

# Choctaw County Student Enrollment/Registration Form p. 1

*Please complete these sheets and then return them to your child's school as soon as possible.*

*Thank you for your cooperation.*

<b>STUDENT (LEGAL NAME) –</b>					
<i>Name must match birth certificate unless legal document of name change is presented.</i>					
Student Last		First		Middle	
				Current Grade	
Physical 911 Address ( <b>NO P.O. BOX</b> )				City	State
					Zip
Mailing Address (if different)				City	State
					Zip
Do you live out of district? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>D.O.B.</b>		Gender:	Race/Ethnicity:	Social Security Number:	
Month	Day	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other _____	_____
<b>Birth Place:</b>		County:		State:	
City: _____					
Child lives with: <input type="checkbox"/> parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> step-parent <input type="checkbox"/> legal guardian					
<b>PRIOR EDUCATIONAL EXPERIENCES:</b>					
Last School Attended: _____					
Address: _____ City: _____ State: _____ Zip: _____					
1. Is the student currently expelled/suspended/in alternative school? <input type="checkbox"/> YES <input type="checkbox"/> NO					
2. Has the student ever been placed in Special Education classes? <input type="checkbox"/> YES <input type="checkbox"/> NO					
3. Does the student have a 504 plan? <input type="checkbox"/> YES <input type="checkbox"/> NO					
4. Has the student ever been placed in the Gifted Education Program? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>PARENT/LEGAL GUARDIAN INFORMATION:</b>					
Parent Last:		First:		Middle:	
Address:				City:	State:
					Zip:
Primary Phone: (emergencies)		Second phone number:		Email:	
Occupation:		Employer:		Work Phone:	
<b>PARENT/LEGAL GUARDIAN INFORMATION:</b>					
Parent Last:		First:		Middle:	
Address:				City:	State:
					Zip:
Primary Phone:		Second phone number:		Email:	
Occupation:		Employer:		Work Phone:	
<b>EMERGENCY CONTACT INFORMATION / SIGN OUT LIST:</b>					
<b>Contact 1:</b>			<b>Contact 2:</b>		
Name: _____			Name: _____		
Relationship: _____			Relationship: _____		
Phone: _____			Phone: _____		
Work Phone: _____			Work Phone: _____		
<b>Contact 3:</b>			<b>Contact 4:</b>		
Name: _____			Name: _____		
Relationship: _____			Relationship: _____		
Phone: _____			Phone: _____		
Work Phone: _____			Work Phone: _____		

**Student Name:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**List any brothers/sisters attending school in this district:**

- 1. \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_
- 2. \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_
- 3. \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_
- 4. \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Home Language Survey:**

Please check the appropriate answer:

- 1. What is the first language the student learned to speak? \_\_\_\_\_
- 2. What language does the student most often speak? \_\_\_\_\_
- 3. What language is most often spoken in the student’s home? \_\_\_\_\_
- 4. In what language should communication be sent home? \_\_\_\_\_
- 5. Has the student been in the care of a person who speaks another language? \_\_\_\_\_

\*\*If yes, please list the language. \_\_\_\_\_

**Migrant Eligibility:**

If you have moved and/or changed jobs in the last 3 years, did you LOOK FOR or GET any of the following jobs listed below?

Check all that apply:

- \_\_\_\_\_ Farming (crops, catfish, chickens, Christmas trees, sod, etc.)
- \_\_\_\_\_ Trees (cutting, planning, and/or cultivating)
- \_\_\_\_\_ Commercial fishing
- \_\_\_\_\_ Processing crops (ginning, meat processing, meat packing, or canning in a plant)

**Homeless Eligibility:**

**Please check the appropriate answer:**

*\*Exclude from the definition of homeless: “any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law.”*

- 1. Does the student lack a fixed, regular, and adequate residence, for example: agricultural migrant children, children living on the “streets” (i.e. tents, vehicles, etc.)? **\_\_\_YES \_\_\_NO**
- 2. Does the student live in a supervised or privately operated shelter as his/her primary nighttime residence, for example: Children who have been abused and/or neglected, children of domestic violence, welfare hotels, transitional housing? **\_\_\_YES \_\_\_NO**
- 3. Is the student temporarily staying with relatives or friends because of job loss, other income loss, housing loss, (“double up” families or affidavit)? **\_\_\_YES \_\_\_NO**

