

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: _____
**AIM Contact: YES NO
Employer: _____ Work Phone: _____

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

Mailing Address: _____ Home Phone: _____
Cell Phone: _____
**AIM Contact: YES NO
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 _____
- 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: _____

CHECK IN & OUT / EMERGENCY CONTACT (in addition to Parent 1 and Parent 2)

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) _____
07/12/2018