

ALLEN T. ELEMENTARY PRESENTS
2024-2025

KINDERGARTEN SIGNING DAY

INCOMING KINDERGARTENERS
& PARENTS ARE WELCOME TO
JOIN US IN THE SCHOOL LOBBY

MARCH 22, 2024

9-11 or 1-2 at ATA

MEET SOME SCHOOL STAFF,
COUNSELOR, & PRINCIPALS



KINDERGARTEN PAPERWORK DROP OFF:
Remember to bring your registration
paperwork, proof of residency, birth
certificate, shot records, and other important
documents.

QUESTIONS: CALL 304-387-1915
MEDICAL FORMS CAN BE FAXED TO 304-387-2114

Kindergarten Students 2024-2025

Forms to Return to Allison Elementary School
Student Data Collection Form
Classroom Visit Form
Student Residency
Home Language Survey
Child Custody Form (If applicable)
Forms to take to the doctor – K Requirements
HCS Immunization Guidelines
5-Year-Old Physical Form
Oral Health Form
Informational Forms
New Student Handbook
Preparing for Kindergarten
Kindergarten Readiness Checklist

STUDENT DATA COLLECTION FORM 2024 - 2025

PLEASE PRINT

Was your child previously enrolled in any WV school (Y/N)? If Yes, name of County: _____

If Yes, what was the Original Enrollment Date? ____/____/____ Last School Attended: _____

Did this child attend preschool?

____ Yes Name of preschool attended _____

____ No Reason child did not attend preschool (i.e., cost, transportation, not interested, etc. _____)

School: _____ Date: _____

Student Legal Name: _____ Sex: _____

(No nicknames, please) Last First Middle Other

Birthdate: ____/____/____
mm dd yy

Birthplace: _____
City State

Class: _____ *

Social Security Number: _____ - _____ - _____

Pre-School FTE: P1 through P9 (dependent on FTE),

Early childhood FTE: E1 through E9 (dependent on FTE),

OK, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12 Post Graduate=PG

Transfer from: _____
School City State

Home Phone: () _____ - _____ Cell Phone: _____ Unlisted? _____ (Y or N)

All phone numbers must include Area Code

Year of Graduation: _____ *

Career Cluster: _____ Pathway: _____

*Grade: K=36; 1st=35; 2nd=34; 3rd=33; 4th=32; 5th=31; 6th=30;
7th=29; 8th=28; 9th=27; 10th=26; 11th=25; 12th=24

E; P; S; BM; ET; FH; HE; HU; SN

(Secondary only)

Native Language: _____ *

Ethnic Group: (Mark Both Questions Below)

(Language Spoken in Home) Print Other Not Shown

EN=English; SP=Spanish; FR=French; JA=Japanese;

GR=German; IT=Italian; PO=Polish; AR=Arabic;

CC=Chinese Cantonese; CM=Chinese Mandarin;

CR=Creole (French); HI=Hindi; HM=Hmong; KO=Korean;

LA=Laotian; NA=Navajo; PT=Portuguese; RU=Russian;

TA=Tagalog; TH=Thai; VT=Vietnamese

1. Are you of Hispanic Origin? Yes / No

2. What is your race? Choose one or more of the race categories

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

*IF A LANGUAGE OTHER THAN ENGLISH IS NOTED, PLEASE NOTIFY TITLE III DIRECTOR IMMEDIATELY.

Transportation: _____ *

BUS AM: _____ PM: _____

*01 =Bus Student; 02 =Non-Bus Student;
03 =Bus Student Paid 04 =Non-bus Student Paid

PRIMARY GUARDIAN (Specify: Father/Mother/Other: _____) (Call Order: (1 2 3 4 _____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____

Phones: Home: () _____ - _____ Unlisted? _____

Employer: _____

Work: () _____ - _____ EXT: _____

Occupation: _____

Cellular: () _____ - _____ EXT: _____

E-mail: _____

Pager: () _____ - _____ EXT: _____

SECONDARY GUARDIAN (Specify: Father/Mother/Other: _____) (Call Order: (1 2 3 4 _____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____

Phones: Home: () _____ - _____ Unlisted? _____

Employer: _____

Work: () _____ - _____ EXT: _____

Occupation: _____

Cellular: () _____ - _____ EXT: _____

E-mail: _____

Pager: () _____ - _____ EXT: _____

Do you live with someone other than a parent? _____

CLASSROOM VISIT FORM

Name of Child: _____	Address: _____

	Phone Number: _____
	Phone Number: _____
	Phone Number: _____

Name you want your child to be called at school. This is the name he/she will write.

Date of Birth	List allergies, medical, or other concerns / we should be aware of at school.
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Brothers or sisters who live with the student:

_____ age _____ _____ age _____

_____ age _____ _____ age _____

If you need more room for siblings, please list remaining children on the back of this sheet.

