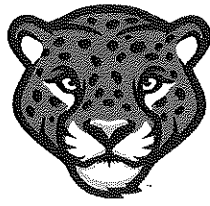


Dr. Kim Brewer, Principal
Mary Kate Diltz, Asst. Principal
Valerie Seal, Counselor



Telephone: 601-856-6609
Fax: 601-856-7679

Madison Avenue Upper Elementary

Madison Avenue Upper Elementary
1209 Madison Avenue
Madison, MS 39110
601-856-6609
Fax: 601-856-7679

REQUEST FOR RECORDS

Date: _____

Previous School: _____

The following student has enrolled in our school. Please send the cumulative records for the student listed below.

Student

Grade

**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: _____

MAUE Registration Information

Student Name: _____
Last First Middle

Preferred Name: _____ Social Security Number: _____ - _____ - _____

Race (circle): B W A H Native American Other: _____ Gender (circle): M F

Hispanic/Latino Ethnicity: ___ Yes ___ No Date of Birth: _____ Entering Grade: _____

Street Address: _____ City: _____ Zip: _____

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

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

Mother/Guardian Name: _____

Address if different child: _____

Please check primary number to be used for automated calling ___ Home phone: _____

___ Work phone: _____ ___ Cell Phone: _____

Place of Employment: _____ Occupation: _____

E-mail address: _____

Father/Guardian Name: _____

Address if different child: _____

Please check primary number to be used for automated calling ___ Home phone: _____

___ Work phone: _____ ___ Cell Phone: _____

Place of Employment: _____ Occupation: _____

E-mail address: _____

Siblings: _____ / / /

Name Grade DOB School

_____ / / /

Name Grade DOB School

_____ / / /

Name Grade DOB School

Special Services (circle): Gifted SPED-IEP Speech-IEP ELL

Emergency numbers and individuals authorized to check out:

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

3. _____
Name Relationship Phone

***DO NOT RELEASE CHILD TO: _____ (Please provide legal documentation)

Transportation: ___ Bus AM and/or PM ___ Car Rider ___ After Care

MAUE STUDENT INFORMATION FORM

(Please use black or blue ink)

CHILD'S NAME: _____ DOB: _____

ADDRESS: _____

GRADE: _____ HOMEROOM: _____

BUS #: _____ CAR #: _____ LUNCH #: _____

FATHER: _____ MOTHER: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

Please list **ALL** people who ARE **ALLOWED** to check your child out:

1) NAME: _____ RELATIONSHIP: _____

PHONE: _____

2) NAME: _____ RELATIONSHIP: _____

PHONE: _____

3) NAME: _____ RELATIONSHIP: _____

PHONE: _____

4) NAME: _____ RELATIONSHIP: _____

PHONE: _____

5) NAME: _____ RELATIONSHIP: _____

PHONE: _____

Please list **ALL** people who **ARE NOT ALLOWED** to check your child out:

1) NAME: _____

2) NAME: _____

3) NAME: _____

Parent/Guardian Signature _____ Date _____

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):
Emergency Contact Person:	Contact Phone(s):	
Healthcare Provider Name(s):	Phone:	

STUDENT'S HEALTH HISTORY

CONDITION	NO	YES	LIST SYMPTOMS - MEDICATIONS NEEDED-COMMENTS
Attention Deficit (ADD, ADHD)			
Birth Defect/Physical Handicap			
Bone or Joint Problems			
Earaches (Frequent? Tubes?)			
Emotional/Psychological Disorder			
Headaches (Frequent or takes medicine)			
Heart Problems			
Hypertension (High Blood Pressure)			
Nose Bleeds			
Seasonal Allergies			
Sinus Problems			
Speech / Hearing Problems			
Stomach / Digestive Problems			
Surgery			
Vision Problems			Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No

ANAPHYLAXIS / Life Threatening Allergies	NO	YES	LIST SYMPTOMS - MEDICATIONS NEEDED-COMMENTS
<i>Conditions listed in this section require an Action Plan. Action Plans are available in school office and on-line.</i>			
Life-threatening Allergy to Food			
Life-threatening Allergy to Medication			
Life-threatening Allergy to Insects			
Asthma			
Seizure			
Diabetes			

Describe any handicaps, special needs, or medical conditions not listed above:

Is the student taking daily medication? Yes No If Yes, please list them:

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.

Parent/Guardian Signature: _____ Date: _____

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 School District

Active Parent Online Registration Form

<http://madison.activeparent.net>

Parent/Guardian Name:	Social Security#: XXX-XX-	
Address:		
City:	State:	Zip Code:
Email:	Phone:	

_____ I am a new user and request to be an ACTIVE PARENT and view the information made available to me for the following student(s). List all students you have in the Madison County School District on one form. You do not have to fill out a form at each school.

_____ I already have an ACTIVE PARENT account and would like to add another child to my account.

Student(s) Name	Grade	School

Parents you must provide the Username and the Password

Parent/Guardian Username Information	
Your Username will be your last name and the last 4 digits of your Social Security Number .	
Your Password has to be at least 4 letters and 2 numbers .	
User Name:	Password:

Parent/Guardian Signature: _____	Date Signed: _____
----------------------------------	--------------------

For office use

Yes No I authorize the release of the child's record. I have verified that the child's parent/guardian has been approved to view his/her records and be registered as an ACTIVE PARENT.

School Official: _____	Date Signed: _____
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MAUE Morning Car Drop Off Directions

Teachers are assigned car duty from 7:00-7:30. Teachers will be stationed from Paw Print #1 all the way to where the merge line begins. We **will allow** students to exit the building beginning at the merge line **where the teachers are stationed to supervise the unloading of the children.**

Please do not park in the grass and walk your child across in front of traffic. Please do not drop off children on Madison Avenue and cross traffic to reach the side walk. There are no teachers at these locations to supervise! Below marks inappropriate locations where children (and adults) were nearly hit by a car (or actually hit in the past). **Children should only exit vehicles in front of the supervision of morning duty MAUE staff.**

Please drive slowly while on campus. We have parents, volunteers, and guest speakers who are parking to come in for meetings and they are hard to see when crossing from the parking lot to the sidewalk, due to the curve of the road and drop off locations.

Remember, students can enter the building at 7:00 a.m., and the tardy bell rings at 7:30 a.m. Students are **not** to be dropped off before 7:00 a.m., as there is no supervision and they will not be allowed in the building prior to that time. Once the tardy bell rings at 7:30 a.m., the teachers will close the side doors and students must enter through the front office with a parent to sign them in. If a parent does not sign a tardy student in, the student will receive an unexcused tardy and miss instructional time. Instruction begins at 7:30 a.m. and every child should be seated and ready to learn.

We average around 420 cars dropping off children between 7:00-7:25. To move that many cars through our parking lot, we need to arrive early and work together. With your support and patience, we can make this happen. (Of course, there is always a second option: Madison County Schools offers transportation **free** to all of our students.)

