

Ann Smith Elementary New Student Enrollment

Required documents for new student enrollment:

- ✓ Current report card from prior school
- ✓ Withdrawal form from prior school
- ✓ Completed enrollment packet
- ✓ Mississippi Immunization Compliance Form 121
- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ Custody papers (if parents are divorced or parent not listed on birth certificate)
- ✓ One of the following in the parent's name:
 - Mortgage document
 - Deed
 - Homestead exemption
 - Current rental or lease agreement (all occupants **must** be listed on the agreement)
- ✓ One current (within 60 days) utility bill in the parent's name showing the service address:
 - Water
 - Gas
 - Electric
 - Cable/internet
 - **NO CELL PHONE BILLS**

Required documents may be submitted electronically to:
cjohnson@madison-schools.com

If you are living in a home or apartment you do not own or are not leasing, please contact Tracy Farmer at 601-499-0800 or tfarmer@madison-schools.com to assist you with additional requirements prior to enrolling at Ann Smith Elementary.

**Affidavit of Residence
Madison County School District**

**State of Mississippi
County of Madison**

I, _____, of lawful age, being first duly sworn on oath state that:
(Print name of Affiant)

1. I presently and permanently reside at

(Physical street address and street name is required. Post office box address is not acceptable.)

which is my legal residence and is located within the boundaries of the Madison County School District.

2. As verification of my residence, I attach to this affidavit and include by reference the following:

- A. Copies of two utility bills (water, electricity, gas, land phone or cable, not cell phone) and
- B. One of the following documents that contains my current physical street address, not a post office box:
 - 1. Deed, deed of trust, mortgage, or filed homestead exemption
 - 2. Current original, not copy, of apartment or house lease, showing names of occupants.

3. I am the _____ of _____,
(Parent /Guardian) (Full Name of Child or Ward)
who permanently resides with me at my residence at the address given in paragraph 1 above.

4. If I move or change my residence, I will notify my child's school within 30 days.

5. I understand that the District may refuse to enroll or dismiss from school the child named in paragraph 3 above if the child does not reside with me within the Madison County School District at the address stated above.

6. By signing this affidavit, I understand that I am making a sworn statement that the information given in this affidavit is true and correct. I understand that lying or giving false information in the affidavit is a felony and is a violation of Miss. Code Ann. Sections 97-7-35 and 97-9-19., which may subject me to criminal penalties, including a fine of up to \$1,000.00 and/or up to five years in the county jail.

This the _____ day of _____, 20_____.

Signature of Affiant

Personally came and appeared before me, the undersigned authority in and for the county and state aforesaid, the Affiant listed above, who on oath states that the matters and facts contained in the above foregoing Affidavit of Residence are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

ANN SMITH ELEMENTARY SCHOOL REGISTRATION FORM

Name of child _____
Last First Middle

M _____ F _____ Birthday _____ Race B W A H Other _____

Address _____ Subdivision _____

Home Phone _____ Cell phone _____

E-mail address _____

Mother/Guardian _____ Occupation _____

Place of Employment _____ Phone # _____

Father/Guardian _____ Occupation _____

Place of Employment _____ Phone # _____

Does child live with both parents, mother, father or other? _____

Is your child currently receiving services for language, speech and/or hearing problems?

No _____ Yes _____

Please state the problem or service provider _____

Name and age of brothers and/or sisters _____

School previously attended _____

Address _____
City State Phone number

Parent's Signature _____ Date _____

PLEASE NOTIFY US IN WRITING OF ANY CHANGES TO ABOVE INFORMATION

**ANN SMITH ELEMENTARY SCHOOL
EMERGENCY CARD**

Date _____ Grade _____ Bus _____ Teacher _____

Student Name _____

M _____ F _____ Birthday _____ Race B W A H Other _____

Address _____ Subdivision _____

Is this a new address? Yes Or No (Circle One)

Phone number _____ Email Address _____

Is this a new phone number? Yes Or No (Circle One)

