

Screen Date _____

West Virginia Department of Health
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

4 Year Form

Name _____ DOB _____ Age _____ Sex: M F Race/Ethnicity _____

Weight _____ Height _____ BMI _____ Pulse _____ BP _____ Resp _____ Temp _____ Pulse Ox (optional) _____

Allergies NKDA _____

Current meds None _____

Foster Child Kinship Placement Child with special health care needs IEP/section 504 in place _____

Accompanied by Parent Grandparent Foster parent Foster organization Other _____

Oral Health

Date of last dental visit _____

Current oral health problems _____

Water source Public Well Tested

Fluoride supplementation Yes No

Fluoride varnish applied (apply every 3 to 6 months)

Yes No _____

Vision Acuity Screen:

R _____ L _____ UTO (retest in 6 months)

Wears glasses? Yes No

Hearing Screen

20 db@ _____ UTO (retest in 6 months)

R ear _____ 500HZ R ear _____ 1000HZ _____ 2000HZ _____ 4000HZ

L ear _____ 500HZ L ear _____ 1000HZ _____ 2000HZ _____ 4000HZ

Wears hearing aids? Yes No

Developmental

Developmental Surveillance (✓ Check those that apply)

Child can enter bathroom and have a bowel movement by himself/herself

Child can brush his/her teeth Child can dress and

undress without much help Child can engage in well-developed

imaginative play Child can answer simple questions Child can

speak in words that are 100% understandable to strangers Child

can draw pictures that you recognize Child can follow simple rules

when playing games Child can tell you a story from a book

Child can skip on 1 foot Child can climb stairs, alternating feet,

without support Child can draw a person with at least 3 body parts

Child can draw a simple cross Child can unbutton and button

medium sized buttons Child can grasp pencil with thumb and

fingers instead of fist

Concerns about child's behavior, speech, learning, social or motor

skills _____

Immunizations: Attach current immunization record

UTD Given, see immunization record Entered into WVSIIS

Referrals: Developmental

Mental/behavioral health/trauma - Help4WV.com/1-844-435-7498

Dental Vision Hearing

Other _____

Children with Special HealthCare Needs (CSHCN)

1-800-642-9704

Women, Infants and Children (WIC) **1-304-558-0030**

Please Print Name of Facility or Clinician

Signature of Clinician/Title

School Entry Requirements

The information above this line is intended to be released to meet school entry requirements

Medical History

Initial Screen Periodic Screen

Family health history reviewed _____

In utero substance exposure Yes No

Child currently receiving mental/behavioral health services?

Yes No _____

Recent injuries, surgeries, illnesses, visits to other providers and/or hospitalizations: _____

Psychosocial/Behavioral

What is your family living situation _____

Family relationships Good Okay Poor

Do you have concerns about meeting basic family needs daily and/or monthly (food, housing, heat, etc.)? Yes No _____

Are you and/or your partner working outside home? Yes No
Child care/after school care _____

Is your child in school? Yes No _____

Favorite thing about school _____

Any problems? _____

Activities outside school _____

Peer relationships/friends Good Okay Poor

Child exposed to Cigarettes E-Cigarettes/Vaping Alcohol

Drugs (prescription or otherwise) _____

Access to firearm(s)/weapon(s) Has a firearm(s)/weapon(s)

Are the firearm(s)/weapon(s) secured? Yes No NA

Witnessed violence/abuse Threatened with violence/abuse

Scary experience that your child cannot forget _____

Do you utilize a car/booster seat for your child? Yes No

Excessive television/video game/internet/cell phone use

How much **stress** are you and your family under **now**?

None Slight Moderate Severe

What kind of stress? (✓ Check those that apply)

Relationships (partner, family and/or friends) School/work

Child care Drugs Alcohol Violence/abuse (physical,

emotional and/or sexual) Family member incarcerated Lack of

support/help Financial/money Emotional loss Health

insurance Other _____

Continue on page 2



Name _____ DOB _____ Age _____ Sex: M F

Indicators of Serious Emotional or Behavioral Disturbance (✓ Check those that apply)

If any indicator is selected, referral to the Children's Crisis and Referral Line is recommended (<https://hipaa.jotform.com/PGHN/help4wv-PCP-referral>).

- Inappropriate behavior resulting in disruption to others or becoming known to supervisory staff
- Persistently uncooperative or disobedient with doing routine care tasks for the child (e.g., getting dressed, taking a bath, brushing teeth, age-appropriate bowel and urine habits)
- Has been sexually inappropriate such that adults have concern about welfare of other children who may be around the child unsupervised
- Often mean and nasty to other people and animals
- Persistently antagonizes other children (e.g., grabs others' toys, purposefully knocks over or damages others' toys, bullies, teases, shoves)
- Often plays alone even when there are opportunities for peer play, would rather be alone
- Has emotional flare-ups frequently, but not most of the time (e.g., sobbing uncontrollably, outbursts that are difficult to control or deflect)
- Notable emotional restriction (e.g., has difficulty expressing strong emotions such as fear, hate, love)
- Non-accidental self-harm, mutilation, or injury which is not life-threatening but not trivial (e.g., suicidal gestures or behavior without intent to die, cuts self)
- Frequent or strange or odd behavior (e.g., eats non-food items, smears feces)
- Child's developmental needs cannot be adequately met because child's needs/developmental demands exceed family resources

