

Pendleton County Schools
Early Registration for New Students
2021-2022

Registration dates for new students or homeschool students returning to school:

Wednesday, August 4th	Brandywine Elementary North Fork Elementary	1:00-3:00 PM 9:00-11:00 AM
Friday, August 6	Franklin Elementary School PCMHS at FES	9:00-2:00 PM 9:00-2:00 PM

Note: Please register your child at the school in your attendance area.
Due to construction at the High School, the registration for PCMHS will be conducted on the 6th at Franklin Elementary School.

Registration Process:

1. The parent or legal guardian should be present at the school, on the scheduled date of registration, to sign the necessary forms.
2. To complete the process, parents need to provide the following documents on the day of registration:
 - Certified Birth Certificate from the Department of Vital Statistics. (The school will make a copy and return the original to the parent/guardian).
 - Current immunization records
 - Social Security Card
 - Health Insurance Carrier/Number
 - Unofficial school transcript and/or report card from the previous school
 - Previous school's mailing address

If you have further questions you may contact Tim Johnson, Attendance Director, at (304) 358 2207 Ext. 123.

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS
TO COMPLETE THE PRE-K REGISTRATION PROCESS**

- “Certified Birth Certificate”** or official evidence of request from the Department of Vital Statistics. (Certificates from hospitals and county courthouses are not acceptable.)
- Certificate of Immunization from a physician or health department
- Social Security Card
- Copy of Well Child Check
- Dental Form

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:

	School Entry	2nd Grade	7th Grade	12th Grade
Date of service	<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 _____