Resides with _____

Bus Rider _____ Car Rider _____ Daycare _____ Daycare phone # _____

Allergies: _____

Parent/Guardian

Mother _____ Phone Number _____

Address if different from child _____

Father _____ Phone Number _____

Address if different from child _____

Parent/guardian Employment

Mother's place of employment _____

Work # _____ Cell # _____

Father's place of employment _____

Work # _____ Cell # _____

EMERGENCY NUMBERS: (friend, neighbor, relative authorized to pick up student)

Name	relationship	work #	cell #
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Name	relationship	work #	cell #
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Person(s) NOT authorized to pick up child:

Name

Child Services Survey

Child's Name _____ Grade _____

Address _____

Phone Number _____ Home Cell Work (circle)

***Please check all that apply:

_____ My Child has not received special services

_____ My child received special services from our previous school

_____ My child currently has an IEP from our previous school
(Please attach a copy of the IEP to this page)

The ruling for my child is in the following area(s):

_____ Hearing Impaired

_____ Speech

_____ Resource Specific Learning Disability (SLD) _____

_____ Other (please specify) _____

Parent's Signature

Date

**If you do not have a copy of the IEP please fill out the information below:*

Previous School Name _____

School Address _____

City

State

Phone Number _____

Contact person at school _____

Student Health Form

School Year _____

School:	Grade:	Teacher:
Student's Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name(s):	Work Phone(s):	Cell Phone(s):
Transportation <input type="checkbox"/> CAR <input type="checkbox"/> BUS		
Local Physician / Healthcare Provider	Phone:	

STUDENT'S HEALTH HISTORY

CONDITION	NO	YES	LIST SYMPTOMS - MEDICATIONS NEEDED-COMMENTS
ALLERGY (life threatening)			_____
To food			
To medication			
To insects			_____
Asthma			_____
Seizure			_____
Diabetes -Must have DMMP from physician.			_____
Attention Deficit (ADD, ADHD)			
Birth Defect/Physical Handicap			
Bone / Joint Conditions			
Emotional/Psychological Disorder			
Headaches Migraine			
Cardiac Conditions			
Hypertension (High Blood Pressure)			
Blood Disorder / Sickle Cell			
Speech / Hearing Problems			
Gastrointestinal Conditions			
Surgery			
Vision Problems			Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Handicaps, special needs, or other medical concerns not listed			
Is the student taking daily medication			If YES, Please list:

ACTION PLAN REQUIRED
 (available in school office & on-line)

I give my permission for my child to participate in the school's health program which may include health education and basic screening (vision, hearing, scoliosis, etc.). I give my permission for my child to receive standing orders/first aid care as needed. I give my consent for medical information to be shared between my child's medical provider and the school nurse. I consent that medical information may be shared with personnel who are directly involved with my child at school. It is the parent/guardian responsibility to notify the school of any medication or medical condition changes.

Parent/Guardian Signature: _____ Date: _____

Health forms and medical action plans are required each school year

Madison County Schools

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____
2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
3. What language is spoken by you and your family most of the time at home? _____
4. If available, in what language would you prefer to receive communication from the school? _____
5. Please check if your child is:
 A. Native American Indian C. Native Pacific Islander
 B. Alaska Native D. Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____
8. What language does your child most frequently speak at home? _____
9. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____
10. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

Transportation

Grade _____

Student's name _____

Address _____

City _____

Apartment complex _____

Subdivision _____

Home phone _____ Business phone _____

How will your child be transported daily?

circle one

Morning: CAR BUS

Afternoon: CAR BUS DAYCARE

Destination: _____

Daycare name & phone #: _____

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If your child's mode of transportation needs to change, please send a note to the teacher. When picking up your child, enter the road at the north end of campus. Follow the road until you come to the second grade doors on the south end of the campus where an assistant will direct you. Please have your car tag number displayed in your front windshield. The assistant on duty will radio the name of your child to an assistant on duty in the hall, who will have your child brought to you. Please do not park your vehicle on the road and come into the building. You must remain in your vehicle so that the traffic flow will be smooth. If you must come into the building, park in the front parking lot and cross the driveway carefully and come into the main office.