General Health

- Growth plotted on growth chart
- BMI calculated and plotted on BMI chart

Nutrition/Physical Activity/Sleep

Normal eating habits? Yes No
 Fruits/vegetables/lean protein per day _____
 Vitamins _____
 Normal elimination _____
 Physical activity/exercise an hour most days
 Type of physical activity/exercise _____
 Normal sleeping patterns? Yes No
 Hours of sleep each night? _____

- ***Anemia Risk** (Hemoglobin/Hematocrit) Low risk High risk
- ***Lead Risk** Low risk High risk
- ***Tuberculosis Risk** Low risk High risk
- ***Dyslipidemia Risk** Low risk High risk
- ***Hepatitis B Risk** Low risk High risk

*See Periodicity Schedule for Risk Factors

Physical Examination (N=Normal, Abn=Abnormal)

General Appearance N Abn _____
 Skin N Abn _____
 Neurological N Abn _____
 Reflexes N Abn _____
 Head N Abn _____
 Neck N Abn _____
 Eyes N Abn _____
 Red Reflex N Abn _____
 Ocular Alignment N Abn _____
 Ears N Abn _____
 Nose N Abn _____
 Oral Cavity/Throat N Abn _____
 Lung N Abn _____
 Heart N Abn _____
 Pulses N Abn _____
 Abdomen N Abn _____
 Genitalia N Abn _____
 Back N Abn _____
 Hips N Abn _____
 Extremities N Abn _____

Possible Signs of Abuse/Neglect Yes No

Age Appropriate Health Education/Anticipatory

Guidance (Consult Bright Futures, Fourth Edition. For further information: <https://brightfutures.aap.org>)

Social Determinants of Health, School Readiness, Developing Healthy Nutrition and Personal Habits, Media Use, and Safety
 Discussed Handouts Given

Plan of Care

Assessment

Well Child Other Diagnosis

Labs

- Hemoglobin/hematocrit (if high risk)
- Blood lead (if not completed at 12 and/or 24 months or high risk) (enter into WVSIIIS)
- TB skin test (if high risk)
- Lipid profile (if high risk)
- Hepatitis B Screen (HBsAG) (if high risk)
- Other _____

Referrals

See page 1, school requirements

Medical Necessity

For treatment plans requiring authorization, please complete page 3. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or dhr.wv.gov/healthcheck.

Follow Up/Next Visit 5 years of age

Other _____

Screen has been reviewed and is complete

See page 1, school requirements for required signature





2026-2027 Lewis County Schools Student Information

Student Transportation to/from school: Student rides bus (AM Bus # _____ PM Bus # _____)
 Student is a walker / guardian drop off

Teacher Name:

Student Name _____ Grade _____ Sex _____
Last First Middle

Date of Birth (MM/DD/YY) ____/____/____ City of Birth: _____ State: _____ Country _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Primary Email _____ Secondary Email _____

Mother/Guardian _____ Place of Employment _____ Phone _____

Father/Guardian _____ Place of Employment _____ Phone _____

Primary Contact Phone Number _____ Secondary Contact Phone Number _____

(Used by call out system)

(The above phone number will be called in the event of a school cancellation, an early dismissal, a school delay, or an announcement. **ONLY** the primary contact phone number will be called in the case of school delays, school closings, and school announcements.

_____ (please initial) I opt-in to receiving automated phone calls at the phone numbers listed in WVEIS for my child. This includes but is not limited to, calls about closings, dismissals, absences, and other school-related announcements.

Marital Status _____ S = Single, M = Married & Living Together, D = Divorced & Living Alone, R = Remarried & Living with New Spouse, SP = Separated & Living Alone, O = Other

In 2025-2026, what school did student attend? _____
School last attended City State

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Ethnic Group: (Circle all that apply) Caucasian, African American, Hispanic, Asian, American Indian/Alaskan Native, Pacific Islander, Native Virgin Islander

MCKINNEY-VENTO ACT

Please check the appropriate boxes:

Where is the student living now? in a shelter in a car in a camper/RV/tent in a motel/hotel with more than one family in a house or apartment with friends or family members (other than parent/guardian) none of these choices.

Is this housing situation temporary Yes No Unsure

Does the living arrangement checked above result from the loss of housing or economic hardship? Yes No Unsure

The student lives with mother father mother & father grandparent a relative, friend(s) or other adult an adult who is not the parent or guardian.

Are you a student living apart from your parents or guardians? Yes No

Student Name:

Military-Connected Student Information

Name of Military Family Member: _____

Relationship to student: _____

Branch of Service: ___ Army ___ Air Force ___ Marine Corps ___ Navy ___ Coast Guard

Military Status: ___ Active Duty ___ National Guard ___ Reserve ___ Active Guard Reserve (AGR)

___ Individual Ready Reserve ___ Standby Reserve ___ Retiree / Veteran

Student Name: _____ Teacher Name: _____

PESTICIDE NOTIFICATION REQUEST:

According to Title 61, Legislative Rules, Series 12J, Integrated Pest Management Programs in Schools and Day Care Centers, it is our responsibility to notify you of the right to be informed of the application of Level 3 and Level 4 pesticides in our school.