Please circle one:

<p><u>BUS STUDENT</u></p> <p>If you know the following – Please fill it in.</p> <p>Bus Number: _____</p> <p>Name of bus stop: _____</p> <p>Any other children who will ride the same bus with your child:</p> <p>_____</p>	<p><u>WALKER</u></p> <p>Who will pick your child up from school?</p>
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Are there any restrictions on who can contact your child?	NO	YES Name(s) _____
Are there any custody / court documents necessary for the school?	NO	YES
If there are custody / court documents, are they on file in the main office?	NO	YES

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Hancock County Schools

Student Residency

Date: _____

A. Demographic Information:

School: _____

Parent(s)/Legal Guardian(s) Name: _____

Student Name: _____

Please circle: **Male** or **Female**

Date of Birth: _____

Age: _____

Grade: _____

Last School Attended: _____

Telephone Number: _____

B. Are you an unaccompanied youth not in the custody of a legal parent or guardian? YES, or NO:

C. Is your family residing in any of the following situations?

- ☐ 1. Sharing the housing with others due to loss of housing or economic hardship.
B) How long? _____
- ☐ 2. Living in a motel or hotel due to loss of housing or economic hardship.
B) How long? _____
- ☐ 3. Staying in transitional or emergency shelter.
- ☐ 4. Substandard housing; without electricity, running water, health code violations, lack of cooking capabilities, etc.
- ☐ 5. Sleeping in a car, campground, park or public space.

D. Is your current address a temporary living arrangement; YES, or NO:

E. Are any of the below the reason for the displacement of your family:

☐ 1. Mortgage Foreclosure

☐ 2. Natural Disasters:

F. List ALL children in the family: (If you checkmarked or marked yes to B, C, D, or E, please complete the information below.)

Name:	M/F:	DOB:	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. List ALL adults in the family:

Name:	M/F:	Relationship to above children:
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Records Needed:

- ☐ Birth Certificate
- ☐ Immunization/Medical Records
- ☐ Academic Records
- ☐ Guardianship Records (If applicable)
- ☐ Evaluation for Special Education

* Time line is waived for immediate enrollment and attendance

HOME LANGUAGE SURVEY



School: _____ Student ID# _____

Student's Last Name: _____ Student's first Name: _____

1. Complete this home language survey at the student's initial enrollment in school.
2. This form must be signed and dated by the parent or guardian. It must be kept in the student's file.
3. This form will be used only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

English

1. What is the primary language used in the home, regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____
4. In which language do you prefer to receive information from the school?
_____ (Specify language)
5. What is your relationship to the child:
____ Father ____ Mother ____ Guardian ____ Other(specify)

Parent or Guardian Signature

Name: _____ Date: _____

Child Custody Form 2024-2025

Kindergarten Registration

The completion of this form is needed **ONLY IF** there is a legal custody agreement between guardians. A legal custody agreement from a court order must be on file in the school office along with this form.

Child's Name: _____ Child's Grade _____

Child's Teacher _____

1. Name of the custodial parent/guardians (With whom the child resides) _____
2. If custody is joint, name of who joint custody is shared with: _____
3. Name of the non-custodial parent/guardian: _____
4. Do you as the custodial or joint custodial parent have a legal custody agreement through a court order? _____ Yes _____ No
5. If there is a court order, does it permit the child to be released to the non-custodial parent? _____ Yes _____ No
6. If yes, please explain specific days if it takes place while the child is attending school.

- Please provide a copy of any court order or custody agreement that may exist.
- Please initial if there is a custody agreement on file in the school office. _____

*If a court ordered custody agreement is not provided, it is presumed and legally sound to assume that both parents named on the birth certificate have equal parental rights in the area of custody and information. If the above information changes, please inform the school by providing the office with a copy of the revised court order or agreement.

Please provide any additional information regarding custody.

Parent/Guardian _____

(Please Print)

Signature: _____ Date: _____



WMC

PHYSICIAN PRACTICES, LLC

651 Colliers Way, Box 300 | Weirton WV 26062

Hannah Reynard, the Allison Health Clinic's Nurse Practitioner, will be available to do physicals, if your child needs it done to enter school next year.

Who: Incoming Preschool, Kindergarten, and 2nd Grade Students

Where: A. T. Allison Elementary School

When: Daily during the Month of March Mon.-Fri.

Time: 9:00 am – 1:00 pm

Cost: Billed through insurance

What to do: Call to schedule an appointment
304-387-1915 Ext. 3640

Hancock County Schools Immunization Entrance Guidelines

VACCINE	REQUIREMENT
DTaP / DTP	Four (4) doses required. One dose after the 4 th birthday.
POLIO IPV	Three (3) doses required. One dose after the 4 th birthday. <i>Note: If immunizations include OPV and IPV, then a total of 4 doses are required.</i>
Measles, Mumps, and Rubella (MMR)	Two doses required. First dose <u>after</u> the 1st birthday.
Varicella	Two (2) doses required. First dose after the 1 st birthday.
Hepatitis B	Three (3) doses required. Last dose after 6 months of age.

