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## Madison Avenue Upper Elementary

Madison Avenue Upper Elementary  
1209 Madison Avenue  
Madison, MS 39110  
601-856-6609  
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### 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 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: \_\_\_\_\_

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 \_\_\_\_\_



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):
<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
<b>ALLERGY (life threatening)</b>			<b>ACTION PLAN REQUIRED</b> (available in school office & on-line)
<b>To food</b>			
<b>To medication</b>			
<b>To insects</b>			
<b>Asthma</b>			
<b>Seizure</b>			
<b>Diabetes -Must have DMMP from physician.</b>			
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 \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_
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
  - B.  Alaska Native
  - C.  Native Pacific Islander
  - 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) \_\_\_\_\_  
*If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing and have the option to accept or refuse services.*
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

*Board Approved: September 11, 2006; Revised & Board Approved September 17, 2012; Revised & Board Approved September 10, 2018; Revised & Board Approved September 9, 2019; Revised & Board Approved September 6, 2022*

# Madison County School District

## Active Parent Online Registration Form

<http://madison.activeparent.net>

Parent/Guardian Name:	Social Security#: <b>XXX-XX-</b>
Address:	
City:	State: <span style="float: right;">Zip Code:</span>
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

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

Parent/Guardian Signature: _____	Date Signed: _____
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### 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.)