- I *want* to be informed at least twenty-four (24) hours in advance of a Level 3 or a Level 4 pesticide application at my child's school.
- I *do not want* to be informed at least twenty-four (24) hours in advance of a Level 3 or a Level 4 pesticide application at my child's school.

Signature of Parent/Guardian Date

In order to assure your child's safety, we need your assistance in providing names of those to whom the school may release your child. If divorced and non-custodial parent is permitted to pick up student, please list them below. If parents are separated or divorced, please submit a copy of the total court order awarding custody of the child. Please do not call the office to change this form. You must stop at the school office and submit a new form in total to change the information below. If court order exists restricting either parent from contact with student, please submit copy of court order in person to the principal.

Is there a custody agreement or parenting plan in place? Yes No If marked YES, complete the section below:

Mother/Guardian _____ Home _____
 Mother/Guardian Address _____ Cell _____
 Father/Guardian _____ Home _____
 Father/Guardian Address _____ Cell _____

Name of individuals permitted to pick up student (in calling order preference)	Relationship to the student	Home Phone Number	Work Phone Number	Cell Phone Number

Directions to the student's house: _____

Name of sibling(s), grade(s), and school(s) attending: _____

NOTICE TO PARENTS, GUARDIANS, AND CUSTODIANS CONCERNING ADMISSION OF STUDENTS TO PUBLIC SCHOOLS IN WEST VIRGINIA

West Virginia Code §18-5-15f states that:

Prior to the admission of a student to any public school in West Virginia, the county Superintendent shall require the student's parent(s), guardian(s) or custodian(s) to provide upon registration, a sworn statement or affirmation indicating whether the student is at the time, under suspension or expulsion from attendance at a private or public school in West Virginia or another state. Any person willfully making a materially false statement or affirmation shall be guilty of a misdemeanor and upon conviction the penalty shall be the same as provided for "false swearing" pursuant to section three, article five, chapter sixty-one of this code.

Accordingly, you must complete one of the statements below (whichever is applicable) prior to the admission of your child to a public school in this state, checking the appropriate blank to reflect your child's status.

I, _____ do hereby swear/affirm that _____

- is is not at this time, under suspension or expulsion from attendance at a private or public school in West Virginia or any other state.

Signature of Parent/Guardian/Custodian Date

Student Name: _____ Teacher Name: _____

ACCEPTABLE USE POLICY AGREEMENT

Student Acceptable Use Agreement:

In support of the Lewis County Board of Education’s mission of providing outstanding learning opportunities, the Lewis County Board of Education provides technology and electronic communication devices (TECD), networking, and information resources to the public schools in Lewis County. This access is a privilege. Usage is not a right and may be rescinded at any time. It requires individual users to act responsibly, conserve resources, and consider the rights and privacy of others. All existing federal and state laws, board regulations and policies apply, including laws and regulations that are specific to TECD, networks, the internet, email; as well as those that are applicable to personal conduct. After reading the Lewis County Board of Education Technology Policy (Policy 5000 and Policy 7540) and State of West Virginia Policy 2460, please complete this form to indicate that you agree with the terms and conditions outlined. The signatures of both the student and parent/guardian are mandatory before access to computer resources will be granted. This document, which incorporates the policy, reflects the entire agreement and understanding of all parties. One form shall be signed annually and kept on file at the student’s school.

Agree Do Not Agree

Parent/Guardian Acceptable Use Agreement:

As parent/legal guardian of the student signing below, I grant permission for my child to access TECD resources both stand-alone and networked. These resources may include, but are not limited to, computers, iPods, iPads, peripheral devices, academic software, library catalogs, magazines, encyclopedias, databases, email, internet, and intranets. I have read and agree to the terms and conditions set forth in the Lewis County Board of Education Technology Policy 5000 and 7540, and I understand that I may be held responsible for violations by my child. I understand that some materials on the internet may be objectionable; therefore, I agree to accept responsibility for guiding my child, and conveying to her/him appropriate standards for selecting, sharing, and/or exploring information and media. I understand that all internet use by my child will be under direct teacher supervision and monitored as any other classroom activity.

Agree Do Not Agree

Publication Authorization:

I permit publication of my child’s full name and likeness on LCS approved webpages, printed materials, audio, visual, or electronic means. I further understand that I may rescind permission for publication as may be necessary by notifying the school in writing.

Agree Do Not Agree

Student Signature	Date	Student Identification Number
Parent/Guardian Signature	Date	School

PARENT’S CONSENT AND AUTHORIZATION FOR TRAVEL

This is a consent to travel during the 2026-2027 school year. Your child’s school will send additional notifications so that parents may opt out of individual field trips throughout the school year. Additionally, your child’s school will remind parents of an opportunity to update medical information as individual trips become available throughout the year.