Kindergarten – Kindergarten students must have a **Wellness / Health Physical** completed by a physician and an **Oral Health Assessment** completed by a licensed dental professional.

Screen Date _____

West Virginia Department of Health and Human Resources

5 Year Form

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

Name _____ DOB _____ Age _____ Sex: M F Wt _____ Ht _____ BMI _____ BP _____ Pulse _____ Temp _____

Allergies: ☐ NKDA _____ Current Meds: ☐ None _____Accompanied by: ☐ Parent ☐ Grandparent ☐ Foster parent ☐ Foster organization ☐ Other _____

Health conditions that may require care at school _____

☐ Vision Acuity Screen (obj) R _____ L _____
Wears glasses ☐ Yes ☐ No

☐ Hearing Screen (obj)
25 db@ _____ 20 db@ _____
R ear: _____ 500HZ R ear: _____ 1000HZ _____ 2000HZ _____ 4000HZ
L ear: _____ 500HZ L ear: _____ 1000HZ _____ 2000HZ _____ 4000HZ
Wears hearing aids ☐ Yes ☐ No

Oral Health Screen
Date of last dental visit _____
Water source: ☐ Public ☐ Well ☐ Tested
Fluoride ☐ Yes ☐ No
☐ Current oral health problems:

Developmental

Developmental Surveillance: ☒ Check those that apply
Gross Motor: ☐ Walks, climbs, runs ☐ May be able to skip
☐ Up/down stairs alternating feet, without support
Fine Motor: ☐ Copies ▲ or ■ ☐ Prints some letters
☐ Draws figure w/head, arms and legs ☐ Dresses self
☐ Has manual dexterity
Communication: ☐ Able to recall parts of story ☐ Fluent speech
☐ Uses complete sentences ☐ Speaks in short sentences
☐ Uses future tense ☐ Second language spoken at home
Cognitive: ☐ Knows address and phone # ☐ Can count on fingers
☐ Follows 2-3 step instructions
☐ Recognizes many letters of the alphabet
Social: ☐ Listens to stories ☐ Follows rules
☐ Plays interactive games with peers
☐ Elaborate fantasy play/make believe/dress up

Immunizations: Attach current immunization record
☐ UTID ☐ Given, see vaccine record

Referrals: ☐ Developmental ☐ Emotional ☐ Dentist ☐ Vision
☐ Hearing ☐ Blood lead 10µg/dl ☐ CSHCN 1-800-642-9704

Provider signature required for validation
☐ Risk indicators reviewed/screen complete

Please Print Name of Facility or Clinic _____

Signature of Clinician/Title _____

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

School Entry Requirements

History: ☐ No change
Concerns and questions:
Follow up on previous concerns:

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

Social Emotional Health/Interpersonal Trauma¹

Social/Family: ☒ Check those that apply
☐ Family situation change ☐ No change

Has your child lived anywhere but with parent(s)/caretaker(s)?
☐ Yes ☐ No
Parent(s)/Caretaker(s) working outside home? ☐ Yes ☐ No
Child care? ☐ Yes ☐ No
Ability to separate from parent(s)/caretaker(s)? ☐ Yes ☐ No
Sibling(s) in the home? ☐ Yes ☐ No
Gets along with other family members? ☐ Yes ☐ No

Social Emotional/Stress Indicators: ☒ Check those that apply
Is there stress in the home? ☐ Yes ☐ No

Has your child ever had a really scary or bad experience that they cannot forget? ☐ Yes ☐ No
Does your child have bad dreams or nightmares? ☐ Yes ☐ No

Has your child experienced an emotional loss? ☐ Yes ☐ No

Risk Indicators: ☒ Check those that apply

Exposure to: ☐ Passive Smoke ☐ Cigarettes ☐ E-Cigs ☐ Chew
☐ Alcohol ☐ Other drugs
☐ Access to weapon(s) ☐ Has a weapon(s)
Do you wear protective gear, including seat belts? ☐ Yes ☐ No
☐ Excessive television/video game/internet/cell phone use
Hours per day: _____ Who supervises usage? _____
☐ Pre-school ☐ School/Grade _____
☐ Attends school regularly _____
☐ Special classes _____
☐ Participates in extracurricular activities _____

Physical Health

Current Health Indicators: ☒ Check those that apply
☐ No change
Changes since last visit:

Nutrition: ☐ Normal eating habits ☐ Vitamins
☐ Normal elimination ☐ Normal sleep patterns

Lead Risk: ☐ Low risk ☐ High risk
☐ Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?
☐ Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?
☐ Has a sibling or playmate who has or did have lead poisoning?

