

GRADE _____
SCHOOL _____

**YAZOO COUNTY SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

DATE _____
MSIS # _____

STUDENT'S LEGAL NAME _____
Foreign Exchange Student Yes No (Last) (First) (Middle)
(Name MUST match birth certificate unless legal document of name change is presented at time of registration.)

Social Security Number _____ Date of Birth: _____/_____/_____

Birthplace: _____ Birth Certificate Number: _____
(City) (County) (State)

Race (circle): B=Black H=Hispanic I=American Indian A=Asian H/PI=Hawaiian or Pacific Islander W=White

Ethnicity (circle): Yes -If of Hispanic/Latino/Spanish No -If not of Hispanic/Latino/Spanish Gender: (circle one) Male Female

RESIDENCE INFORMATION

Physical Address: _____
(Street Address) (City) (Zip Code)

Live Within a Mile of School?: Y _____ N _____ Live Out of District?: Y _____ N _____ Township/Range: _____

Mailing Address: (if different) _____
(Address) (City) (Zip Code)

Home Phone: _____ Cell Phone: _____ Other Permanent Number: _____

PARENT/GUARDIAN DATA - Please circle Military Affiliation: None National Guard Active Duty

CHILD LIVES WITH: (circle all applicable) Father Mother Stepfather Stepmother Legal Guardian (Legal Papers REQUIRED)

1st Parent/Guardian _____
(Last Name) (First Name) (Middle) (Relationship to Child)

Mailing Address: _____ Home Phone: _____
Cell Phone: _____

Employer: _____ Work Phone: _____

2nd Parent/Guardian _____
(Last Name) (First Name) (Middle) (Relationship to Child)

Mailing Address: _____ Home Phone: _____
Cell Phone: _____

Employer: _____ Work Phone: _____

LIST ANY BROTHERS AND/OR SISTERS WHO ATTEND THIS SCHOOL:

1. _____ Grade _____ 2. _____ Grade _____

- HAS STUDENT EVER BEEN EXPELLED OR SUSPENDED FROM SCHOOL? Y _____ N _____
- HAS STUDENT EVER BEEN IN ANY SPECIAL EDUCATION CLASSES? Y _____ N _____
- DOES STUDENT HAVE A 504 PLAN? Y _____ N _____
- IS STUDENT ELIGIBLE FOR GIFTED PROGRAM? Y _____ N _____
- DOES YOUR CHILD SPEAK ANY LANGUAGE OTHER THAN ENGLISH? Y _____ N _____
- If yes, please answer the following:
 - What was the first language your child learned to speak? _____
 - What language does your child speak most often? _____
 - What language is most often used in your home? _____

Last School Attended: _____ Withdrawal Date: _____

Address Of Last School: _____ Phone: _____

EMERGENCY CONTACTS

1) _____ Name _____ Relationship to Child _____ (Full address if different than student) _____ Phone: _____

2) _____ Name _____ Relationship to Child _____ (Full address if different than student) _____ Phone: _____

DISCIPLINE INFORMATION: (please initial in the appropriate blank)

Y _____ N _____ I understand the alternative forms of discipline and hereby GIVE MY PERMISSION to the faculty and staff of Yazoo County Schools to administer corporal punishment to my child when deemed necessary. (i.e., paddling)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE _____
(Signature of Parent/ Guardian) Date

For Office Use Only

Immunization Form Date _____

Birth Cert # Verified By _____

Immunization Form Verified By _____

Bus 1 (AM) _____ Bus 2 (PM) _____

YAZOO COUNTY SCHOOL DISTRICT
RESIDENCY VERIFICATION AND DOCUMENTATION CHECKLIST

Name of Student: _____

Name of Parent/Guardian: _____

911 Address of Parent/Guardian and Student: _____

(A P.O. Box number is not acceptable for a 911 address. It MUST be a physical address.)

I hereby certify that the information given above is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the Yazoo County School District, I will promptly notify the appropriate officials of this school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent or guardian with whom the student is living. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

Signature of Parent/Guardian

Telephone Number

Date

TO BE COMPLETED BY THE YAZOO COUNTY SCHOOL DISTRICT

RESIDENCY REQUIREMENTS Check one in Group I and Group II and if applicable check a or b in Group III.

- Group I** _____ a. Filed Homestead Exemption Application Form
_____ b. Mortgage Documents or Property Deed
_____ c. Apartment or Home Lease/Rental Agreement ** Any unofficial Lease Agreement (handwritten or computer-generated) must be notarized.
_____ d. E-911 information

- Group II Acceptable Bills** _____ a. Current Utility Bill (dated within thirty days of enrollment).
_____ electricity _____ gas _____ landline telephone _____ cable TV or satellite TV.
A driver's license, water bill or voter identification are not acceptable as proof of residency.
_____ Other Residency documentation may be approved by YCSD Administration.