Statement of Student

I am requesting permission to travel as a member of a Lewis County Board of Education group on field and/or extracurricular trips. I do hereby declare that I will not consume any alcoholic beverages, engage in the use of any drugs of any type, nor will I be involved in any illegal or immoral act or event during my participation on these trips. I further declare that I will refrain from creating or engaging in any disruptive behavior or situation and that I will obey the directives of my teacher and/or chaperone or other individual in the position of authority.

Student Signature _____ Date _____

Parent’s Statement of Responsibility

By granting permission for my child to attend Lewis County Board of Education field and/or extracurricular trips, I do hereby agree that the teacher/chaperone in charge of this outing shall have the full right to regulate the behavior of my child and to terminate his/her participation in the trip by causing him or her to return home prematurely, at my expense, should my child fail to abide by the reasonable direction of the teacher/chaperone or fail to abide by the requirements referenced above.

Parent/Guardian Signature _____ Date _____

Student Name: _____ Teacher Name: _____

STUDENT HEALTH

Student's Physician: _____ Phone: _____ Date last well exam: _____

Student's Dentist: _____ Phone: _____ Date of last visit: _____

In case of illness during school, who should we contact _____ Phone _____

Does student have Medical Insurance? Yes No Vision Insurance? Yes No Dental Insurance? Yes No

Student has no known health problems. Student has allergies. If yes, Please list _____

Student takes medications *at home*. If yes, Please list _____

Student will need medications administered *at school* (must submit a doctor's order and appropriate forms).

Disclaimer: The below information is for nurses to provide health services. If you need to initiate an IEP or 504 plan, contact Lewis County Schools Special Education Services.

X Checkmark any condition for which the student is receiving medical treatment by his/her physician.

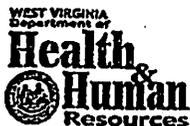
You may choose to opt-out from providing any of the below information.

<p>Central Nervous System/Neurological:</p> <p><input type="checkbox"/> Cerebral Palsy</p> <p><input type="checkbox"/> Epilepsy/Seizures</p> <p style="margin-left: 20px;"><i>Emergency Seizure Medication for school?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;"><i>Is on home seizure medication(s)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Brain/Spinal Cord Trauma/Infection</p> <p><input type="checkbox"/> Hydrocephalic/Microcephalic</p> <p><input type="checkbox"/> Migraine/Severe Headaches</p> <p style="margin-left: 20px;"><i>Will need headache medication at school?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Respiratory:</p> <p><input type="checkbox"/> Asthma with school Inhaler or Nebulizer (Circle)</p> <p><input type="checkbox"/> Chronic Bronchitis</p> <p><input type="checkbox"/> Cystic Fibrosis</p> <p><input type="checkbox"/> Severe Allergic Reaction Specify allergen: _____</p> <p style="margin-left: 20px;">Epinephrine ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Endocrine:</p> <p><input type="checkbox"/> Diabetes Type I</p> <p><input type="checkbox"/> Diabetes Type II</p> <p><input type="checkbox"/> Hypoglycemia - Diagnosed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Adrenal Insufficiency</p> <p><input type="checkbox"/> Thyroid Disorder</p>
<p>Gastrointestinal:</p> <p><input type="checkbox"/> Cleft Lip/Palate</p> <p><input type="checkbox"/> Ulcerative Colitis</p> <p><input type="checkbox"/> Eating Disorders (Anorexia/Bulimia)</p> <p style="margin-left: 20px;"><i>Special Diet- Diagnosed by Physician?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;"><i>*Special Dietary Form signed by Physician is Required</i></p> <p><input type="checkbox"/> Other GI problems? Explain: _____</p>	<p>Cardiovascular/Blood Disorders:</p> <p><input type="checkbox"/> Heart Problems</p> <p><input type="checkbox"/> Hemophilia/Coagulation Disorder</p> <p><input type="checkbox"/> Hepatitis</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Immunosuppressed</p>	<p>Urological:</p> <p><input type="checkbox"/> Renal Disease - Nephritis or Nephrotic Syndrome (Circle)</p> <p><input type="checkbox"/> Neurogenic Bladder</p> <p>Cancer</p> <p><input type="checkbox"/> Type? _____</p> <p style="margin-left: 20px;">Last Chemo Treatment? _____</p>
<p>Musculoskeletal:</p> <p><input type="checkbox"/> Juvenile Arthritis- type? _____</p> <p><input type="checkbox"/> Scoliosis, Lordosis, Kyphosis - (Circle)</p> <p><input type="checkbox"/> Muscular Dystrophy</p> <p><input type="checkbox"/> Osteogenesis Imperfecta</p> <p><input type="checkbox"/> Spina Bifida</p> <p><input type="checkbox"/> Other Musculoskeletal problems?</p> <p style="margin-left: 20px;">Explain _____</p>	<p>Behavior Medicine:</p> <p><input type="checkbox"/> Behavioral Disorders: ADHD, Anxiety, OCD/ODD (Circle)</p> <p>Prescription Medicine at School? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">Name of medicine _____</p>	<p>Genetic:</p> <p><input type="checkbox"/> Autism Spectrum</p> <p><input type="checkbox"/> Down's Syndrome</p> <p><input type="checkbox"/> Tourette's Syndrome</p> <p>Other:</p>

I understand and agree that the above student health information may be shared with appropriate school staff.

