Private Pay Afterschool Childcare Program

Licensed OST (Out of School Time)

Serving Kindergarten through 5th Grade

Third Base

2026-2027 School Year
Enrollment Packet
For New & Returning Families

RETURN YOUR FORMS TO:

Kanawha County Schools
Community Education Program
959 Woodward Drive, Room 103
Charleston, WV 25387
304-766-0378, 304-766-0389 (FAX)
KCSCEP@mail.kana.k12.wv.us
Web site: kcscep.kana.k12.wv.us

2026-2027 KCSCEP Third Base Afterschool Sites

Alban Third Base

Bridgeview Third Base
(also serves Dunbar Primary and Intermediate, Richmond)

Central Third Base
(also serves Anne Bailey)

Cross Lanes Third Base

Elk Center Third Base (also serves Shoals)

Flinn Third Base
(also serves Sissonville Elementary, 5th graders at Sissonville Middle)

Holz Third Base

Lakewood Third Base (also serves Andrews Heights) *opening in Fall 2026

Midland Trail
(also serves Belle, Chesapeake, Cedar Grove, Malden, Mary Ingles)

Montrose Third Base

Nitro Third Base

Overbrook Third Base

Pinch Third Base
(also serves Clendenin)

Pt. Harmony Third Base

Ruffner Third Base

Ruthlawn Third Base
(also serves Alum Creek, Kenna)

Weberwood Third Base

We accept WV DoHS Assistance (Connect/Link)

Payment methods accepted:
Cash, Check, Debit Cards, Credit Cards (Visa, MasterCard, Discover)

Tuition Express Auto Payment Available

MyProcare online

Procare app

Procare SOLUTIONS

Enrollment Procedures

Step One:

Determine Eligibility

- Your children must be enrolled in Kanawha County Schools in grades Kindergarten through Fifth (K-5) for the school year.
- Your children must be enrolled in a school that has or feeds into a Third Base program. See list of programs in the column to the left.

Step Two:

Review Program Information

- Review the basic program enrollment information included in this packet.
- Review policies and procedures in KCSCEP Family Handbook, available on the KCSCEP website:

kcscep.kana.k12.wv.us

Step Three:

Collect Required Information for Form

- You will need an address and phone number for every person listed as a parent/guardian, emergency contact, or authorized pick up.
- You must provide the name and policy number of your child's insurance provider.

Step Four:

Complete Enrollment Form

- Include all children on one form.
- Provide all required information to prevent delays in processing.
- Include a valid email address for enrollment status notification (enrolled or wait list).

Step 5:

Submit Enrollment Form

- Enrollment forms are only good for one school year. **A new form must be submitted each school year.**
- Enrollments are taken on a first come, first served basis.
- Currently enrolled families are given a limited time opportunity to re-enroll before open enrollment begins on April 1 each year.
- Do NOT return this form to your child's school.
- Form must be submitted to the KCSCEP office by mail, email, fax, or in person. (Information on cover page.) If you fax your forms, call our office to confirm receipt. (We are not responsible for failed fax transmissions.)
- **If you are submitting by email and are unable to sign and scan, or to sign electronically, submit the form as is and we will follow up with you to get the required signatures.**

Third Base Fees for 2026-2027:

Registration: $10/family annually for all accounts; CONNECT/LINK does not cover this fee. Due first day of attendance.
Weekly Private Pay: $70/1 child; $100/2 children; $125/3 children. Due first day of attendance each week.
CONNECT/LINK Copay: These fees are billed at the end of the week and are due on the following Monday (or the first day of attendance that week).
Late Payment Fee: $5 per day if not paid the first day your weekly fee is due. Must be paid by the end of the week.
Late Pick Up Fee: $1 per minute after 5:40 p.m., not to exceed $75. Due at time of pick up. Traffic incidents and medical/family emergencies will be considered. CONNECT/LINK does not cover these fees.
Returned Check/Tuition Express Payment Fee: $25; returned check/TE payment amount and fee must be paid in cash or by card. Your child(ren) may not attend until this is paid. A second return payment will result in CASH ONLY payments for your account. Returned checks 30 days past due will be taken to magistrate court. CONNECT/LINK does not cover these fees.

Things you need to know about the Third Base enrollment process.

