

**MORGAN COUNTY SCHOOLS' REGISTRATION FORM  
STUDENT INFORMATION**

**WVEIS #** \_\_\_\_\_ **DATE** \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Home Language: \_\_\_\_\_

Race: \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Multi-Race \_\_\_\_\_ American Indian/ Alaskan Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Pacific Islands \_\_\_\_\_ Hispanic Origin

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

Street Address: \_\_\_\_\_

Is your current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this temporary living arrangement due to the loss of housing or economic hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your student awaiting foster care placement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list all people living in your household: \_\_\_\_\_

**PROOF OF RESIDENCY**

Please check type of Verification: \_\_\_\_\_ Driver's License \_\_\_\_\_ Morgan County Tax Receipt

\_\_\_\_\_ Other Verification: \_\_\_\_\_ County of Residence: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

Lives with: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Work# \_\_\_\_\_

Legal documentation for custody? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, include copies of documentation.

Please provide a phone number for the automated call system: \_\_\_\_\_

Family E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List below any chronic medical conditions such as allergies, medicines and illnesses or write none.

**All new WV students enrolling in Morgan County Schools will participate in screening tests for hearing, vision, speech, and language. Parents/guardians will be informed if further assessments are required. Specialized services will be provided where children will receive maximum educational benefit as determined by Morgan County Schools.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRANSPORTATION**

My child will: Ride Bus # \_\_\_\_\_ Be Picked up/Dropped off \_\_\_\_\_ Walk \_\_\_\_\_ Drive \_\_\_\_\_

**Describe how to get to your home from the nearest main road:**

\_\_\_\_\_  
\_\_\_\_\_

**As required by federal law and regulations, the Morgan County Board of Education does not discriminate on basis of race, color, religion, disability, sex, national origin, and familial status.**

**Make one copy and send to the Director of Transportation.**