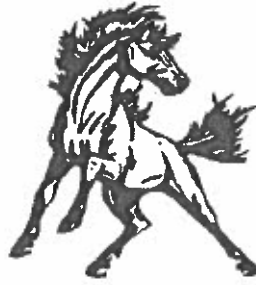


SOUTH MIDDLE SCHOOL

*Sandra Brown
Principal*



*Teresa Anderson
Mike Rogers
Assistant Principal*

RECORDS REQUEST DATE: _____

The following student has enrolled at our school.

Student: _____

Birth Date: _____ Current Grade: _____ WVEIS Number: _____

PLEASE SEND ALL RECORDS/INFORMATION INCLUDING:

1. Scholastic records, including grades, attendance, test scores, RTI/Personalized Learning Documentation, plans team meeting records (e.g. Student Assistance Team Records).
2. Health records, including birth records, immunizations, health plan, etc.

Special Education Records:

1. Eligibility Reports, IEP, and reevaluation planning documentations
2. Psych Education evaluations, including IQ achievement, rating scales, etc.
3. Communication Evaluations.
4. Motor Evaluations (Occupational and Physical Therapy Evaluations).
5. Functional behavior assessments (FBA's) and Behavior Intervention Plan (BIP's)
6. Medical diagnosis (es) with education relevance or involved in eligibility/IEP decisions.
7. If eligibility was not determined by your school district, what school district needs to be contacted for records: _____?

504 Records:

1. Eligibility forms and information used to determine eligibility.
2. Copy of accommodation plan.

Records Requested From:

South Middle School

2020-2021

Name: _____ Grade: _____

WVEIS number: _____

1. Please check the classes you are interested in.

_____ Band Instrument you play: _____

_____ Orchestra Instrument you play: _____

_____ Choir

_____ Yearbook

_____ Drama

_____ Gifted Education...*Student currently has an IEP for gifted education*

_____ Math

_____ 7th Grade Foreign Language _____ Spanish 1A

_____ Italian 1A

_____ 

_____ 8th Grade Foreign Language _____ Spanish 1B _____ Spanish 1

_____ Italian 1B _____ Italian 1

_____ 

2. Please check if your child has the following:

_____ IEP

_____ 504

_____ SAT

Additional Information:

Monongalia

COUNTY SCHOOLS

EDUCATION...EMPOWERS...EXCELLENCE

Online Student Information Form



Our student forms are online!

Returning MCS parents can sign in to *view* and *edit* student to save time.

Please visit bit.ly/MCSstudentinfo (or scan the code above with your phone camera) to update your information. *We think you'll love it. Thank You!*

New to MCS? Welcome! Just use the “no password link” or bit.ly/newMCSstudentinfo. We'll save your info to easily *edit* next time.

If you need the paper version, please use the “Student Data Collection Form: WVEIS 2020-2021” in your school’s office.

Get the most up-do-date version of this handout at <http://bit.ly/2DeVQOu>

Monongalia

COUNTY SCHOOLS

STUDENT DATA COLLECTION FORM WVEIS 2020-21

School _____ **WVEIS #** _____
Date _____ OFFICE USE

Please Print Please check box if student is new to this school

Student Last Name _____ **First Name** _____ **Middle** _____ **Other** _____
 * (must match Birth Certificate)

GENDER _____ **Date of Birth** _____ **Birthplace** _____ **City and State or Country** _____
 Male or Female

Class (0K,01,02,03,04,05,06,07,08,09,10,11,12) _____ **Social Security Number** _____
 () _____

Transferred From (previous school/state etc.) _____ **Home Phone** _____ **Unlisted Y or N** _____

Year of Graduation _____ (Class placement matched with year of graduation)
 12th-21; 11th-22; 10th-23; 9th-24; 8th-25; 7th-26; 6th-27; 5th-28; 4th-29; 3rd-30; 2nd-31; 1st-32; 0K-33

Native Language _____ (first language spoken)

- | | | | | | | |
|----------------------|---------------------------|----------------------|-----------------------|--------------------|---------------|--------------|
| AF=Afrikaans | A1=Afro-Asiatic Lan | AK=Akan | SQ=Albanian | AM=Amharic | AR=Arabiic | AS=Assamese |
| HY=Armenian | A2=Austronesian Languages | BN=Bengali | BS=Bosnian | BG=Bulgarian | MY=Burmese | |
| CA=Cambodian | CB=Cebuano (Bisaya) | CC=Chinese Cantonese | CM=Chinese (Mandarin) | CR=Creole (French) | | |
| CP=Creoles ENG/JA/KR | HR=Croatian | CS=Czech | NL=Dutch | EN=English | EE=Ewe | |
| ET=Estonian | FJ=Fijian | FL=Filipino | FR=French | GR=German | EL=Greek | GU=Gujarati |
| HW=Hawaiian | HT=Haitian Creole | HE=Hebrew | HI=Hindi | HM=Hmong | HU=Hungarian | IS=Icelandic |
| IG=Igbo | IU=Inuktitut | IT=Italian | JA=Japanese | KN=Kannada | KA=Karen | KK=Kazakh |
| KM=Khmer Central | KO=Korean | KU=Kurdish | LA=Laotian | LT=Lithuanian | ML=Malayalam | MA=Mandingo |
| MR=Marathi | MH=Marshallese | ME=Mende (Kissi) | MN=Mongolian | NA=Navajo | BE=Nepali | |
| OM=Oromo | FA=Persian | PN= Pohnpeian | PO=Polish | PT=Portuguese | PA=Punjabi | PS=Pushto |
| RO=Romanian | RU=Russian | SR=Serbian | SM=Somoan | SN=Shona | SD=Sindhi | SI=Sinhalese |
| SK=Slovak | SO=Somali | SP=Spanish | SW=Swahili /Kiswahil | | SV=Swedish | TL=Tagalog |
| TA=Tamil | TE=Telugu | TH=Thai | TI=Tigrigna | TO=Tonga | TS=Tsonga | TR=Turkish |
| TW=TWI | UK=Ukrainian | UG=Uyghur | UR=Urdu | UZ=Uzbek | VT=Vietnamese | WO=Wolof |
| YO=Yoruba | | | | | | |

