?

    Helper's Name_____ Helper's Phone_____

_____ _____

Parent or Guardian Signature Date

CABELL COUNTY SCHOOLS

Cabell County Schools Directory Information Refusal Form

Student "Directory information", as defined by Cabell County Schools, includes the following categories:

- Student Name
- Address
- Telephone Number
- Date and Place of Birth
- Major Field of Study
- Grade Level/School Attending
- Audio, video, and photo recordings
- Height and Weight
- Dates of Attendance
- Last Educational Institution Attended
- Degrees and honors received
- Outstanding student work or achievement
- Participation in Activities or Sports

Once such information is published as Directory Information, it may be disclosed at the discretion of the school system with or without parental or student permission.

The school system is protective of this information and will only release it when it deems appropriate. ***Examples of instances where such information may be released could include school promotional or news activities (honor roll, student of the week) or the creation of a school yearbook.***

You have the right to refuse to permit the designation of any or all the categories of personally identifiable information with respect to your child.

If you so refuse, you must inform the school system by returning this completed form within 10 calendar days of this announcement**. If you agree to the district's Directory Information procedures outlined above, no further action is required, and you do not need to return this form.**

Refusal

I refuse to permit the designation of the following information as Directory Information (Please specify categories)

_____

_____

_____

_____

(Name of Student) (Grade/Class) (Birth Date)

_____

(Signature of Parent/Eligible Student)

_____

(Date)

Please complete and return to your School Nurse

HEALTH HISTORY

Student: _____DOB: _____

Teacher: _____Grade: _____

If the student has **NO HEALTH CONCERNS FOR SCHOOL AT THIS TIME**, please sign here and return to School Nurse.

Parent Signature: _____ Phone Number_____

Date: _____

*** IT IS THE PARENT'S RESPONSIBILITY TO TURN IN PHYSICIAN ORDERS FOR ANY MEDICATIONS, PROCEDURES, OR SPECIAL DIETS NEEDED AT SCHOOL. ***

- FORMS FOR MEDICATIONS, PROCEDURES, AND SPECIAL DIETS CAN BE FOUND ON THE CABELL COUNTY SCHOOLS WEBSITE AT www.cabellschools.com. To locate forms, go to the "Families" tab, then the Student Support Services tab. Along the left-hand side of the screen, click Student Health. All forms are on the right-hand side of the page. You can also contact your school nurse for a blank copy of the forms.
- ALL MEDICATIONS, INCLUDING **OVER-THE-COUNTER (OTC) MEDICATIONS** MUST BE PRESCRIBED BY YOUR CHILD'S DOCTOR ON THE SCHOOL'S APPROVED MEDICATION ADMINISTRATION FORM, SIGNED BY A PARENT OR GUARDIAN, AND RETURNED TO THE SCHOOL BEFORE THE MEDICATION CAN BE GIVEN AT SCHOOL. High school students may be approved to carry a 3-day supply of OTC medications in a labeled bottle with parent/guardian authorization, unless restricted by administration.
- STUDENTS ARE NOT ALLOWED TO SELF-CARRY MEDICATIONS AT SCHOOL UNLESS ORDERED BY A DOCTOR AND REVIEWED BY THE SCHOOL NURSE.
- STUDENTS CANNOT CARRY THE MEDICATION TO BRING INTO THE SCHOOL NURSE. The medication is to be brought to school by the parent or other responsible adult in a properly labeled (pharmacy prescription label with child's name and orders) container from the pharmacist or manufacturer (original bottle if OTC medication).
- The student is responsible for coming to the office or designated person to take their medication.
- Parent/guardian is responsible for picking up medications at the end of the school year. If the medication is not picked up, it will be discarded.

Condition: _____

Needs at School: _____

Parent signature: _____ Phone Number: _____

Date: _____

School Nurse use only:
Medication received: Y/N Date:
Forms sent home: Y/N Date:
Forms received: Y/N Date:
Condition: Y/N Date:

Revised October 2024