

New Students to the District

Enrollment Package

No Special Affidavit/ Special Affidavit

## Madison County Schools New Student Enrollment

Dear Parents and Guardians,

Thank you so much for your patience as we have worked to modify our new student enrollment during these unprecedented times. Madison County Schools wants to make the collection of documents and registration materials efficient and safe for all during this time.

The documents #1-10 listed below need to be submitted to complete the registration process and returned to your child's school by appointment only. Please call your school site to make an appointment for a time slot to turn in your completed forms. Having a set schedule will help limit the number of people on each campus in adherence to current health guidelines.

Please stay home if you are sick or have symptoms of COVID-19, which include a fever, cough, or shortness of breath. We will be glad to reschedule an appointment for a later date.

### We ask that you:

- Please come alone in grades K-5
- Middle and high school students may come to this enrollment session with their parent/guardian to complete the course selection process
- Wear a face covering
- Use hand sanitizer before walking up
- Bring a pen to use
- Practice social distancing

If you are in a high-risk health category, please contact us directly. We will be glad to work with you on the best way to turn in the needed documents for registration.

### Required Documents for New Student Enrollment:

1. Transcript from prior school (high school only)
2. Current report card from prior school
3. Withdrawal form from prior school
4. Completed enrollment packet \*\*Attach a link to your school specific forms
5. Mississippi Immunization Form 121 (original from your doctor's office)
6. Birth Certificate
7. Social Security Card
8. Custody Papers (if parents are divorced or parent not listed on birth certificate)
9. One of the following in the parent's name:
  - Mortgage Document
  - Deed
  - Homestead Exemption
  - Rental or Lease Agreement (all occupants must be listed on the agreement and agreement must be current)
10. One bill in the parent's name showing the street address and dated within the last 60 days:
  - Water
  - Gas
  - Electric
  - Cable/internet

Thank you for your cooperation during this time while we adjust our normal ways of operation. Know we are excited to have your child join the Madison County Schools family!  
We are here to assist you with any needs. Please feel free to contact us!

Insert your school info: Contact Person: Tangle Luckett Page, Data Entry  
Phone Number: 662.468.2531  
Email Address: tluckett@madison-schools.com



# Velma Jackson High School Registration Form

(please type or print clearly)

Grade Entering for 2020 -2021 School Year - \_\_\_\_\_ Date \_\_\_\_\_

STUDENT NAME (as it appears on birth certificate)

Last \_\_\_\_\_ First \_\_\_\_\_ Mi \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security # \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Student Lives with (check one): ☐ Mother & Father ☐ Mother ☐ Father ☐ Other (explain) \_\_\_\_\_

Siblings -  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship (if Guardian) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship (if Guardian) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Has the student received any other services other than regular education classes? ☐ No ☐ Yes

If Yes, please explain \_\_\_\_\_

Student Information  
Parent/Guardian  
Previous School Information

Emergency Information  
Status  
Expulsion  
Alternative Placement

If it becomes necessary for the school to send my child home, the following person(s) may be contacted. These person(s) will also be allowed to pick up your child.

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

Food Allergies \_\_\_\_\_

Student MAY NOT be checked out by the following: \_\_\_\_\_

Upon registration, Section 39-15-9 of the MS Code, 1994 Supp. requires each student of his/her parent/guardian to indicate if the student has been expelled from any public or private school or is currently a party to an expulsion proceeding. Thus, the following information must be provided as a condition for registration in the Madison School District.

\_\_\_\_\_ The above named student HAS NOT been expelled from a public or private school OR IS NOT CURRENTLY a party to an expulsion proceeding.

\_\_\_\_\_ The above named student HAS been expelled from a public or private school OR IS NOW a party to an expulsion proceeding

Name of School expelled from \_\_\_\_\_

Reason for Expulsion \_\_\_\_\_

Status of Expulsion Proceeding \_\_\_\_\_

\_\_\_\_\_ The above student HAS NOT been referred to an Alternative School

\_\_\_\_\_ The above student HAS been referred to an Alternative School and is TO BE placed in the Madison County Alternative School

\_\_\_\_\_ The above student HAS been referred to an Alternative School in the past but has finished the time assigned.