See Periodicity Schedule for risk indicators

Hemoglobin/Hematocrit Risk: ☐ Low risk ☐ High risk
Tuberculosis Risk: ☐ Low risk ☐ High risk

Physical Examination: ☒ = Normal limits

☐ General Appearance ☐ Skin
☐ Neurological ☐ Reflexes
☐ Head ☐ Neck
☐ Eyes ☐ Red Reflex ☐ Ocular Alignment
☐ Nose ☐ Ears ☐ Oral Cavity/Throat
☐ Lungs ☐ Heart ☐ Pulses
☐ Abdomen ☐ Genitalia
☐ Back ☐ Extremities
Possible Signs of Abuse ☐ Yes ☐ No

Health Education:

☐ Discussed ☐ Handout(s) given
Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, school entry, family relationships, and community interaction

Assessment: ☐ Well Child ☐ Other Diagnosis

Labs: ☐ Blood lead, if needed or high risk

Referrals: (see above) ☐ Other

Prior Authorizations:

For treatment plans requiring authorization, please complete page 2 on the reverse. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit: ☐ 6 years of age ☐ Other

¹ Some responses may indicate adverse childhood experiences. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. For assistance phone 844-HELP4WV (844-435-7498).



HANCOCK COUNTY SCHOOLS

P.O. Box 1300, New Cumberland, WV 26047 (phone) 304-564-3411 (fax) 304-564-3990 <http://boe.hancock.k12.wv.us>

Student Oral Health Form

Patient Information

Child's Name (Last, First, MI) _____ Date of Birth (MM/DD/YYYY) _____ Age _____

Address _____ City _____ State _____ Zip Code _____

Guardian _____ Phone _____

Oral Health Service

Please provide date of service in applicable box below:

Date of service

School Entry	2nd Grade	7th Grade	12th Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Additional Information

Oral Health Provider's Contact Information and Signature

Provider Name (please print) _____ Phone Number _____ Fax Number _____

Practice Name _____ Address _____

Provider Signature _____ Office Contact email _____

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:

School District to Which Disclosure is Made Address / City and State / Zip Code

Contact Person at School District Area Code and Telephone Number

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

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 of signature, if no date 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

ALLEN T. ALLISON ELEMENTARY SCHOOL



"United in Pursuing Excellence"

NEW STUDENT HANDBOOK

Toni Hartung, Principal
Jennifler Marchese, Assistant Principal
(304) 387-1915

SCHOOL MISSION STATEMENT

“United in Pursuing Excellence”

A. T. Allison Elementary, a School of Excellence, serves approximately 325 students in grades preschool through fourth grade. Our mission statement, “United in Pursuing Excellence,” expresses our belief that through collaborative efforts all students, teachers, parents, community, and administration work together to ensure the success of all students. By using a variety of instructional strategies in a 21st century learning environment, we strive for our students to become productive members of society.

SCHOOL POLICIES AND GENERAL INFORMATION

INTRODUCTION

These policies have been formulated within the procedures established by the Hancock County Board of Education and by the staff of the Allison Elementary School. We wish to continue to improve the learning atmosphere in all schools and to keep those associated with the schools informed of our expectations.

We hope that after you read and discuss these policies with your children, you keep them available for reference throughout the school year.

ENROLLMENT

- **Birth Certificate:** An official birth certificate issued and signed by the **State Registrar** (not local registrar) of the Vital Registration Office of the state where the child was born must be presented when a child is officially enrolled in school. *(City, County and hospital issued birth certificates are not acceptable.)*
- **Two (2) Proofs of Residency:** Gas or electric bill, current tax statement from a home, and/or valid WV license)
- **Parent Identification:** Current driver's license or photo ID
- **Child's Social Security Card:** A photocopy of the child's social security card must be in the student file in the school office.
- **Immunizations:** It is a state law that the listed immunizations be completed before the child can be enrolled. All children entering West Virginia schools are required by law to have been immunized against the following:

Hepatitis B (3)	Varicella (2)
DTaP/TDP (4)	MMR (2)
IPV/Polio (3)	

*Immunization details are listed on the Hancock County Schools Entrance form

Physical: Students entering preschool, kindergarten, and second grade must have a Health Wellness Check (physical) within the calendar year of enrolling.

Dental Examination: Students entering preschool, kindergarten, and second grade must have an oral health exam within the calendar year of enrolling.

ATTENDANCE

Kindergarten students must be five years old on or before June 30th of the current year to attend school.

Preschool students must be four years old on or before June 30th of the current year to attend preschool.

