

Madison Crossing Elementary Registration Checklist

Dear Parent or Guardian,

The new school year is on its way. Thank you for registering your student for the 2020-2021 school year. We are so glad that your child will be joining us this fall. In order to complete the registration process, please bring the following items and complete the included forms.

*Please bring the following items with you:

- ☐ Valid Parent ID
- ☐ Birth Certificate (Certified)
- ☐ Social Security Card (Optional)
- ☐ Mississippi Immunization Form 121
- ☐ Withdrawal Form and Report Card
- ☐ Lease or Deed or Homestead Exemption
- ☐ One (1) current utility bill (no cell phone bills)

*The following forms must be completed from folder:

- ☐ Registration Form
- ☐ Home Language Survey
- ☐ Child Services Form
- ☐ Affidavit of Residency (Please do not sign signature line)

*Special Affidavits will be approved by the school district

PLEASE PRINT

**Madison Crossing Elementary
2020-2021 New Student
Registration Information**

Homeroom _____

Student Name _____ Grade _____
LAST FIRST MIDDLE

Preferred Name _____ Social Security # _____

Race _____ Sex _____ Date of Birth _____ Birth City _____

PRIMARY PHONE NUMBER

(This number will be used for automated calls regarding Inclement Weather, Early Dismissal, Delayed Start, etc.)

Street Address _____

Subdivision _____ City _____ Zip _____

Mother/Guardian Name

Address _____

Employer _____ Occupation _____

Home # _____ Work # _____ Cell # _____

Email _____

Father/Guardian Name

Address _____

Employer _____ Occupation _____

Home # _____ Work # _____ Cell # _____

Email _____

Name of siblings, grade and school:

Emergency Contact (other than parents/guardians) / Check In-Out:

Phone _____ Relationship to Student _____

Phone _____ Relationship to Student _____

****Do NOT release child to (names/relationship)** _____

Previous school or daycare (include city and state) _____

Previously retained? Y ___ N ___ If so, what 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: _____

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 _____

***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 previous school.
(Please attach a copy of the IEP to this page)

Parent's Signature

Date

* If you do not have a copy of the IEP, please fill out the information below:

School Name _____

School Address _____

City _____ State _____ Zip _____

School Phone Number _____

School Fax Number _____

Contact Person at School _____

Madison Crossing Elementary

300 Yandell Road
Canton, MS 39046
601.898.7710 (Phone)
601.898.7716 (Fax)

Terri Thornton, Principal

Previous School Name:
Address:
Phone #:
Fax #:

Request for Records

Student's Name:
Enrollment Grade:
<p>Please forward the cumulative records for the above student to include the following:</p> <ol style="list-style-type: none">1) Grades to date, numerical, and letter, by marking period or final grade2) All available test scores, including gifted or special education3) Psychological evaluations4) Health records, birth certificate and social security number <p>Note: Parental consent is no longer required when records are requested by authorized school personnel. <i>Family Education Rights and Privacy Act Final Rule on Education Records.</i></p> <p>Send to:</p> <p style="text-align: center;">Madison Crossing Elementary (K-5) Attn: Jennifer Agostinelli, Counselor 300 Yandell Road Canton, MS 39046 Phone #: 601.898.7710 Fax #: 601.898-7716</p>

For office use only

Requested by: _____ Date Requested: _____ Date Received: _____