- You must submit a completed enrollment form and be approved before your child(ren) may attend. If we do not have space available, your child/children will be placed on a waiting list. Maximum enrollment is based on the number of staff and the amount of space available at the site, among other factors. WV DoHS requires no more than a 16:1 ratio of children to adults, but we reserve the right to enroll at a lower ratio if need be for safety or other reasons. We only serve children in Kindergarten through 5th grade. **Each enrolled child will undergo a five-day trial period to ensure that the facility and staff can provide a safe and nurturing environment for every participant. Failure to disclose any up-to-date medical, behavioral, or emergency information prior to your child's first day may result in the child not being enrolled in the KCSCEP Third Base program.**
- The enrollment form must be submitted to the KCSCEP office by mail, email, fax (call for confirmation of receipt), or in person. Email is the preferred method. You must provide an email address to be notified that your form has been received and for enrollment status notifications. **Enrollment forms must be submitted each school year**, and are only valid through the end of that school year. Open enrollment begins April 1 for the following school year. Currently enrolled families have an opportunity to re-enroll by submitting the new enrollment form just prior to open enrollment. Enrollment is taken on a first come, first served basis. Families who wait until August to enroll are more likely to be placed on waiting lists. Enrollment notifications for the beginning of the school year will be made during the summer. It can take up to 5 days to process your request during peak enrollment times. ***The parent/guardian submitting the enrollment must provide an email address to receive notification of enrollment status.***
- Please read all the information carefully and fill out the enrollment forms completely to avoid delay in processing your request. WV DoHS requires that you provide a physical address and telephone number for the parents/guardians and for each person who is listed as an emergency contact or authorized pick up person. They also require that you provide the name of your child's health insurance provider and the policy number.
- You must use the service on a regular basis to keep your space in the program. You cannot enroll to save a space in case you need it. If we find you are not using the service, your child(ren) will be withdrawn. Your enrollment information will remain on file until the end of the school year. If you wish to return to the program, please contact the office to see if space is available. If not, you will be placed on the waiting list.
- **We are not required to follow KCS IEPs or 504s;** however, we do make as many modifications or accommodations as possible to make sure all children succeed in our program. **We are not able to provide one-on-one care**. We are staffed at 1 adult for every 16 children.
- We charge a $10/family registration fee annually. The fee is due on the first day of attendance and applies to all account types. CONNECT/LINK does not pay for this fee.
- The Family Handbook provides more information about our policies and procedures. You can download the handbook from our website (kcscep.kana.k12.wv.us). A hard copy can be requested from our office or your site director.

Things you need to know about Payment Procedures

- Payment is always due on the first day of attendance each week for both Private Pay fees and CONNECT/LINK copays. You will pay the site director at time of pick up. If the weekly fee is not paid on the first day, a $5 late fee is added each day, even if your child is absent on subsequent days that week, until the account is paid in full. The maximum late payment fees for a week are $20. Nonpayment of CONNECT/LINK copays will be reported to the agency.
- If your account has a balance due at the end of the week, your child will not be permitted to return to the program until the balance is paid in full. We will notify the school office that your child cannot attend until further notice. If your account is unpaid after 30 days, we will withdraw you from the program.
- We accept check, cash, money order, as well as debit/credit cards. Parents/guardians who are payers on the account also have the option to create an online MyProcare account. Payment can be made on that website or through a mobile app. We also offer automatic payments through Procare Tuition Express, with options to have it auto draft from your checking account or auto bill your credit card weekly. If you pay by cash, we do not make change, so any overpayment will be applied as a credit on your account. If you already have Tuition Express set up with us, it will remain active, unless you contact us to discontinue. Please remember to update your TE payment information whenever you have a change to your checking account or bank card. If your payment by check, TE ACH or card, or online/app is returned by your financial institution for any reason, your account will be charged the $25 return fee.
- If you have CONNECT/LINK, we must have a copy of your certificate or a notice of coverage before your child starts, unless you opt to start as Private Pay until your coverage is confirmed. The certificate must list the specific KCSCEP site as the provider and cover the first day of attendance. If we receive a notice from CONNECT or LINK saying you have become ineligible, your child will not be able to attend past the date of eligibility unless you pay the private pay rate or we receive a notice saying your coverage has been reinstated. You must sign time sheets confirming your child's attendance so that we may bill CONNECT or LINK. If CONNECT or LINK deny payment or you become ineligible, you will be charged the private pay rate for any week not covered.
- For Private Pay, the fee is weekly. There are no daily rates. You pay for the full week, regardless of how many days your child(ren) attends that week. If your child is out for a full week, there is no charge. The only time weekly rates are prorated is when our program is closed for more than 1 day during a week. See the Family Handbook for more information.
- You are welcome to pay ahead for weeks of service if you pay by cash, check, point-of-sale card transaction, or on the website/app.
- In order to make sure your account is in good standing, please let your Site Director know if you plan to withdraw your child from the program. If you have a credit balance of $10 or more, it will be reimbursed to you at your request. If you have a balance due, including any late fees, please pay before withdrawing.
- Please see the Family Handbook for more information and policies regarding your account.