Signature of Parent/Guardian

Date



Application for Certified Copy of West Virginia Birth Certificate

Please complete on-line, print, sign, and mail as instructed below or print except where signature is required.

The following pertains to information that would be found on the certificate being requested.

Name of person on the certificate

Date of Birth

First Middle Last

Month/Day/Year

Mother's Maiden Name

First Middle Last

Sex:

Father's Name

Male

Female

First Middle Last

Place of Birth

City _____

County _____

State _____

Hospital _____

Requestor's Relationship:

Parent/Grandparent Guardian or agent Child/Grandchild

Certificate of my own birth Spouse Brother/Sister

Making false statements and misuse of vital records will result in criminal and civil penalties pursuant to WV Code §16-5-38.

Signature (Required)

Printed Name (Required)

Requesting _____ copies at \$12.00 per copy and enclosing \$_____.

Please send check or money order. Please do not send cash.
Make checks payable to: Vital Registration

Send copies to: Print your address below.

City State Zip

() _____
Area Code Your daytime telephone number:

E-Mail address

Submit form with check or money order to:

Vital Registration
Room 165
350 Capitol Street
Charleston, WV 25301-3701

Telephone: (304) 558-2931

How can I help my child be successful?

Four Important Family Commitments:

- » Make sure your 3- to 6-year-old child gets at least 10 hours of sleep per night;
- » Develop consistent routines that include a daily bedtime and wake up time;
- » Read aloud to your child every day for at least 20 minutes. You can use one session or several shorter sessions to meet this goal;
- » Use positive discipline (Say three positive things for every one negative or correcting statement.);
- » Spend quality time talking with your child each day; and
- » Build the habit of good attendance at school.

Source: Adapted from www.ceelo.org
American Academy of Pediatrics • www.aap.org



For more information

about early learning programs in West Virginia, including **Find My WV Pre-K**, contact the West Virginia Department of Education's **Office of PK-12 Academic Support** at 304-558-8098, or visit www.ReadySetGoWV.com or wvde.us/find-my-pre-k.

Resources

WVDE Office of PK-12 Academic Support

wvde.us/early-and-elementary-learning

West Virginia Birth to Three Services

1-866-321-4RAU
www.wvdhhr.org/birth23

Preschool Special Education Services

1-800-642-8541

WVDoHS Division of Early Care & Education

<https://dhhr.wv.gov/bfa/ece/Pages/default.aspx>

West Virginia Head Start Association

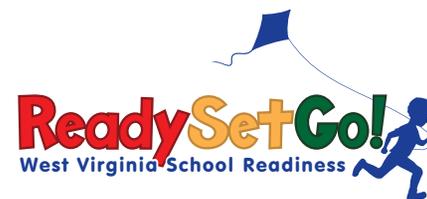
www.wvheadstart.org

West Virginia Home Visiting Programs

www.homevisitwv.org

Dolly Parton's Imagination Library in West Virginia

www.marshall.edu/juneharless/imaginationlibrary



West Virginia Universal Pre-K & Kindergarten

A FAMILY'S GUIDE to SCHOOL READINESS



West Virginia DEPARTMENT OF
EDUCATION

Introduction

The West Virginia Board of Education and the West Virginia Department of Education, as well as local, state, and national partners, believe strongly that the first years of a child's life and schooling are very important to help establish solid foundations for lifelong learning. School readiness in West Virginia includes all areas of learning and growth of your child, such as their:

- » health and physical development;
- » social and emotional development;
- » language and communication;
- » cognition and general knowledge; and
- » their individual approaches to learning.

Children enter school with varied levels of skills and learning experiences. All children deserve the chance to engage in high-quality West Virginia Universal Pre-K and kindergarten programs.

This resource is provided for families of young children who are entering West Virginia Universal Pre-K or West Virginia kindergarten programs for the first time to help strengthen the connection between children, communities, families, and schools.



Is my child eligible?

The following are guidelines for families enrolling their child in a West Virginia Universal Pre-K or kindergarten program:

» Age requirements:

- 3 years old with an Individualized Education Plan (IEP) or 4 years old prior to July 1 for West Virginia Universal Pre-K Programs
- 5 years old prior to July 1 for West Virginia kindergarten programs

» The following items will be needed:

- A copy of an original birth certificate certified by the state's registrar of vital statistics;
- A dental examination conducted by a dentist;
- A HealthCheck/well-child exam by a medical provider completed within the last year;
- Immunization records. Your child's family physician can enter all immunization records into a state database (WVSIIS). Each school can access this database and review these records for school entry. Should your child still be catching up on their vaccinations, please work closely with the school nurse to ensure all vaccinations are current.

What should I expect of my child's early learning experience?