Name of School \_\_\_\_\_

Date Sent \_\_\_\_\_

Reason Sent \_\_\_\_\_

Status of Time Assigned \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_

# 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):
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	Conditions listed in this section require an Action Plan. Action Plans are available in school office and on-line.		
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**

### **Student Drug Testing Consent Form**

#### **Statement of Purpose and Intent**

Participation in school-sponsored extracurricular activities and driving on campus in the schools of the Madison County School District is a privilege. Activity Students and Student Drivers have a responsibility to themselves, their fellow students, their schools, their families, and their community to set the highest possible examples of conduct by avoiding the use or possession of illegal or performance-enhancing drugs.

Drug use of any kind is incompatible with participation in extracurricular activities and for driving a vehicle on school campuses in the Madison County School District. For the safety, health, and well being of all students, Madison County Schools has adopted a policy of using an independent testing laboratory to conduct random drug testing of all students at middle schools and high schools in the District who participate in certain extracurricular activities, whether or not the activity is in off season or in season (an "Activity Student"), and students who purchase a parking decal/permit to drive on campus (a "Student Driver").

#### **Participation in Extra-Curricular Activities**

Each Activity Student or Student Driver shall be given a copy of the Student Random Drug Testing Policy and Student Drug Testing Consent Form. Both the student and the student's parent or legal guardian must read, sign, and date the Student Drug Testing Consent Form before the student shall be eligible to practice or participate in the listed extracurricular activity or purchase a parking decal/permit to drive on campus. To be eligible to participate in or practice with certain extracurricular activities or to purchase a parking decal/permit to drive on campus, the consent shall be (a) to give a urine sample; (b) if chosen on a random selection basis; or (c) at any time requested based on reasonable suspicion of the use or possession of illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by this policy or to purchase a parking decal/permit unless the student has returned the properly signed Student Drug Testing Consent Form.

---

Student's Last Name

First Name

Middle Name

I have read the "Student Random Drug Testing Policy" and "Student Drug Testing Consent Form," and I understand that, out of care for my safety and health and the health and safety of others, Madison County Schools enforces the rules applying to the use or possession of illegal and performance-enhancing drugs. As a member of my school's extracurricular activity or as a student driver on campus, I realize that the personal decision that I make daily about the use or possession of illegal or performance-enhancing drugs may adversely affect my health and well being, possibly endanger those around me, and reflects poorly upon any organization with which I am associated.

---

Signature of Student

Date

We have read and understand Madison County Schools "Student Random Drug Testing Policy" and "Student Drug Testing Consent Form." We desire that the student named above participate in the extracurricular activities of Madison County Schools and/or be allowed to drive on campus, and we hereby voluntarily agree that our child or ward and we are subject to terms of the Student Random Drug Testing Policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the policy. We further authorize the independent testing laboratory adopted by Madison County Schools to disclose all drug testing lab results and related information for the child named in this consent form to Madison County Schools for the purpose as provided in the policies and procedures adopted by the District for the voluntary drug test program. We understand that we may revoke this authorization at any time by written notice to the District and the independent testing laboratory. We acknowledge that any such revocation will not be effective as to any disclosures made prior to receiving such revocation. I understand that any information disclosed by the independent test laboratory under this authorization may no longer be protected by federal privacy regulations, and that such information may be further disclosed by the recipient. We understand that this authorization will become effective immediately upon execution and shall remain in effect until the student named in this consent form is no longer subject to the Drug Testing Policy of Madison County Schools. We further agree and consent to the disclosure of the sampling, testing and results as provided in the policy and any regulation adopted by the administration of the District.