ABSENCES, TARDIES, AND EARLY DISMISSALS

State law mandates that all kindergarten through twelfth grade students spend a pre-determined amount of instruction time each day for 180 days per school year. When a child misses this instruction, a gap may occur in his/her education – a gap that must be made up to avoid future learning problems. Therefore, to avoid a multitude of problems, parents and students must make every effort to have the student in school during normal school hours. Attendance is not required by law for preschool students, but regular attendance is expected.

Report absences: *Each day a student is absent*, the parent/guardian is expected to call the school attendance line 304-387-1915 extension 7 before 8:30 a.m. to provide the reason for the child's absence.

UNEXCUSED ABSENCES

An unexcused absence is any absence that is not reported to the school office. Absences should be reported to the office each day the child is absent. You must call the school 304-387-1915 and dial extension 7 to report the absence on the Attendance Line. Sending Class Dojo messages to the child's teachers informing of the absence is helpful to the teacher, but the absence must be reported to the Attendance Line by 8:30 a.m. Absences that have been recorded as unexcused cannot be changed to excused after one week has passed since the occurrence of the absence.

Level 1 Infraction: Student/Parents will be notified in writing by a letter when three (3) to five (5) unexcused absences occur during the school year and reported to the county Truancy Officer.

Level 2 Infraction: The county Truancy Officer will send written notification to the parent/guardian after having five (5) unexcused absences requesting the parent/guardian to contact the truancy officer by phone or in person with explanation of absences within ten (10) days from receipt of the letter. If the parent/guardian does not comply with this request, the Truancy Officer shall make a complaint against such parent or guardian before magistrate of the county.

EXCUSED ABSENCES

The following are legal excused absences:

1. Illness or injury of student or family member verified by physician (Doctor's excuse is required upon return)
2. Illness of student verified by parents/guardians not to exceed **five** days per school year
Example: "*Parent Note Absence*" The parent/guardian chooses to keep the child home from school for being ill without taking him/her to the doctor.

3. Medical or dental appointment which cannot be scheduled outside the school day, verified by physician or dentist in the form of a "return to school" note from the physician
4. Death in the immediate family, which includes mother, father, brother, sister, grandparent, or any person living in the same household with verification
5. Religious holidays with verification
6. Failure of bus to run
7. Legal obligation with verification
8. Calamity, such as fire in the home, or flood

Although we urge parents to refrain from removing their children from school for the purpose of a vacation, we recognize that situations exist where family vacations cannot be scheduled other than during the school term and that travel can, in itself, be an educational experience for children. Such absences should be excused provided that the trip cannot be taken outside the school term, a request for the Leave of Educational Value application must be made to the school office at least one week in advance. The Leave of Educational Value is defined by the State Department of Education that may include: **college visits, other sites of learning, family educational trips, 4-H educational activities, etc. These absences may require specific stipulations from the individual school or county.** There is a limit of five (5) days per school year for this leave. For leaves exceeding ten (10) days per school year, the board of education must grant approval. Work should be requested in advance and must be completed according to make-up policy. School-sponsored, board-sanctioned activities will not be considered absences from school. Absences for all other reasons not stipulated in board policy will be considered unexcused.

A "Parent Note Absence" is determined an *excused absence* when the parent/guardian calls the school Attendance Line 304-387-1915 extension 7 or provides a written note by a parent/legal guardian or physician stating a legitimate cause of absence (i.e. doctor's appointment, illness, death, emergency, etc.):

1. not to exceed 5 "Parent Note Absence" days
2. when a student returns from an absence
3. when a student enters late for class
4. when an early dismissal is required

TARDIES

Being tardy is discouraged for the same reasons as absences. Students are counted as "tardy" after **8:15 a.m.** School staff must report to their designated classrooms and locations at 8:15 a.m. Therefore, if school staff is not outside welcoming students into the building, the child is tardy. County policy states late arrivals as an absence from school and defines truancy as "an unauthorized absence from part or all of the school day." In the event of a child reporting to school after 8:15 a.m., a parent/guardian must accompany the child into the school office to sign him/her into school.

Level 1 Infraction: Student/Parents will be notified by a letter at 5-7 tardies. A letter will include expected time schedule to be followed.

Level 2 Infraction: County truancy officer notification - Parents will be notified by a letter at 6-9 tardies from the county attendance director.

