

HIGHLAND ELEMENTARY SCHOOL ENROLLMENT

Student Name: _____ DOB: _____ Grade: _____

Address: _____

Race: B W A H Other _____ Gender: Male/ Female Email: _____

LEGAL PARENT/GUARDIAN:

Last name (mother) _____ First _____

Home #: _____ Cell: _____ Work: _____

Place of Employment _____ Occupation: _____

Last name (Father) _____ First _____

Home #: _____ Cell: _____ Work: _____

Place of Employment _____ Occupation _____

Authorized Individuals to Pick-up/Emergency

	Name	Relationship	Home #	Cell#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Siblings Attending Madison County School District

Name	Grade	Gender (M/F)	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

___ Yes, my child's photo and name may appear on the school social media/website and on other media outlets.

___ No, my child's photo and name may not appear on the school social media/website and on other media outlets.

If any of the above information changes you are required to notify the school office within 48 hours

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	



MADISON COUNTY
SCHOOLS

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

**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 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. Copy of one utility bill (water, electricity or gas) and
- B. One of the following documents that contains my current physical street address, not a post office box:
 - 1. Deed, deed of trust, or mortgage, or
 - 2. Apartment or house lease

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.

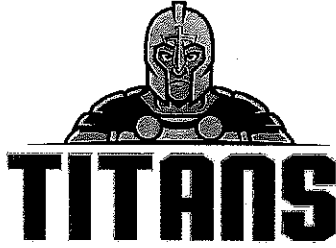
This is the _____ day of _____, 20_____.

Signature of Affiant

Personally came and appeared before me, the undersigned authority in and for the county and state aforesaid, the Affiant named 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 _____



Highland Elementary School

330 Brame Road

Ridgeland, Ms. 39157

Statement of Acknowledgment

Please be aware that, effective November 3, 2009, the city of Ridgeland passed a city ordinance that makes falsifying residency information for the purpose of attending Ridgeland City Schools a misdemeanor. If convicted of falsifying information, you can face up to 90 days in jail and up to \$1,000.00 in fines. There is currently a case of residency falsification for which prosecution is pending. By signing below, you are acknowledging that you have been made aware of and understand the ordinance and penalties regarding residency falsification.

Name _____ Date _____

Address _____

Signature _____