Third Base programs are only open on days when Kanawha County Schools are in session and children are in the classroom. If school is dismissed early due to inclement weather, power or water outages, gas leaks, or any other reason deemed necessary by KCS, there will be no Third Base.

Enrollment may be suspended or revoked if false information is given on the enrollment form or if you do not disclose information that affects our ability to care for your child. KCSCEP staff are not responsible for any incidents that are the direct result of false or misleading information given at the time of enrollment.

Kanawha County Schools Community Education Program
2026-2027 Third Base Afterschool Childcare Family Registration Packet

Please complete all sections. Failure to provide required information will delay processing.
Per WV DoHS licensing requirements, you must provide a physical address and phone number for all parents/guardians, emergency contacts, and authorized pick up persons, and you must provide the name of your child's insurance provider and the policy number.
Enrollments/waitlists expire at the end of each school year. A new form must be submitted each year. Please include an email for notification of enrollment status of enrolled or wait list.

Program Site Name: _____ (see list previous page) Date you wish to start: _____
(pending availability)

Information About Child or Children You Are Enrolling

Child #1: First Name: _____ Middle: _____ Last Name: _____
Name Child Prefers to be called: _____ Grade 2026-2027 school year: _____ Age: _____
Date of Birth: _____ Gender: ☐ Male ☐ Female
Name of Child's School: _____
Allergies (if none, write "none"): _____
List any medical conditions, medications, and/or special attention your child may require (if none, write "none"):
_____
Health Insurance Provider: _____ Policy Number: _____
Physician Name: _____ Phone: _____
Physician Address: _____
Dentist Name: _____ Phone: _____
Dentist Address: _____

Child #2: First Name: _____ Middle: _____ Last Name: _____
Name Child Prefers to be called: _____ Grade 2026-2027 school year: _____ Age: _____
Date of Birth: _____ Gender: ☐ Male ☐ Female
Name of Child's School: _____
Allergies (if none, write "none"): _____
List any medical conditions, medications, and/or special attention your child may require (if none, write "none"):
_____
Health Insurance Provider: _____ Policy Number: _____
Physician Name: _____ Phone: _____
Physician Address: _____
Dentist Name: _____ Phone: _____
Dentist Address: _____

Child #3: First Name: _____ Middle: _____ Last Name: _____
Name Child Prefers to be called: _____ Grade 2026-2027 school year: _____ Age: _____
Date of Birth: _____ Gender: ☐ Male ☐ Female
Name of Child's School: _____
Allergies (if none, write "none"): _____
List any medical conditions, medications, and/or special attention your child may require (if none, write "none"):
_____
Health Insurance Provider: _____ Policy Number: _____
Physician Name: _____ Phone: _____
Physician Address: _____
Dentist Name: _____ Phone: _____
Dentist Address: _____

OFFICE USE ONLY

Date received _____ Processed By: _____ Parent notified: _____ Director notified: _____ Enrolled: _____ Wait List: _____

Information about the Legal Parents/Guardians

This section is to be completed about the **LEGAL** mother, father, or guardians of the child(ren) and serves as the emergency contact/authorized pick up information. **You must provide the name, physical address (no PO Boxes) and a telephone number for each parent/guardian** in order for your enrollment to be accepted. Copies of all legal documents pertaining to custody, restraining orders, etc. must be on file with the Site Director. (All documents may be reviewed by the KCS legal department at any time.)

