

# Monongalia COUNTY SCHOOLS

## STUDENT DATA COLLECTION FORM

WVEIS 2021-22

**School** \_\_\_\_\_ **WVEIS #** \_\_\_\_\_  
**Date** \_\_\_\_\_ OFFICE USE

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

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

**GENDER** \_\_\_\_\_ / / \_\_\_\_\_ **Birthplace**      **City and State or Country**  
 Male or Female      Date of Birth

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

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

**Year of Graduation** \_\_\_\_\_ ( Class placement matched with year of graduation )

12th-22; 11th-23; 10th-24; 9th-25; 8th-26; 7th-27; 6th-28; 5th-29; 4th-30; 3rd-31; 2nd-32; 1st-33; 0K-34

**Native Language** \_\_\_\_\_ (first language spoken)

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

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

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

**White      Black      Asian      Amerind      Pacific**

**Transportation** \_\_\_\_\_ 01=Bus Student    02=Non-Bus Student    03=Bus Student Paid    04=Non-Bus Student Paid

HR Teacher

Student Name

Student has "years attending school in any state." (circle the one that applies)  
3 + yrs      2 yrs      1 yr      less than 1 yr

Is there a current Order of Protection or No Contact Order which concerns this student? Yes / No

**NOTE: ANY CUSTODY RESTRICTIONS MUST BE DOCUMENTED BY A COURT ORDER.  
A COPY OF COURT ORDER MUST BE PROVIDED TO THE SCHOOL OFFICE.**

Student lives with ( ) both parents ( ) mother ( ) father ( ) guardian

Parent/Guardian (Last, First, Middle) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address (No Post Office Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

\*\*\*\*\*

Parent/Guardian (Last, First, Middle) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address (No Post Office Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Please check any duty status below that applies to a parent/guardian of the student:

- ( ) Active Duty
- ( ) National Guard
- ( ) Reserve
- ( ) Active Guard Reserve (AGR)
- ( ) Individual Ready Reserve (RR)
- ( ) Standby Reserve
- ( ) Retiree/Veteran
- ( ) None of these statuses apply to a parent/legal guardian of this student.

**EMERGENCY INFORMATION**

Please identify person other than parent or guardian who could be contacted in case you cannot be reached. Anyone that is authorized to pick-up your child from school should also be listed.

**NAME** \_\_\_\_\_ **Relationship To Student** \_\_\_\_\_ **PAGER** \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**NAME** \_\_\_\_\_ **Relationship To Student** \_\_\_\_\_ **PAGER** \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**NAME** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_ **PAGER** \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**NAME** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_ **PAGER** \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

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

**EMERGENCY USE ONLY**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical Instructions \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Home Language Survey

- 1. What is the language used in the home, regardless of the language spoken by the student? \_\_\_\_\_
- 2. What is the language most often spoke by the student ? \_\_\_\_\_
- 3. What is the language that the student first acquired ? \_\_\_\_\_
- 4. For developmental screenings and assessments:  
Does your child need an interpreter? \_\_\_\_ Yes \_\_\_\_ No

### Student/Family Residency Questionnaire

Your child may be eligible for educational services through Title I Part A, Title I Part C-Migrant, and/or the Federal McKinney-Vento Assistance Act. Your answers to these questions can help determine eligibility for these services.

Please choose which of the following situations the student curenly resides in (you can choose more than one)

- House or apartment with parent or guardian
- Motel or hotel, car, campsite, abandoned building
- Shelter (family shelter, domestic violence shelter, youth shelter)
- With friends or family members (other than or in addition to parent/guardian)
- Other substandard housing (mold, lacking utilities or other important functions - please explain)

Students without fixed, regular, and adequate nighttime residences have certain rights under Federal and State law. For more information, please obtain a McKinney-Vento brochure from your school office and/or call your local liason at 304-282-5401 or 304-599-5952 x1704, or the State Coordinator at 304-558-7805.

***The undersigned parent/guardian/unaccompanied youth certifies that the information provided above is accurate.***

\_\_\_\_\_  
PRINT (Parent/Guardian Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### School Principal:

If any box besides or in addition to "House or apartment with parent or guardian" is checked, send copy of pages 1 and 4 to the Homeless Grant Coordinator, at Suncrest ADM/FED Programs.

#### Confidential Information

Is there a current **Order of Protection** or **No Contact Order** which concerns this student? Yes \_\_\_\_ No \_\_\_\_

If "yes" a copy of the order must be provided to the school office.