EARLY DISMISSAL

Early Dismissals are discouraged for the same reasons as absences. If an early dismissal is **necessary**, the student must be picked up prior to **2:30 p.m.**

MEDICAL INFORMATION

- **Illness:** Although attendance is important, use common sense when a child is ill. If a child has a fever or has been vomiting, the child must stay home for 24 hours **after** recovery. **The child should be fever-free for 24-hours without medication before returning to school.** This is important for the health of your child and the health of other students and staff, as well.
- **School Nurse:** The school nurse is not capable of diagnosing illnesses. If your child is ill or injured, please keep him/her home and get the proper medical attention.
- **First Aid:** Nurses and teachers are to provide only remedial first-aid treatment until the student can be treated at home or by a physician. No medications (including over-the-counter medication) will be dispensed without the authorization of the parent and physician. All medication brought to school is to be left in the office with the proper completed forms that follow the county medication policy.
- **Fever:** Students who have a fever of 100° or higher, vomiting, diarrhea, excessive cough, or unexplained rash should not be in the classroom. ***If any of these symptoms are evident before the student leaves home, they should not be sent to school and must stay home for 24 hours after experiencing these symptoms.*** Giving fever-reducing medication before school to keep a fever down is not acceptable.
- **Medication:** Before prescribed or over-the-counter medication, including cough drops, can be administered by the school nurse, a "Medication Order for West Virginia Public Schools" form must be completed by the parent/guardian and physician. This form will be provided upon request. The child must come to the office for the dispensing of such medication.
- **ATA Health Clinic:** Weirton Medical Center Physician Practiced, LLC partners with Allison Elementary School to offer an in school health clinic for Allison Elementary students. The ATA Health Clinic is staffed by Dr. Lisa Noble, Pediatrician and Hannah Reynard, Nurse Practitioner on regularly scheduled school days from 9:00 a.m. to 1:00 p.m. In order to allow ATA Health Clinic to treat your child while at school, parent consent must be completed and on file in the school office.

TRANSPORTATION

- **Bus Changes:** For the safety of your child, **bus changes will not be taken over the phone.** If a student is to ride a different bus or get off at a stop other than their own, the child **must** have written permission from their parent/guardian. This written permission should give the bus number, bus stop name, and name of a designated adult who will meet the bus. Students will be placed on their regular bus unless a **written** note is received in the office.
- **Kindergarten Students:** **All kindergarteners must have a parent/guardian meet their bus.** If not, the student will not be permitted to get off the school bus and the child will be returned to the school for someone to pick up. Bus times are estimated and for varying reasons buses may arrive earlier or later than scheduled. Therefore, it is advised to be at the stop earlier than the scheduled time.

- **Car Riders Drop-off/Pick-up:** For students' safety, parents must drop students off between 8:00-8:15 a.m. in front of the school after buses drop off. Students will be dismissed from school between 2:50-3:00 p.m. To allow for smooth car rider pick up, please have the student's walker sign available in your window for staff to see as you pull around the front of the school. A staff member will radio for your child/children to exit and walk to your car.

DRESS CODE

The staff of Allison Elementary School requests the support of parents in observing a dress code that will be appropriate for the school environment.

- Children have physical education class at least three days per week and are expected to wear tennis shoes. Students can wear different shoes to school and change into tennis shoes if necessary.
- Children have recess daily where they can run and play on the playground, weather permitting, in which tennis shoes are most comfortable for children.
- **Not Permitted:**
 - Pants with holes above the mid-thigh
 - Midriff tops
 - Mesh jerseys
 - Clothes with profanity or questionable wording/symbols
 - Flip-flops are discouraged for safety purposes
 - Dresses, skirts, and shorts should be worn no shorter than the student's finger tips while arms at rest by their side.
 - Shorts should not to be worn when the temperature is below 65 degrees Fahrenheit.
 - Sunglasses and hats are not to be worn in the school building with the exception of special occasions

FOOD SERVICE

- Hancock County School's food service program offers free breakfast and lunch to all students.
- **Breakfast:** All students should eat breakfast at home or at school. Breakfast or Grab and Go breakfast will be served as soon as students enter the school building. Students **must** inform their teacher whether he/she needs to eat breakfast.
- **Lunch:** "Hot" lunch is provided to all children if desired. Students must inform their teacher whether they are eating hot lunch each day. Children are permitted to bring a "cold" lunch, but may also sign up to eat "hot" lunch if desired. If your child is going to be late, then you must notify the office that he/she needs a hot lunch. ***This must be done prior to 8:30 a.m.***
- **Menus:** A menu calendar will be sent home each month listing all meals served at school. You may also view the menus by logging onto the Hancock County Schools website.
- **Non-edible treats:** West Virginia Nutrition and Wellness Policy states that edible treats such as cupcakes, candy and chips, for special activities and events are not permitted. Non-edible treats, such as pencils and erasers are acceptable alternatives.

MISCELLANEOUS ITEMS

- **Purple Notes:** Purple Notes are provided for your convenience. Please complete a purple note and send it to school with your child if a change must be made to a student's normal routine, to request a conference, request forms, provide change of address or phone numbers, or other miscellaneous information the school needs. Transportation and early dismissals changes will not be made over the phone; however, the parent/guardian may come into the school to complete the purple note if a change must be made after your child is in school. Please understand this is for the safety of our students.
- **Custody Forms** – If applicable, a legal custody agreement from a court order must be on file in the school office along with the completion of the **Child Custody Form**. If a court ordered custody agreement is not provided, it is assumed and legally sound to assume that both parents named on the birth certificate have equal parental rights in the area of custody and information. If the above information changes, the parent/guardian must inform the school by providing the office with a copy of the revised court order or agreement.
- **Labeling:** To eliminate losing personal items, we strongly suggest writing your child's name and homeroom number in lunch boxes, book bags, jackets, etc.