Legal Parent/Guardian 1: ☐ Mother ☐ Father ☐ Foster Parent ☐ Guardian -- Relationship to Child: _____

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: ____ Zip Code: _____

Occupation/Employer: _____ Work Address: _____

Primary Phone: _____ Work Phone: _____ Driver's License or State ID #: _____

Email address: _____ ☐ **send enrollment notifications and other messages to this email address**

Mark all that apply:

☐ This parent is a payer on this account. ☐ Child lives with this parent/guardian ☐ This parent is limited in or not authorized to pick up, see court papers.

Legal Parent/Guardian 2: ☐ Mother ☐ Father ☐ Foster Parent ☐ Guardian -- Relationship to Child: _____

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: ____ Zip Code: _____

Occupation/Employer: _____ Work Address: _____

Primary Phone: _____ Work Phone: _____ Driver's License or State ID #: _____

Email address: _____ ☐ **send enrollment notifications and other messages to this email address**

Mark all that apply:

☐ This parent is a payer on this account. ☐ Child lives with this parent/guardian ☐ This parent is limited in or not authorized to pick up, see court papers.

Information about Account Responsibility

Please mark payment account type: ☐ Private Pay ☐ WV DoHS (ex: CONNECT/LINK)

Parents/guardians are responsible for the account unless otherwise noted. If you are receiving assistance from WV DoHS, you must have proof of coverage before starting the program unless you wish to start as private pay until coverage is in place. Parents/guardians are responsible for payment of fees or copays.

Payment options:

We accept cash, checks, and cards (Visa, MasterCard, Discover) in person. You also have the option to set up your account with Tuition Express autopay or to pay through online methods on MyProcare.com or the Procare app.

If you are a returning family whose account is already set up for Tuition Express autopay, this payment method will continue unless you notify us otherwise. If your account information has changed, please contact us to update this information to avoid return transaction fees. If you are new to the program, you will receive an invitation to set up your account for Tuition Express autopay. Parents/guardians marked as payers on the account who are new to the program or who have not set up a MyProcare account will receive an email invitation from Procare to do so. These methods are optional. If your email invitation expires before set up, please contact our office to receive a new link.

2026-2027 Handbook Acceptance: I have reviewed the Family Handbook (hard copy or online). I understand that I, along with my child's other parent/guardian if applicable, am responsible for reading and following the information contained in this handbook.

I agree to follow all KCSCEP policies, procedures and requirements. (Enrollment indicates acceptance).

Parent/Guardian Signature :_____ Date: _____

Information About Additional Emergency Contacts & Authorized Pick Up Persons

Please list at least one person who can be contacted to pick up your child in the event of an emergency or illness if the parents/guardians cannot be reached. If someone not listed on this form is coming to pick up your child, please send a note or call the site director to give permission. You can add or delete contacts/pick up persons anytime during the school year.

The people you list below will be considered both emergency contacts and authorized pick ups unless you check that they are emergency only or pick up only.

WV DoHS requires that you provide a physical address (no P.O. boxes) and a phone number for each person listed as an emergency contact or someone authorized to pick up your child. If you do not include this information, the person will not be authorized to pick up and we will remove them from the list. Pick up persons must present photo ID.

Contact/Pickup #1 First Name: _____ MI: _____ Last Name: _____

Physical Address (Street, City, State Zip): _____

Occupation/Employer: _____ Email: _____

Primary Phone: _____ Work Phone: _____ Relationship to Child: _____

Authorized to pick up the following children: _____

☐ Emergency contact only ☐ Authorized pick up only

Contact/Pickup #2 First Name: _____ MI: _____ Last Name: _____

Physical Address (Street, City, State Zip): _____

Occupation/Employer: _____ Email: _____

Primary Phone: _____ Work Phone: _____ Relationship to Child: _____

Authorized to pick up the following children: _____

☐ Emergency contact only ☐ Authorized pick up only

Contact/Pickup #3 First Name: _____ MI: _____ Last Name: _____

Physical Address (Street, City, State Zip): _____

Occupation/Employer: _____ Email: _____

Primary Phone: _____ Work Phone: _____ Relationship to Child: _____

Authorized to pick up the following children: _____

☐ Emergency contact only ☐ Authorized pick up only

Contact/Pickup #4 First Name: _____ MI: _____ Last Name: _____

Physical Address (Street, City, State Zip): _____

Occupation/Employer: _____ Email: _____

Primary Phone: _____ Work Phone: _____ Relationship to Child: _____

Authorized to pick up the following children: _____

☐ Emergency contact only ☐ Authorized pick up only

Photography/Video and Sound Recording

If you **do not** wish your child(ren) to be photographed or be recorded by video and/or audio devices, please initial below. Photographs and audiovisual recordings are used for security purposes and/or for KCS publications/website to inform parents about our activities. By not initialing, you are giving permission for them to be photographed and/or audio/video taped.

