

Ann Smith Elementary New Student Enrollment

Required documents for new student enrollment:

- ✓ Current report card from prior school
- ✓ Withdrawal form from prior school
- ✓ Discipline report 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 30 days) utility bill in the parent's name showing the service address:
 - Water
 - Gas
 - Electric
 - Cable/internet
 - **NO CELL PHONE BILLS**

If you are living in a home or apartment you do not own or are not leasing, please contact Cheryl Johnson at 601-856-6621 or cjohnson@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 (K-2) REGISTRATION FORM

Student Name: _____ Grade: _____
Last First Middle

Check one: _____ New to district _____ Returning student

SS# _____ - _____ - _____ Date of birth: _____ Gender(circle): M F

Race(circle): B W A H Other _____

Subdivision: _____ Own/lease: _____ Lease expires: _____

Street Address: _____ City _____ Zip: _____

Student lives with (check all that apply) ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other

Bus Rider: ☐ Yes ☐ No Car Rider: ☐ Yes ☐ No Daycare: ☐ Yes ☐ No Daycare name: _____

Mother/Guardian _____

Address if different from child _____

Home phone _____ Cell phone _____ Work phone _____

Email address _____

Place of Employment _____ Occupation _____

Father/Guardian _____

Address if different from child _____

Home phone _____ Cell phone _____ Work phone _____

Email address _____

Place of Employment _____ Occupation _____

Name and age of brothers and/or sisters _____

EMERGENCY CONTACTS AND INDIVIDUALS authorized to pick up student:

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

Person(s) NOT authorized to pick up child:

Name

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 Contacts <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.