*What your child can
do prior to
kindergarten*

Preparing for Kindergarten

- Identify letters of the alphabet
- Use scissors, glue, paint, and other art materials with relative ease
- Write his or her first name using upper- and lowercase letters, if possible
- Count to 10
- Classify objects according to their size, shape, and quantity
- Recognize patterns and shapes
- Speak using complete sentences
- Recognize some common sight words, like “stop”
- Identify rhyming words
- Repeat his or her full name, address, phone number, and birthday
- Play independently or focus on one activity with a friend for up to ten minutes
- Manage bathroom needs
- Toilet trained: become familiar with a public restroom
- Dress himself or herself
- Follow directions
- Clean up after himself or herself
- Listen to a story without interrupting
- Separate from parents easily
- Raise hands or wait to speak
- Sort and classify
- Recite the days of the week and months of the year
- Begin tying shoes

What your child will be learning in kindergarten English language arts and literacy

English and Language Arts

In kindergarten, students will learn the alphabet and the basic features of letters and words. They will break down spoken and written words into syllables and letters and identify the sounds each letter makes. These important skills will enable your child to learn new words and to read and understand simple books and stories. Students will also learn to write and share information in a variety of ways, including drawing, writing letters, and words, listening to others, and speaking aloud. Activities in these areas will include:

- Naming and writing upper- and lowercase letters
- Matching letters to sounds and using other methods to figure out unfamiliar words when reading and writing
- Learning and using new words
- Identifying words that rhyme
- Reading common words such as *the, of, you, she, and my*
- Asking and answering questions about a story the teacher reads out loud
- Identifying characters, settings, and major events in a story
- Recognizing the person, place, thing, or idea that an illustration shows
- Participating in discussions by listening and taking turns speaking
- Using a combination of drawing, speaking, and writing to describe an event, give information about a topic, or share an opinion
- Taking part in shared reading, writing, and research projects
- Expressing thoughts, feelings, and ideas clearly

Partnering with your child's teacher

Don't be afraid to reach out to your child's teacher—you are an important part of your child's education. Ask to see a sample of your child's work or bring a sample with you. Ask the teacher questions like:

- Is my child learning to read and write?
- What are my child's strengths and weaknesses?
- What can I do at home to make sure that my child is successful?

Mathematics

*What your child will
be learning in
kindergarten
mathematics*

In kindergarten, your child will focus primarily on two important areas. The first is learning numbers and what numbers represent. The second is addition and subtraction. Students will also learn to identify and work with shapes. Activities in these areas include:

- Counting how many objects are in a group and comparing the quantities of two groups of objects
- Comparing two numbers to identify which is greater or less than the other
- Understanding addition as putting together and subtraction as taking away from
- Adding and subtracting very small numbers quickly and accurately
- Breaking up numbers less than or equal to 10 in more than one way (for example, $9=6+3$, $9=5+4$)
- For any number from 1 to 9, finding the missing quantity that is needed to reach 10
- Representing addition and subtraction word problems using objects or by drawing pictures
- Solving addition and subtraction word problems involving numbers that add up to 10 or less or by subtracting from a number 10 or less

Don't be afraid to reach out to your child's teacher—you are an important part of your child's education. Ask to see a sample of your child's work or bring a sample with you. Ask the teacher questions like:

*Partnering
with your
child's teacher*

- Is my child at the level where he/she should be at this point of the school year?
- Where is my child excelling?
- What do you think is giving my child the most trouble? How can I help my child improve in this area?
- What can I do to help my child with upcoming work?

Kindergarten Readiness Checklist

Parent/Guardian Purpose Only

Part 1: Concept Development

Does your child...

- Recognize and/or name colors? ☐ Yes ☐ Not Yet
- Match or sort items by color and shape? ☐ Yes ☐ Not Yet
- Participate in art and music activities? ☐ Yes ☐ Not Yet
- Understand concepts such as: in, out, under, on, off, front and back? ☐ Yes ☐ Not Yet
- Know his/her body parts (head, shoulder, knees, etc.)? ☐ Yes ☐ Not Yet
- Draw a picture of him/herself including head, body, arms, and legs? ☐ Yes ☐ Not Yet
- Demonstrate curiosity, persistence and exploratory behavior? ☐ Yes ☐ Not Yet

Part 2: Physical Development

Does your child...