I do not want my child(ren) to be photographed. Initials _____

I do not want my child(ren) to be recorded by video and/or audio devices. Initials _____

Emergencies/First Aid

KCSCEP staff has permission to administer first aid and/or transport my child in the event of an emergency.

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

Kanawha County Community Education Program (KCSCEP) Parent Acknowledgements

By my initials on each item and signing below, I acknowledge the following regarding my child's participation in KCSCEP:

_____ **Childcare Facility Classification**
I understand that KCSCEP is licensed and operates as a *childcare program*, not a school-based instructional program. The primary purpose is to provide supervision, enrichment, and a safe environment outside of regular school hours.

_____ **Educational Plans (IEP/504 Plans)**
I understand that while KCSCEP staff strive to support all children, the program is *not legally required* to implement accommodations or services outlined in a student's Individualized Education Program (IEP) or Section 504 Plan. Any support provided will be reasonable and within the scope of a childcare setting, depending on staff training and available resources.

_____ **One-on-One Support**
I understand that KCSCEP does not have the staffing capacity to provide dedicated one-on-one aides or supervision for individual students. All children must be able to participate safely in group settings with general support from program staff.

_____ **Health and Safety Responsibilities**
I understand that parents/guardians must share accurate, up-to-date medical, behavioral, and emergency information to ensure my child can safely take part in program activities.

_____ **Medication Administration**
Third Base - KCSCEP staff are not authorized to administer over-the-counter or prescription medications at Third Base. Staff members do not possess medical training and are not mandated to do so under Department of Human Services licensing requirements. However, staff will receive training on the administration of emergency medications, such as epinephrine auto-injectors, upon approval from the KCSCEP Director and the school nurse.

_____ **Behavioral Expectations**
I understand that students must be able to maintain safe and appropriate behavior. If a child's needs exceed the program's ability to ensure the safety and wellbeing of all participants, parents may have to find alternative care. Non-compliance with established rules and procedures may result in removal from the program.

_____ **Collaboration with Families**
I understand that KCSCEP will communicate proactively about any concerns related to my child's success in the program and will work with families to explore reasonable strategies that support positive participation.

_____ Potty Training Acknowledgement for 3rd Base Program

I understand that the 3rd Base Program is a group childcare environment and may not have the staffing, facilities, or licensing allowances required to provide diapering or toileting assistance beyond typical age-appropriate supervision.

I confirm that my child is fully potty trained and able to independently use the restroom, including:

- Recognizing the need to use the bathroom
- Toileting without assistance
- Managing clothing independently
- Washing hands without direct physical help

KCSCEP will make its best efforts to accommodate the child's needs, contingent upon staffing levels and ratio requirements. I acknowledge that if my child is unable to consistently meet these expectations, I may be contacted to pick up my child and/or may be required to pause participation until toileting independence is consistently demonstrated.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Child(ren) Name(s): _____

Completion and return of this acknowledgement form is required for processing. Enrollment materials cannot be finalized until this document is signed and submitted. Each enrolled child will undergo a five-day trial period to ensure that the facility and staff can provide a safe and nurturing environment for every participant. Failure to disclose any up-to-date medical, behavioral, or emergency information prior to your child's first day may result in the child not being enrolled in the KCSCEP Third Base program.

In accordance with Title III of the Americans with Disabilities Act of 1990, the KCSCEP is committed to ensuring equal access and does not discriminate against individuals on the basis of disability. We will make reasonable modifications to policies, practices, or procedures when necessary to provide appropriate services and facilities to individuals with disabilities, provided that such modifications do not fundamentally alter the nature of our services or significantly impact the program environment for all participants.