West Virginia Universal Pre-K and kindergarten programs should be inclusive, engaging, and fun for all children! Here are a few key indicators of a high-quality early learning experience:

- » An inviting classroom where children can learn through active exploration and experimentation;
- » An active classroom where children are busy learning through play that is developmentally-appropriate and culturally-sensitive;
- » Lots of conversations throughout the day with other children and adults;
- » A schedule that allows large blocks of time for children to learn about topics that interest them;
- » A teacher and teacher assistant(s) who interact with children to support and extend their learning;
- » A program where children can actively play, talk, and work with other children;
- » An integrated use of grade level content standards to assure children develop solid foundations for learning;
- » Evidence of children's learning across all areas of development, which will be shared with families throughout the school year; and
- » An inclusive classroom that provides meaningful everyday experiences.

FERPA/HIPAA CONSENT

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN DENTAL/MEDICAL PROVIDERS and SCHOOL DISTRICTS

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal laws (including HIPAA) concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

USE AND DISCLOSURE INFORMATION:

Patient/Student Name: _____
Last First MI DOB

I, the undersigned, do hereby authorize (name of agency, dental and/or health care providers):

(1) _____ (2) _____

To provide health information from the above-named child's dental and/or medical record to and from:

Lewis County Schools _____ 239 Court Avenue, Weston, WV 26452
School District to Which Disclosure is made Address/City/Zip Code

School Personnel _____ 304-269-8300
Contact Person at School District Area Code and Telephone Number

The disclosure of health information is required for the following purposes:

Educational Purposes

Requested information shall be limited to the following: All minimum necessary health information; or Disease-specific information as described:

DURATION:

This authorization shall become effective immediately and shall remain in effect until _____ (enter date) or for one year from the date signature if no date is entered.

RESTRICTIONS:

Law prohibits the Requestor from making further disclosure of my health information unless the Requestor obtains another authorization form from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS:

I understand that I have the following rights with respect to this Authorization: I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the school district/health care agencies/persons listed above. My revocation will be effective upon receipt but will not be effective to the extent that the Requestor or others have acted in reliance to this Authorization.

RE-DISCLOSURE:

I understand that the Requestor (School District) will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate and least restrictive educational settings and school health services and programs.

I have a right to receive a copy of this Authorization. Signing this Authorization may be required in order for this student to obtain appropriate services in the educational setting.

APPROVAL:

Printed Name Signature Date

Relationship to Patient/Student Area Code and Telephone Number



Lewis County Schools

Important Communication Information

Attendance Information

- Parents/guardians may submit up to five (5) parent notes per semester. These notes are considered excused absences and may be used when a student is ill but does not require a doctor's visit or when unforeseen circumstances occur.
- If your child visits a doctor, dentist, or other healthcare provider, please request a note and submit it within three (3) days of your child's return to school.
- For attendance questions or additional information, please contact:
Aaron Radcliff, Attendance Director
(304) 269-8300 ext. 1115

School Call-Out System

Lewis County Schools uses an automated call-out system to notify families of:

- School delays or cancellations
 - Early dismissals
- Important school updates

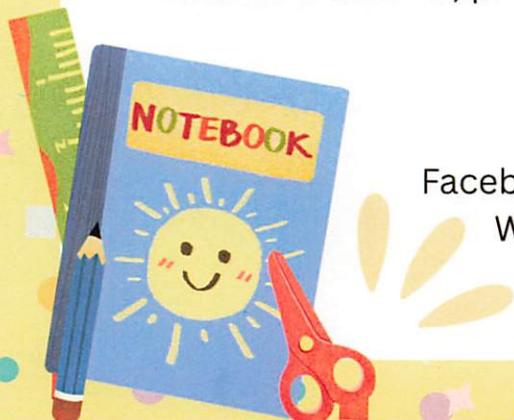
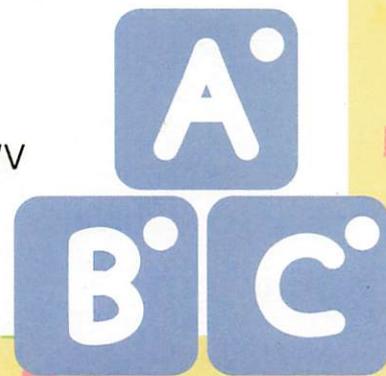
To receive these calls, please be sure you have opted in on your child's student data form.

Transportation

If your child will ride a school bus and you have questions regarding pick-up times or locations, please contact the Transportation Department at:
(304) 269-8313

Stay Connected

Facebook: @LewisCountySchoolsWV
Website: www.lewisboe.com



Lewis County Schools

Enrollment Vaccination Check Off Sheet

Student Name: _____

Date of Birth: _____ School Attending: _____

Vaccines

DTaP/DTP Td/Tdap: Doses: #1 #2 #3 #4 #5

- Before admission, four doses required. One dose must be after the 4th birthday.

Polio (IPV/OPV): Doses: #1 #2 #3 #4

- Before admission, three doses required. One dose must be after the 4th birthday.

Measles, Mumps & Rubella (MMR): Doses #1 #2

- Before admission, two doses required. First dose must be after the 1st birthday. After one dose, student may be allowed up to 30 days to complete the series. • Doses should be a minimum of 28 days apart.

Varicella (Chickenpox): Doses #1 #2

- Before admission, two doses required. First dose must be after the 1st birthday. Immunity may also be demonstrated through the legal guardian's written or verbal attestation of varicella (chickenpox) disease.

