

# 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**

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](mailto: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

2022-2023

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):
<b>Transportation</b> <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)			<b>ACTION PLAN REQUIRED</b> (available in school office & on-line)
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:

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	

## 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 \_\_\_\_\_

## 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.