

MADISON AVENUE ELEMENTARY (K-2) REGISTRATION FORM
2021-2022

Student Name: _____, _____, _____
(Last) (First) (Middle)

Preferred Name: _____ SS# _____ - _____ - _____

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

Date of Birth: _____ - _____ - _____ Grade: _____

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

Street Address: _____ City _____ Zip _____

Home Phone: _____

Parent/Guardian Information:

Last Name (Mother) _____ First _____ MI _____

Home # _____ Cell # _____ Work# _____

Address if different from child _____

Place of Employment: _____ Occupation: _____

Email address: _____

Last Name (Father) _____ First _____ MI _____

Home # _____ Cell # _____ Work# _____

Address if different from child: _____

Place of Employment: _____ Occupation: _____

Email Address: _____

Child lives with (circle): Both parents Mother Father Other _____

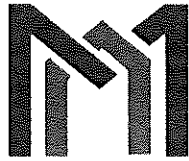
Name of siblings, grade and school: _____

Emergency Numbers and Individuals authorized to check out:

1. _____ relationship _____ phone # _____

2. _____ relationship _____ phone # _____

Name, Phone Number, Address and Email Address in Student Directory: _____ Yes _____ No



MADISON COUNTY
SCHOOLS

**2021-2022
Prior Educational Experience of
Incoming Kindergarten Students
Survey**

Student Name: _____

Teacher: _____

_____ **No, my child did not participate in a 4-year-old preschool program.**

_____ **Yes, my child participated in a 4-year-old preschool program.**

Preschool Program Name _____

Address _____

Type of Preschool Program _____ Licensed Child Care Center

_____ Family/Friend Care

_____ Head Start

_____ Home

_____ Pre-K Public

_____ Pre-K Private
Private provider with a small
group of students, not a
licensed childcare center.

Kindergarten Registration Information

Student Name _____

To help us in the placement of your child, please tell us a little more about your child.

Personality:

Learning Style(s):

Social Skills:

Academic Strengths:

Academic Weaknesses:

Other:

**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 _____

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 _____



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: _____

MAE has a rabbit as a school pet. She eats Timothy Hay. Is your child allergic to Timothy Hay? _____ YES or _____ NO

Health forms and medical action plans are required each school year

Madison Avenue Elementary K-2
1199 Madison Avenue
Madison, MS 39110

Dr. Melissa Philley, Principal

Previous School's:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Request for Records

Student's Name: _____

MSIS Number: _____ Enrollment Grade: _____

Please forward the cumulative records for the above student including:

- Grades to date, numerical, and letter, by marking period or final grade
- All available test scores, including gifted or special education
- Psychological evaluations
- Health records, birth certificate, and social security number

Note: Parental consent is no longer required when records are requested by authorized school personnel. *Family Education Rights and Privacy Act Final Rule on Education Records.*

Send to:

Madison Avenue Elementary K2
Attn: Records
1199 Madison Avenue
Madison, MS 39110

Phone #: 601-856-2951 Fax #: 601-853-2726

For office use only:

Requested by: _____

Date Requested: _____ Date Received: _____