Hepatitis B: Doses #1 #2 #3

- Before admission, three doses required. Last dose must be after the age of 6 months.

Tdap (7th grade): Doses #1 7th grade

Meningococcal (for 7th and 12th grades): Doses #1 7th grade #2 12th grade

Signature of Lewis County School Nurse: _____

THIS DOCUMENT MUST BE COMPLETED AND SIGNED OFF BY A LEWIS COUNTY SCHOOL NURSE.
Place document and a copy of vaccination record in student's record to be filed.

Lewis County Schools
Pre-School Collaborative Data Sheet
Child Placement information

Child's Full Name: _____ Date of Birth: _____

Number of people in child's family unit?	Approximate Yearly Income for family?		
	SNAP (Food Stamps)	YES	NO
	TANF/WV WORKS	YES	NO
	SSI – anyone in family unit	YES	NO
	HOMELESS(McKinney-Vento Act)	YES	NO

Foster Child- non relative	Yes	No
Foster Child- relative	Yes	No
Grandparent or other relative raising child	Yes	No
Child had Birth to Three Services	Yes	No
Child has Documented Disability	Yes	No
Suspect Disability of child	Yes	No
Previously enrolled in Head Start or other Pre-School Program?	Yes	No
Child will attend before or after school child care? Address of child care provider: _____	Yes	No
Bus service needed?	Yes	No

Child's Insurance Provider Type and number:
 Medicaid# _____ Private # _____
 CHIPS# _____ Employer Provided# _____
 Tricare, Champus, Military # _____

RANK SCHOOL BY CHOICE: 1-5 (first come, first serve at most locations)
 All Sites follow the same curriculum and standards set by State and Federal agencies

Head Start – Weston site - Head Start bus available in most areas	
Jane Lew Elementary	
Leading Creek Elementary	
Peterson Central Elementary	
Roanoke Elementary	

LEWIS COUNTY SCHOOLS

Permission to Enter Immunization Records in WVSIIIS

West Virginia Law requires parents to show proof that their children have received certain vaccinations before being admitted to school. WV Code §16-3-4 and two state rules give clear guidance on which vaccinations and how many doses are required for school entry. Those rules are: Reportable Diseases, Events and Conditions, 64CSR7, and immunization Requirements and Recommendations for New School Enterers, 64CSR95.

The West Virginia Bureau for Public Health began a program in 1999 to help parents keep track of their children's shots. This program is called WVSIIIS (West Virginia Statewide Immunization Information System). Some children's shot records have *been reported by doctors and entered into the WVSIIIS database*. However, not all records have been reported, particularly for children born before 2003.

Maintaining your child's shot records in WVSIIIS helps schools, doctors, and families. It makes important historic information available to parents and doctors as to which shots your child has had and which ones are needed. Keeping your child's records in WVSIIIS minimizes the chance that your child will ever have to repeat any immunizations when proof of immunization may be required for college admission, certain occupations, or during disease outbreak.

Providing immunizations for all school children helps to keep your child, your community and our schools free from preventable diseases. The WVSIIIS program plays a crucial role by providing for the safe, accurate and confidential maintenance of your child's Immunization records.

Please indicate below that you consent to have your child's or children's school immunization records kept in the WVSIIIS by checking the box below and signing this form. Thank You.

Yes, I give permission for the school to share my child's shot records with WVSIIIS.

Signature of Parent / Legal Guardian

Date

1. _____ Child's Name Date of Birth	2. _____ Child's Name Date of Birth
3. _____ Child's Name Date of Birth	4. _____ Child's Name Date of Birth

If consent is being given for more than four children, please use an additional sheets.



LEWIS COUNTY SCHOOLS

239 Court Avenue
Weston, West Virginia 26452
Telephone (304) 269-8300
Fax (304) 269-8305

Superintendent

Carolyn Long

Board of Education

Adam Gissy, President
David Bush, Vice President
James R. Fealy
Melissa Fox
John White

January 15, 2026

Beginning school is a major milestone in your student's life, and it comes with a series of decisions that will need to be made. The first is which school your student will attend. At this time, Pre-K students can attend the school of the parent/guardian's choice. This will be your first decision, but not one that is permanent. In the future, you will have to revisit that decision for Kindergarten and beyond.

If you wish for your Pre-K student to attend a school that is outside of the district in which you reside, you must submit an **Out of District Form** to Patricia Weaver at the Lewis County Board of Education. Please note, if you wish for your student to attend a school outside of the district in which you reside then transportation will be the responsibility of the parent/guardian. Lewis County Schools will not assume responsibility for transportation and/or any expenses related to this request.

Beyond Pre-K, this decision must be revisited before the beginning of their Kindergarten year. Please note, attending a Pre-K at a school outside of your district will not guarantee that your student will be able to attend that school for their Kindergarten year.

