

**Nicholas County Schools**  
**Kindergarten Registration Form**  
**2024-25**

**Mail to:** Sarah Keiper, Early Childhood Specialist  
NCBOE  
400 Old Main Drive  
Summersville, WV 26651  
Date of Enrollment: \_\_\_\_\_

School: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First Middle

SS#: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ State Certified Birth Certificate: Yes \_\_\_ No \_\_\_  
City State

Gender: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your current address a temporary living arrangement? Yes \_\_\_ No \_\_\_ if yes, is this due to a loss or economic hardship? Yes \_\_\_ No \_\_\_

List from the Birth Certificate: Father's Name: \_\_\_\_\_  
Last First Middle

Mother's Name: \_\_\_\_\_  
Last First Middle

Legal Guardian's Name (if different): \_\_\_\_\_ Relationship: \_\_\_\_\_

With Whom Does This Child Live? \_\_\_\_\_ Relationship: \_\_\_\_\_

Has this student ever attended a WV public school? \_\_\_\_\_ A Nicholas County School? \_\_\_\_\_

Schools Previously Attended: (Begin with most recent)

Name of School:	Phone#	Address	Dates Attended
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Student's Native Language: \_\_\_\_\_

If this student has previously received Special Education Services please list: (i.e. speech therapy, IEP, etc.)

Name and ages of children in the household:

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

Directions for Locating this Student's Address: \_\_\_\_\_

Does this student have any known medical conditions? List: \_\_\_\_\_

Known Allergies: Bee Stings? \_\_\_\_\_ Medications? \_\_\_\_\_ Foods? \_\_\_\_\_ Others? \_\_\_\_\_

Describe reaction and treatment. \_\_\_\_\_

Has this student been involved in a serious accident? (Explain) \_\_\_\_\_

Has this student ever been hospitalized? (Explain) \_\_\_\_\_

Other pertinent information:

Please complete the form above and then attach the documents below when you mail the above form in OR email in the following documents as soon as possible, copies are acceptable:

State Certified Birth Certificate (This is from Vital Statistics in Charleston, not a county birth certificate.)

Social Security Card

Immunization Record

Proof of Physical Address

Medical Card or Insurance

Most Recent Physical Examination

Most Recent Dental Examination

Email documents to Martha Roop, School Nurse: [mroop@k12.wv.us](mailto:mroop@k12.wv.us)

Mail documents to: Sarah Keiper, Early Childhood Specialist

NCBOE- Kindergarten Registration

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