---

Signature of Parent or Custodial Guardian

Date

---

Signature of Student

Date

DECAL #

LOT:

☐

Student

☐

Athletic

☐

(For office use only)

Velma Jackson High School  
Falcon Student Parking  
**2020-2021**

*Form must be complete to receive a Student Parking Pass (i.e.: completed parking form and parent/student signatures for Drug Consent Form). Incomplete forms will cause a delay in a parking pass being issued.*

PLEASE PRINT

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT DRIVER's LICENSE #: \_\_\_\_\_

## PARENT CONTACT INFORMATION:

NAME		CELL PHONE#
FATHER:		
MOTHER:		

## VEHICLE INFORMATION:

(Any vehicle that will be driven/parked in student's assigned parking space)

YEAR	MAKE/MODEL	COLOR	TAG NUMBER
			YES
We, both parent and student, have read and signed the Madison County School District Drug Consent Form on the back of this form. ) Please initial			Parent
			Student

## MIDDLE AND HIGH SCHOOL STUDENT/PARENT AGREEMENT

### (STATEMENT OF ASSURANCE)

This is to certify that I:

- (1) Have reviewed the entire contents of this handbook.
- (2) Agree to abide by the Acceptable Use Policy for Internet/email network.

Print Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_

This is to certify that I:

- 1) Will allow my student's full name, photograph or work to be published on school or district websites, in school yearbooks, local papers, school directory, television, or social media; without liability to the school or the Madison County School District.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

School Name \_\_\_\_\_

Complete this form as directed, detach and return to your student's homeroom teacher.



## Madison County School District

### Active Parent Online Registration Form

<http://madison.activeparent.net>

Parent/Guardian Name:	Social Security#: Last 4 digits
Address:	
City:	State: Zip Code:
Email:	Phone:

I request to be an ACTIVE PARENT and view the information made available to me for the following student(s).

Student(s) Name	Grade	School

SAM61 PARENT ONLINE ALLOWS YOU AS THE PARENT/GUARDIAN TO VIEW THE CHILDS GRADES AND ATTENDANCE.

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.

Parent/Guardian  
Signature:

Date  
Signed:

School Official:

Date  
Signed

#### Parent/Guardian Username Information

Your Username will be your last name and the last 4 digits of your Social Security Number or any 4 digits that you will remember ...Your Password has to be at least 4 letters and 2 numbers.

User Name:

Password:

# 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**

**MARK OF EXCELLENCE**

SUPERINTENDENT  
Charlotte Seals

ASSISTANT SUPERINTENDENTS  
Richard Burge  
Edith Mitchell  
Kalvin Robinson  
Ted Poore

June 2, 2020

RE: Special Affidavit Verification for 2020-2021 School Year

A "Special Affidavit of Residence" is required when a student resides with their parent or guardian in a home or apartment not owned or leased in the name of the parent or guardian. In an effort to adhere to current recommendations for social distancing during the Covid-19 pandemic, the process for completing a **"Special Affidavit of Residence"** will be handled remotely this year. These steps are taken with the health and wellbeing of your family and our staff in mind.

The attached sheet explains the process by which you must prove your residency in order to enroll your child for the coming school year. Please read it carefully and submit the required documentation as soon as possible.

Once you have collected the required documentation and completed the accompanying forms, submit them for review and approval by any one of the following methods:

- Email to [affidavit@madison-schools.com](mailto:affidavit@madison-schools.com)
- Mail to Special Affidavit Verification, 476 Highland Colony Parkway, Ridgeland, MS 39157
- Place in an envelope and drop in the bin located in the lobby of our Central Office located at 476 Highland Colony Parkway in Ridgeland

Once received, submitted information will be reviewed. If additional documentation is required, you will be contacted. Once approved, we will forward your documentation to your child's school and they will contact you to complete the registration process.

You may contact our office at 601-499-0800 between the hours of 8:30 - 4:30, Monday - Friday. Thank you.



MADISON COUNTY  
SCHOOLS

MARK OF EXCELLENCE

### Required Documentation for Special Affidavit of Residence Verification

The following documentation must be submitted. Please provide clear, legible copies.

