

Madison Central High School

1417 Highland Colony Parkway Madison, MS 39110

601-856-7121

Front Office Fax 601-853-2712

Student Services Fax 601-898-5006

Welcome to Madison Central High School 2020-2021

Instructions for New Non- Registered Students

Please have available the following forms of documentation showing your name and current address before trying to register your child.

- 1. A current lease on the house or apartment or warranty deed or deed of trust**
- 2. One current utility bills with physical address –not post office box**
- 3. One form of identification**
- 4. Immunization record on the Mississippi Compliance form (121 form)**
- 5. Unofficial transcript from the last school attended**
- 6. Birth Certificate and Social Security Card**
- 7. Withdrawal form from previous school**
- 8. Custody paper, Guardianship paper if applicable**
- 9. Technology agreement form and \$50 MacBook fee**

Madison Central High School Registration Form

Student Name (as it appears on birth certificate)

Enrollment Date

Grade

Last _____ First _____ Middle _____ Preferred _____

Race (for reporting purposes only) please check only one: _____ White _____ Black _____ American Indian _____ Asian _____ Hispanic, Latino or Spanish culture or origin _____ Native Hawaiian or Other Pacific Islander

Additional Ethnic groups related (you may check more than one): _____ White _____ Black _____ American Indian _____ Asian _____ Hispanic, Latino or Spanish culture or origin _____ Native Hawaiian or Other Pacific Islander

Sex _____ Date of Birth _____ Student SS# _____

Student Address _____ City/Zip Code _____

Subdivision _____ Parent Contact Number (____) _____

Name of Person(s) with whom the student lives _____

Relationship to student _____

Parental/Guardian

Parent/Guardian _____

Address _____ Home Phone (____) _____ Cell (____) _____ Work (____) _____

E-mail _____ Employer _____ Occupation _____

Parent/Guardian _____

Address _____ Home Phone (____) _____ Cell (____) _____ Work (____) _____

E-mail _____ Employer _____ Occupation _____

Student History

Have you ever been enrolled in any school in Madison County School?

Yes

No

If yes please list at what school _____

School attended last year _____

City _____

State _____

Are you under threat of expulsion?

Yes

No

Are you currently attending or have you been assigned to Alternative School?

Yes

No

Have you previously attended any Alternative School?

Yes

No

Where and when? _____

Have you ever been expelled or denied admission or re-admission to any school?

Yes

No

If yes, what year? _____

School _____

City _____

State _____

Ever been enrolled or received any other services other than regular education classes?

Yes

No

If yes what classes? _____

Who is the Family Physician? _____

Phone () _____

Allergies (food, drug and/or otherwise) _____

Are there any other health issues that administration should know about? _____

Transportation (Please circle):

bus rider

or

car rider

Parent/Guardian Signature _____

Madison Central High School
New Student Registration

Name _____ Grade _____

Previous School _____ Date of Registration _____

Address _____

Contact Person/Phone _____

Registration

_____ Registration forms completed _____
_____ Interview with counselor _____
_____ Course selection _____
_____ Student Handbook received _____
_____ School video _____

Enrollment

- 1) Counselor _____
- 2) Registration Form to Data Entry _____
- 3) Registration Packet to Records Clerk _____
- 4) Registration Packet to Data Entry _____

Student Records requested on _____
Student Records received on _____
Records Clerk _____
Data Entry _____

It is the policy of the Madison County School District to comply with all provisions of Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, and the Carl Perkins Act of 1984, Section 504 or the Rehabilitation Act of 1983, and IDEA.

The School board directs that no person shall, on the basis of race; color, national origin, sex, disability, age, or religion, be discriminated against, or excluded from, or denied the benefits of, any program or any opportunity or activity provided by this educational agency.

This action of the school board applies to all applicants for employment in this school system, present employees, and to students. Any inquires regarding compliance should be directed to :

Office of the Superintendent
Madison County School District
476 Highland Colony Parkway
Ridgeland, MS 39157
601-499-0800

or

Director of the Office of Civil Rights
Dept. of Health, Education and Welfare
Washington, D.C.

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	

Check In - Check Out

Date _____

If you would like anyone other than a parent to check out your child you must fill out all the information below... Please use back if you have more than two.

Student Name _____

Grade _____

Person allowed to check out student:

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Parent Signature _____

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Parent Signature _____

Person NOT Allowed to Check Out Student:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Parent Signature _____

**Affidavit of Residence
Madison County Schools**

**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 is required. Post office box is not acceptable)

which is my legal residence and is located within the attendance boundaries of Madison County Schools.

2. As verification of my residence, I attach to this affidavit and include by reference the following:
- a. A copy of one major utility bill (water, electricity, natural gas, cable/internet)
 - b. One of the following documents containing my current physical street address (no post office box)
 - i. Mortgage document, filed Homestead Exemption application, Warranty Deed, property tax notice or closing statement
 - ii. Original, current apartment or home lease signed by the owner. In the case of apartment lease, the name of all occupants must be listed on the lease.

3. I am the _____ of _____
(Parent or Guardian) (Full name of child or ward)
who permanently resides with me at my residence at the address provided above.

4. If I move or change my residence, I will notify my child's school within thirty days.
5. I understand that Madison County Schools may refuse to enroll or dismiss from school the child named in paragraph 3 if it is determined the child does not reside with me within its attendance boundaries at the address provided in paragraph 1.
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 and/or up to five years in the county jail.

This the _____ day of _____, 20____.

Signature of Affiant

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

Sworn to and subscribed before me, this the _____ day of _____, 20____.

Notary Public

My commission Expires: _____