- Put puzzles together? ☐ Yes ☐ Not Yet
- Cut with scissors? ☐ Yes ☐ Not Yet
- Zip or button? ☐ Yes ☐ Not Yet
- Enjoy outdoor play such as running, jumping, and climbing? ☐ Yes ☐ Not Yet
- Hold a crayon or marker? ☐ Yes ☐ Not Yet
- Ride a tricycle? ☐ Yes ☐ Not Yet
- Bounce a ball? ☐ Yes ☐ Not Yet

Part 3: Health and Safety

Does your child...

- Have a set routine and schedule for: preparing for bed, personal hygiene (e.g. brushes teeth, takes a bath), and eating meals? ☐ Yes ☐ Not Yet
- Use good habits (e.g. uses a spoon to eat, closes mouth when chewing, covers nose and mouth to sneeze, washes hands after using toilet and before eating? ☐ Yes ☐ Not Yet
- Follow simple safety rules? ☐ Yes ☐ Not Yet
- Visit the doctor and dentist regularly? ☐ Yes ☐ Not Yet
- Eat healthy foods? ☐ Yes ☐ Not Yet

Part 4: Number Concept Development

Does your child...

- Arrange items in groups according to size, shape, or color? ☐ Yes ☐ Not Yet
- Group items that are the same? ☐ Yes ☐ Not Yet
- Arrange toys or objects in size order, big to small or small to big? ☐ Yes ☐ Not Yet
- Use words like bigger, smaller, or heaviest to show comparison? ☐ Yes ☐ Not Yet
- Compare the size of groups of toys or items? ☐ Yes ☐ Not Yet
- Correctly count one to ten objects? ☐ Yes ☐ Not Yet
- Show an understanding of the passing of time? ☐ Yes ☐ Not Yet

Part 5: Language

Does your child...

- Talk in sentences? ☐ Yes ☐ Not Yet
- Follow through when you give him/her one or two directions? ☐ Yes ☐ Not Yet
- Use descriptive language? (That's a **tall** building with **round** windows.) ☐ Yes ☐ Not Yet
- Use simple conversational sentences? ☐ Yes ☐ Not Yet
- Sing and/or recite nursery rhymes? ☐ Yes ☐ Not Yet
- Use sentences that include two or more separate ideas? ☐ Yes ☐ Not Yet
- Pretend, create, and make up songs and stories? ☐ Yes ☐ Not Yet
- Talk about everyday experiences? ☐ Yes ☐ Not Yet
- Ask questions about how things work in the world around him/her? ☐ Yes ☐ Not Yet
- Express his/her ideas so that others can understand? ☐ Yes ☐ Not Yet
- Tell or retell stories? ☐ Yes ☐ Not Yet

Part 6: Writing

Does your child...

- Try to write, scribble, or draw? ☐ Yes ☐ Not Yet
- Have a collection of paper, pencils, crayons? ☐ Yes ☐ Not Yet
- Like to receive notes from you and others? ☐ Yes ☐ Not Yet
- Ask you to write words or notes to people? ☐ Yes ☐ Not Yet
- Use chalk or magnetic letters? ☐ Yes ☐ Not Yet
- Attempt to write his/her name? ☐ Yes ☐ Not Yet
- Attempt to invent his/her own spelling while writing (scribbling sentences)? ☐ Yes ☐ Not Yet
- See you writing (e.g., notes, recipes, lists, letters, reminders)? ☐ Yes ☐ Not Yet

Part 7: Reading

Does your child...

- Enjoy getting a book as a present? ____Yes ____ Not Yet
- Have age appropriate books that are kept in a special place? ____Yes ____ Not Yet
- Recognize his/her first name in print? ____Yes ____ Not Yet
- Look at books or pictures on his/her own? ____Yes ____ Not Yet
- Try to read in everyday situations? (e.g., street signs, store signs, cereal boxes, newspapers, magazines, TV advertisements)? ____Yes ____ Not Yet
- Know any nursery rhymes by heart? ____Yes ____ Not Yet
- Pretend to read books by reading the pictures? ____Yes ____ Not Yet

Part 8: Social and Emotional Development

Does your child...

- Use words to solve problems when angry or frustrated? ____Yes ____ Not Yet
- Use words such as *please*, *thank you*, and *excuse me*? ____Yes ____ Not Yet
- Do things for him/herself (e.g. dress self, put away toys and belongings, take care of own toileting needs)? ____Yes ____ Not Yet
- Have success in taking turns and sharing? ____Yes ____ Not Yet
- Interact appropriately with peers and have friends? ____Yes ____ Not Yet
- Ask for help when necessary? ____Yes ____ Not Yet
- Follow through when you give directions? ____Yes ____ Not Yet
- Comply with rules, limits, and routines? ____Yes ____ Not Yet
- Interact appropriately with adults? ____Yes ____ Not Yet
- Respect the rights, property and feelings of others? ____Yes ____ Not Yet