*Do not submit originals as they cannot be returned:*

**\*\*\* ALL DOCUMENTS MUST BE CURRENT AND CLEARLY SHOW RESIDENCE ADDRESS \*\*\***

**Homeowner/Leaseholder** Must Provide ONE Document from EACH GROUP:

**Group 1:**

- ☐ Mortgage Document -or-
- ☐ Original Lease signed by property owner and tenant.  
**Occupants must be listed.**  
Lease expires: \_\_\_\_\_
- ☐ Homestead Exemption Application
- ☐ Deed
- ☐ 2019 Property Tax Notice received from Madison County Tax Assessor

**Group 2:**

- ☐ Current Utility Bill\*  
**(electric, gas, water, cable/Internet)**  
\* Disconnection Notice will not be accepted

**Group 3:**

- ☐ State ID Card
- ☐ Current MS Driver's

**Parent/Guardian living with Homeowner/Leaseholder** Must Provide:

**GROUP 1 (must provide one)**

- ☐ Current MS Driver's License
- ☐ State Identification Card
- ☐ Madison County Automobile Tag Receipt
- ☐ Federal Immigration Documents

**GROUP 2 (must provide two)**

- ☐ Medical Bill
- ☐ Bank Statement
- ☐ Check Stub or W2
- ☐ Current Insurance Policy or Card
- ☐ Current Utility Bill in Parent/Guardian's Name  
**(electric, water, gas or cable/Internet)** \*Disconnection Notice will not be accepted
- ☐ Government Mailing from County, State or Federal Agency

**MCS forms to be completed and signed by Parent/Guardian and Homeowner/Leaseholder:**

- ☐ Explanation and Understanding of Penalties (both parties must sign)
- ☐ 2020-2021 Special Affidavit of Residence (fill in highlighted information)

**MCS personnel will review submitted documents and contact you if additional documentation is required.**



**MADISON COUNTY  
SCHOOLS**

**Penalties for Falsifying  
Special Affidavit of Residence**

We understand that lying or giving false information on the Madison County Schools Special Affidavit of Residence is a **felony** and is a violation of Miss. Code. Ann. Sections 97-7-35 and 97-9-19, which may subject us to criminal penalties, including a **fine of up to \$1,000.00** and/or **up to five years in the county jail**.

\_\_\_\_\_  
Signature of Primary Owner/Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Additional Resident

\_\_\_\_\_  
Date



**SCHOOLS**

**MARK OF EXCELLENCE**

**Special Affidavit of Residence  
2020 - 2021**

State of Mississippi  
County of Madison

I, \_\_\_\_\_, and I, \_\_\_\_\_  
(Name of Homeowner/Leaseholder) (Name of Parent/Guardian)

(the Affiants) being of lawful age and first duly sworn on oath state that:

**The Primary Owner/Lessee is:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Physical street number and street address, not post office box)

Telephone \_\_\_\_\_

**The Additional Resident who lives full time in the dwelling  
of the Primary Owner/Lessee is:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Children attending schools in Madison County Schools:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Relationship between the Primary Owner/Lessee and the Additional Resident is:** \_\_\_\_\_

\*\*\*\*\*

I, the Primary Owner/Lessee, state that the Additional Resident named above lives full time, including weekdays and weekends, in my dwelling with me and that the Additional Resident is not residing with me for the purpose of attending school in Madison County Schools.

I, the Additional Resident, state that I am living full time, including weekdays and weekends, with the Primary Owner/Lessee and that I am not residing there for the purpose of my children attending school in Madison County Schools.

If the Additional Resident moves or changes residence, we will notify the schools of the children listed above within two (2) weeks.

We understand that Madison County Schools may refuse to enroll or dismiss from school any child listed above if the child does not reside within the Madison County School District at the address given above or if any child listed above is living at the address given for the sole purpose of attending school in Madison County Schools. We also understand that Principals are empowered by the Madison County Board of Education to determine at any time, that a child is not legally enrolled and may not attend classes.

***By signing this affidavit, we understand that we are making a sworn statement that information given in this affidavit is true and correct. We 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 us 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 Homeowner/Leaseholder

\_\_\_\_\_  
Signature of Parent/Guardian