

**PUTNAM COUNTY SCHOOLS
AFFIDAVIT IN LIEU OF BIRTH RECORD**

(Please Print or Type)

I, _____, have enrolled _____
(Name of Person Enrolling Pupil) (Name of Pupil)

in _____ School, and in lieu of furnishing a certified copy of the aforesaid pupil's birth record, state the following information:

1. Name of pupil appearing on birth record: _____
2. Social Security Number of pupil: _____
3. Date of Birth: _____ Age: _____ Sex: _____
4. Place of Birth (City/State): _____
5. Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
6. Name of mother appearing on birth record: _____
7. Name of father appearing on birth record: _____
8. Last school pupil attended (if applicable): _____
9. Explanation of inability to produce a certified copy of birth record:

Signature: _____

STATE OF WEST VIRGINIA

COUNTY OF PUTNAM, to wit:

I, _____, a Notary Public in and for the State and County aforesaid, do certify that _____, whose name is signed to the writing above, bearing date on the _____ day of _____, 20_____, has this day acknowledged the same before me in my said County.

Given under my hand this _____ day of _____, 20_____.

My commission expired _____.

Notary Public

Notary place stamp or seal above

**STUDENT CARE AUTHORIZATION
PUTNAM COUNTY SCHOOLS**

The undersigned parents(s), _____ of
Name of Parent(s)

_____, hereby grant(s)
Address of Parent(s)

_____ of
Name of Person(s) Assuming Responsibility for Student(s)

_____, the authority to take temporary care of the
Address of Person(s) Assuming Responsibility for Student(s)
following student(s):

Name

Name

Name

Name

This grant of authority shall begin on _____, and shall remain effective until terminated by the undersigned.

The above-named caretaker(s) shall have the following powers:

- The power to make all parental educational decisions of the student(s), including but not limited to, matters involving student discipline, matters involving special education services, and all other matters that require parental consent.
- The power to seek appropriate medical treatment or attention on behalf of the student(s) as may be required by the circumstances, including but not limited to doctor or hospital visits.
- The power to authorize medical treatment or medical procedures in an emergency situation.

Date

Parent

Date

Parent

Date

Name of Person(s) Assuming Responsibility of Student(s)

STATE OF WEST VIRGINIA
COUNTY OF PUTNAM

I, _____, a Notary Public within and for the County and State aforesaid, do hereby certify that the above named person(s) whose signature(s) is/are attached, did on this date _____, acknowledge the same before me in my said county.

Notary Public

My commission expires _____

Putnam County Schools
Transportation Request
Homeless Student

Student's Name: _____ Age: _____

School Attending: _____

Current Physical Address: _____

Parent/Guardian: _____ Phone: _____

Emergency Contacts – Name: _____

(Need at least 2) Phone: _____

Name: _____

Phone: _____

Is student receiving special education services: _____

IEP (front and service page) must be attached.

Please state student's ability to use both school and public transportation.

Transportation to the school of origin will be investigated for feasibility to best serve your child's educational needs. Allow at least one week for arrangements to be completed.

I have discussed my desire for my child to remain in his/her school of origin with the homeless facilitator and understand that arrangements will be made in the best interest of my child.

Parent/Guardian & Date

Cc: Transportation – Joann Maddox

Fax No. 304-586-0526

Office use only

AM Transportation

Pick up location and time

Bus Number _____

Transfer to _____

Location _____

Transfer to _____

Location _____

Transfer to _____

Location _____

Drop off time

PM Transportation

Pick up location and time

Bus Number _____

Transfer to _____

Location _____

Transfer to _____

Location _____

Transfer to _____

Location _____

Drop off time and location

Special transportation arrangements begin: _____

NCHE – McKinney-Vento definition of “homeless”

McKinney –Vento Definition of “Homeless”

Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind defines “homeless” as follows:

The term “homeless children and youths” –

(A) Means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)) and

(B) Includes -

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals.

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).