Group III - Guardianship or Affidavits Guardianship

_____ a. Student is living with legal guardian and a certified copy of the Court Decree (or petition), if pending, was received declaring the district resident to be the legal guardian of the student and further declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance purposes.

Affidavits _____ b. Custodial parent(s) residing with an adult in a home not owned or rented by the custodial parent(s) will present documents to show legal custody. The non-custodial adult in the home must prove residency through Group I and Group II (above) and sign the affidavit.

In addition, the custodial parent(s) will present three of the items below.

- _____ Doctor's or dentist's bill Bank statement
_____ Automobile license receipt
_____ Credit card statement
_____ Cell phone bill
_____ Insurance policy
_____ State or Federal benefit check or Salary check stub
_____ IRS Documentation
_____ Other residency documentation approved by YCSD administration

B. HOMELESS CHILDREN

When a child is determined to be homeless as defined by the Stewart B. McKinney Homeless Assistance Amendment Act, enrollment action in the best interest of the child shall be taken, pursuant to federal guidelines and Board policy.

The Residency Committee must approve residency if there are questions. The Residency Committee will be appointed by the Superintendent.

Date: _____ Signature or School Representative: _____

YAZOO COUNTY HIGH SCHOOL
191 PANTHER DRIVE
YAZOO CITY, MISSISSIPPI 39194

Jana Bardwell, Principal

Phone: (662) 746-1492
Fax: (662) 746-1593

2017-18

Student name: _____

Date: _____

Grade: _____

Dear Parents:

No student will be permitted to leave the campus during the day unless the parent/guardian is physically present to sign the student out or if a note is sent from home with only a parent or guardian signature and a phone number where you can be contacted. If you can not be reached by phone, your child may not be permitted to leave school.

Please note (as stated in the student-parent handbook) that if a student has a doctor's appointment or note from home granting permission to leave school, it must be presented to the secretary before school that morning.

In the event that you are unable to pick up your child, authorization may be given to only the names you list below.

NAME	PHONE NUMBER

Please sign here for verification purposes:

Parent or Legal Guardian Signature

2017-18

AIM NOTIFICATION SYSTEM

Rapid Alert and Call Notification System

This system is used to notify parents/guardians of announcements, attendance and emergency notifications (for example: school closings). Please list the person or persons you would like to be contacted to receive these notifications.

Student Name: _____ Grade: _____

	Name	Phone Number
1st Contact**		
2nd Contact		
3rd Contact		

If you would like to add an email address it can be used as contact info.

Email address: _____

**You may list more than one 1st contact; this means whoever is listed as 1st contact will receive the 1st call and if there is no answer the 2nd contact will be called and so on down the list.

Example: Mom and Dad are both listed as 1st Contacts. So if the student is absent or other info goes out both will receive the message. The 2nd contact will only receive the call if No Contact is made with the 1st person(s).

Parent Signature _____

Date: _____

**YAZOO COUNTY HIGH SCHOOL
Student Medical History**

Grade ___ Homeroom _____

Student's Name: _____ Male ___ Female ___ Date of Birth: _____

Father/Mother/Guardian: _____ Work Ph.: _____

Address: _____ Home Ph.: _____ Cell Ph.: _____

Emergency Contact Person : _____ (relationship) _____ Phone: _____

Social Security No.: _____ Medicaid No.: _____ Health Ins.: _____

Student History (Include dates/ages):

Serious Injuries: _____

Major surgeries: _____

Medical Conditions (Circle those that apply):

Seizures Heart Problems Lung Birth Difficulties
Kidney Muscular Asthma

Explain: _____

Hearing:

Frequent ear infections? _____ Tubes? _____ When? _____
Last hearing screening? _____ Results? _____

Vision:

Wears glasses/contacts? _____ Reason _____

Chronic Conditions (Frequent Illnesses):

List allergies to: Medication _____ Foods _____ Insects _____

Medications Taken Daily _____ Reason _____

Any other health related problems? _____

Family Doctor:

Doctor's name: _____ Telephone Number: _____

Hospital name: _____ Telephone Number: _____

In Case of Emergency Call:

- | | | | |
|-----|-------|--------------|------------------|
| (1) | _____ | _____ | _____ |
| | Name | Relationship | Telephone Number |
| (2) | _____ | _____ | _____ |
| | Name | Relationship | Telephone Number |
| (3) | _____ | _____ | _____ |
| | Name | Relationship | Telephone Number |

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____