APPENDIX B KANAWHA COUNTY SCHOOLS
INTERNET & TELECOMMUNICATIONS ACCESS ACCEPTABLE USE AGREEMENT
FOR ELEMENTARY STUDENTS
USE OF TECHNOLOGY RESOURCES WITHIN KANAWHA COUNTY SCHOOLS IS A PRIVILEGE, NOT A RIGHT.

USER RESPONSIBILITIES

I understand my responsibility for using the Internet and other online resources;
therefore,

- I will only use the computer/iPad as directed by my teacher;
- I will only use the computer when an adult is in the room;
- I will only use good manners when using the computer/iPad;
- I will not give out any personal information about myself or others, such as my name, address, telephone number, or age while on the computer;
- I understand that all passwords are to kept secret;
- I will not log on to a computer/iPad using another person's username or password;
- I will not bypass or attempt to bypass any school, county or state filtering system;
- I will not post or send information to harass or bully another person;
- I will only use the school-provided email account while at school;
- I will only use school-sponsored blogs, wikis, web 2.0+ tools, social networking sites and online groups as part of any educational activity;
- I will only use appropriate Internet sites as directed by my teacher;
- I will tell my teacher or other adult if I accidentally access an inappropriate site;

I understand that I must adhere to the mandates of West Virginia's Board of Education Policy 2460 - *Educational Purpose and Acceptable Use of Electronic Resources, Technologies and the Internet.*

- I cannot use the Internet in school until I have completed the Acceptable Use Training, and my parents (or guardian) and I have signed and returned the KCS Acceptable Use form.
- NOTE: A complete copy of Policy 2460 may be obtained from http://wvde.state.wv.us/policies/

I understand my responsibility for using software legally; therefore,

- I will not give, lend, sell or copy any software found on school computers or the Internet, unless I have printed permission from the copyright owner;
- I will not install any software on school computers/iPads without teacher permission;
- I will not install or add any device to a school computer or network;

I understand the importance of using both print and non-print information in a lawful manner; therefore,

- I will not copy information received in any form and say that it is my own work;
- I will accurately cite all sources of information;

I understand that the use of computer networks is a privilege, not a right;
therefore,

- I will follow the school's computer use rules
- I will not attempt to bypass system security or change settings without teacher permission;
- I will not bypass or attempt to bypass any school, county or state filtering system;
- I will not tamper with the network or computers/iPads;
- I will not damage or destroy any technology equipment;
- I will not go into anyone else's files or use anyone else's password;
- I will not download or listen to music from the Internet unless directed to do so by the teacher;
- I will not use any non-school email address while at school
- I will not play any non-educational game on a school computer

Providing false or misleading information when applying for computer access, or violating any of the above rules, will cancel my user privileges and may result in further disciplinary action, including reimbursement for damage and computer recovery costs, suspension and/or expulsion from school.

For 2026-2027 School Year - **Use one form for all students in family**

School Name: *(Third Base Site Name)*: _____

Student: I have read or had read to me and consent to the rule and responsibilities listed above. I have never had my computer privileges restricted or revoked by any other school.

Student WVEIS number: not required

Student Names (Please print): _____ (list all children)

Student Signature: not required

Date: _____/ _____/ _____Grade(s): _____

Parent or Guardian: I have read and discussed this form with my child. I understand that it is the responsibility of my child to restrict his/her use to the classroom projects assigned. I accept full responsibility for supervision if and when my child is using computers in a setting other than school. I also understand that the teacher cannot be held responsible for intentional infractions of the above rules by my child.

_____ I give permission for my child to access the Internet in school.

_____ I do not give permission for my child to access the Internet in school.

_____ I give permission for my child to access the Internet in school ONLY FOR Testing Purposes

SCHOOL INTERNET WEB SITE STUDENT INFORMATION

I hereby give permission to **use the following information** on the school and/or district web sites (***initial all that you approve)***:

_____Student's first name

_____Student's last name

_____Student's photo

_____Student in group photo

Parent / Guardian's Name: (Please print):_____

Parent / Guardian Signature: _____Date: _____/ _____/ _____

****Optional -Parent Email:_____**

(will not be shared with 3rd parties without permission)

*****NOTE:** This form will be kept on file in the school listed above. It will not be transferred to another school.