Aaron Radcliff
Attendance Director
aradcliff@k12.wv.us
304-269-8300 x115

PRESCHOOL

2026-2027

ENROLLMENT

Packets Available: March 23

Packets Returned: April 17

Required Documents

- Pre-K Enrollment Packet Forms
- Birth Certificate from the Office of Vital Statistics
- Current WV Health Check Verification
- Current Oral Health Check Verification
- Immunization Record

Age Requirement

Must be 4 years old
before July 1

Packets Available

lewisboe.com
Lewis County BOE
Weston Head Start

Contact us

Janet Sabatelli
janet.sabatelli@k12.wv.us
304-269-8300 Ext. 1144

Patty Weaver
paweaver@k12.wv.us
304-269-8300 Ext. 1135



Requirements for Pre-Kindergarten Program Enterers

All children entering an approved pre-kindergarten ("Pre-K") classroom must have age appropriate immunizations¹ upon enrollment as mandated by state law.² The following chart shows the **minimum** number of doses for each vaccine required for entry.²

<p>Hepatitis B 3 doses Final dose at age 24 weeks or older</p>
<p>Diphtheria, tetanus, and acellular pertussis vaccine (DTaP) 4 doses Booster dose after 4th birthday is <u>not</u> required</p>
<p>Varicella 1 dose After child's 1st birthday</p>
<p>Inactivated polio virus (IPV) 3 doses Booster dose after 4th birthday is <u>not</u> required</p>
<p>Measles, mumps, and rubella (MMR) 1 dose After child's 1st birthday</p>

Students may be provisionally enrolled in Pre-K with at least one dose of each required vaccine and allowed up to eight months, if necessary for minimum intervals, to obtain up-to-date status. The WVDHHR, Bureau for Public Health recommends that vaccine doses administered 4 days or fewer before the minimum interval or age be considered valid.

For questions, contact the Division of Immunization Services at 1-800-642-3634.

¹Applicable immunization schedules can be found at <http://www.cdc.gov> by searching "Immunization Schedules." ² [West Virginia Code § 16-3-4](#) and [WVDHHR interpretative rule 64CSR95](#).

School Bus Safety

Important Safety Tips for Students and Families

Why Bus Safety Matters

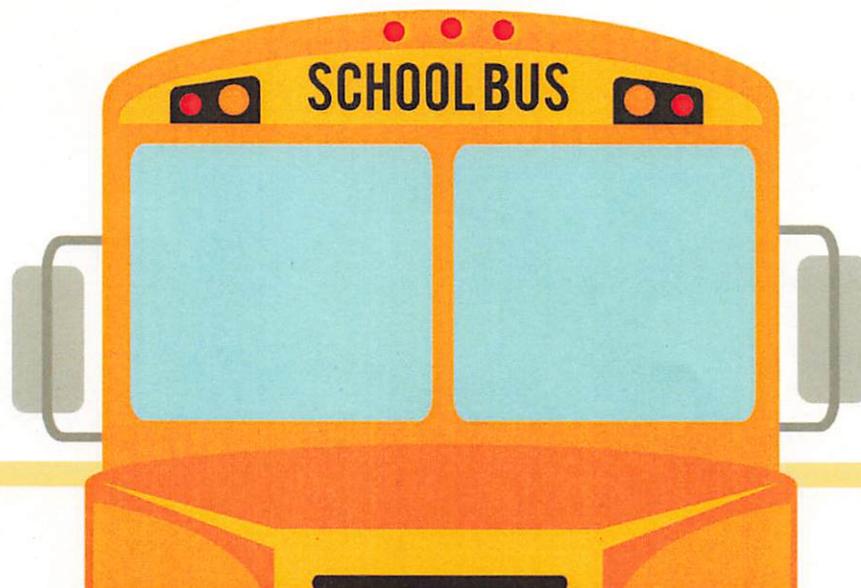
According to the National Highway Traffic Safety Administration (NHTSA), riding a school bus is one of the safest ways for students to travel to and from school. However, the greatest risk occurs in the "danger zone"—the area in front of the bus and along both sides. Families are encouraged to review these safety tips with their child.

School Bus Safety Rules

- Do not get on or off the bus until the driver says it is safe to do so.
 - Ask the bus driver for help if you drop something while getting on or off the bus.
 - Once off the bus, look carefully for cars before walking away or crossing the street.
- Wait for the driver's signal (thumbs up) before crossing the road to or from the bus.
 - Do not wait at the bus stop alone.
 - Always use the handrails when getting on and off the bus.
 - If you miss the bus, do not run after it.

On the Bus

Students should respect the bus driver and follow all bus rules. Remain seated, keep voices low, and follow directions to help ensure a safe ride for everyone.



Student Dental Health Form

Lewis County Schools
239 Court Avenue
Weston, WV 26452
Phone: 304-269-8300 Fax: 304-269-8342

Students are required to submit proof of dental exam to school by Dentist for PreK.

Name of Student: _____ DOB: _____

School: _____ Grade: _____

This is to certify that I have examined the above-named student, and these are the findings:

- No dental work is necessary for the student.
- Preventative Care (circle): cleaning, exam, fluoride treatment, sealants, x-rays.
- Treatment is in progress for the student.
- All necessary dental work has been completed for the student.

Referred to _____ for further dental work

Date of last dental visit _____

Further recommendations: _____

Name of Dentist: _____

Address: _____

Phone: _____ Fax: _____

Signature of Dentist: _____