Race/Ethnic Data : Are you Hispanic ? Yes or No

From the racial categories below, circle one or more races with which you identify.

White Black Asian Amerind Pacific

Transportation _____ 01=Bus Student 02=Non-Bus Student 03=Bus Student Paid 04=Non-Bus Student Paid

HR Teacher

Student Name



Monongalia County Schools
 School Health/Homebound Services
 200 West Park Avenue
 Westover, WV 26501
 Phone: (304) 291-9288, Ext. 1705
 Fax: (304) 291-9311

TB Risk Assessment
****Revised 7/31/15****

****Form to be filled out at school site, school personnel is to determine need for TB screening based on answers to questions****

Original Form goes in student's school file and a "COPY" goes with the student if screening is indicated.

Student Name _____ DOB _____ Today's Date _____

Parent Name _____ Home Phone _____ Cell _____

Parent Name _____ Home Phone _____ Cell _____

Address: _____

Has your child?

Yes No Had a recent contact with someone with active TB?

Yes No Recently or currently is homeless? (within the past 2 years)

Yes No Visited another country for 2 months or more in the past 2 years? **

Please indicate the country: _____

****If answers Yes ONLY students K-12 from TB endemic countries need to be screened – see chart.****

Yes No Lived in another country in the past 2 years? **

Please indicate the country: _____

****If answers Yes ONLY students K-12 from TB endemic countries need to be screened – see chart****

Does your child have any of these symptoms?

Yes No Cough – longer than 3 weeks

Yes No Fever

Yes No Coughing up blood

Yes No Loss of Weight

Yes No Loss of Appetite

Yes No Night sweats

Yes No Fatigue

**** "Yes" to any of the above questions student will need TB screening prior to starting school.****

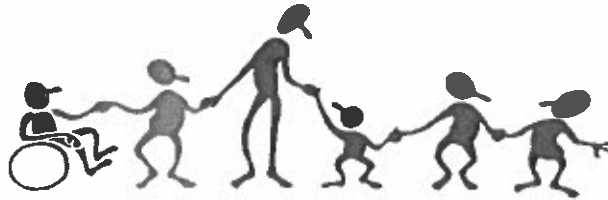
School Nurse or School Employee Signature: _____ Date: _____

Referred to MCHD or Family Physician Yes No Date _____

Family Physician _____ Phone _____

**** Appointment needs to be made by family prior to showing up for TB screening. ****

TB Test Results Neg Pos Nurse Signature _____ Date _____



Monongalia County Schools
School Health/Homebound Services
200 West Park Avenue
Westover, WV 26501
Phone: (304) 291-9288, Ext. 1705
Fax: (304) 292-9242

Respiratory Illness Questionnaire

(To be completed by all students entering school from outside of WV)

Student Name _____ DOB _____ Today's Date _____

Parent Name _____ Home Phone _____ Cell _____

Parent Name _____ Home Phone _____ Cell _____

Address: _____

State or Country you are relocating from: _____

Has **ANYONE** living in your home:

Yes No Had recent contact with someone with suspected or diagnosed coronavirus?

Yes No Visited another country in the past month?

Please indicate the country: _____

Has anyone living in your home had or has:

Yes No A fever greater than 100 F in past 14 days

Yes No Body aches or chills in the past 14 days

Yes No Cough or sore throat in the past 14 days

Yes No Been diagnosed with the flu by a physician in the past 14 days

****A "YES" answer to any of the above questions the student needs to be evaluated by the MCHD or their physician prior to starting school.**

School Nurse or School Employee Signature: _____ Date: _____

Referred to MCHD or Family Physician Yes No Date _____

Family Physician _____ Phone _____

Authorization given to attend school given by: _____
(Name of MCHD Employee or Physician)

Student Oral Health Form

Child's Name (Last, First, MI)

Date of Birth (MM/DD/YYYY)

Age

Address

City

State

Zip Code

Guardian

Phone

Please provide date of service in applicable box below:

School Entry

2nd Grade

7th Grade

12th Grade

Date of service

Current Oral Health Services:

Type of Services Provided?

Examination

Does the child have any teeth with untreated decay?

Yes (decay)

No (decay free)

Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions?

Yes

No

Are there treatment needs?

Yes, urgent

Yes, not urgent

No treatment needs

Provider Name (please print)

Phone Number

Fax Number

Practice Name

Address

Provider Signature

Office Contact email