

# MADISON AVENUE ELEMENTARY (K-2) REGISTRATION FORM

**2023/2024**

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 # \_\_\_\_\_



MADISON COUNTY  
SCHOOLS

2023-2024  
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.

**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: \_\_\_\_\_

# 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)			ACTION PLAN REQUIRED (available in school office & on-line)
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:

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