**Immigrant Children and Youth Eligibility:**

Do you have children ages 3 to 21 who were not born in the United States; and have not been attending school in any one or more States for more than 3 full academic years? **\_\_\_YES \_\_\_NO**

**I certify that this form has been completed by the student’s parent or legal guardian and that the information provided is true and current. I understand that I am to inform school officials any time legal custody, address, or phone numbers change.**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

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**STUDENTS NAME: (A sheet must be completed for EACH child.)**

Last

First

Middle

**Current Grade****\*\*Indicate that you have read each statement listed below by signing in the provided blanks and at the bottom of the page.****Handbook**\_\_\_\_\_  
**Parent/Legal Guardian Signature**I have reviewed the 2018-2019 Choctaw County Schools Student Handbook at <http://www.choctaw.k12.ms.us>. I realize that I can obtain a copy of the handbook by contacting the school office and a paper copy of the handbook will be given to me.**School Violence & Safety Acts**\_\_\_\_\_  
**Parent/Legal Guardian Signature**

I have read and understand the State of Mississippi Prevention of School Violence Act S.B.3349, and School Safety Act of 2001, Choctaw County School District Student Handbook Appendix C.

**Acceptable Use Policy**\_\_\_\_\_  
**Parent/Legal Guardian Signature**\_\_\_\_\_  
**Student Signature (for students 3<sup>rd</sup> and up)**

As the parent/legal guardian, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I have read and understand the rights and responsibilities of the Choctaw County Technology Acceptable Use Policy, Appendix D of the Choctaw County School District Student Handbook, and I accept responsibility for conveying these standards for my child to follow when selecting, sharing, or exploring information and for guidance of his or her Internet use.

**Permission for Publication of Student Work/Photo**\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that occasionally the school may wish to showcase examples of student projects, photographs of students, and other work on school website/school social media (Facebook/Twitter, etc.). Classes, groups or teams may be featured in the newspaper or on the local news.

**By marking Yes, I agree that my child may have his/her picture displayed in the media listed above.****I certify that this form has been completed by the student's parent/legal guardian.**\_\_\_\_\_  
**Parent/Legal Guardian Signature**\_\_\_\_\_  
**Date**

**Permission for Corporal Punishment (Paddling)**

\_\_\_\_\_ **I DO want corporal punishment administered.**

\_\_\_\_\_ **I DO NOT want corporal punishment administered.**

\_\_\_\_\_  
**Parent/Legal Guardian SIGNATURE**

I have read and understand the district discipline policy pertaining to my child in the Choctaw County School District Student Handbook and the district policy related to corporal punishment in the Choctaw County School District Handbook, Appendix E.

**\*\*I understand that if I select the use of corporal punishment for my child, I WILL NOT be contacted BEFORE corporal punishment is administered.**

**\*\*Students who may not receive corporal punishment WILL receive an alternative disciplinary action. (ISD, ISS, or OSS)**

**Medical Information / Emergency Form:**

The undersigned parent(s) or guardian(s) of a minor child has requested personnel of this school district to administer prescription medicine to this student. This request has been made for my/our convenience as a substitute for parental administration of this medicine. It is understood that school personnel administering the medicine will not have to have medical training.

I/We forever release, discharge and agree to hold harmless the School District, its personnel and the School Board from any and all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from the administration of the prescription medicine.

The undersigned agree to repay the school district, its personnel or School Board any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to the minor child as a result of the administration of medicine or special treatment after medication.

Last:	First:	Middle:	Current grade:
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Name of Prescription Medications:	Dosage:	Time to be given:	Date to be given:

**CHECK ANY MEDICAL CONDITIONS THAT APPLY TO YOUR CHILD:**

Asthma  Diabetes  Allergies  Seizure  Sickle Cell  Migraines

<b>List Allergies:</b> _____ _____	<b>List Medications Administered at Home:</b> _____ _____
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**OTHER MEDICAL PROBLEMS THE SCHOOL AND ITS STAFF SHOULD BE AWARE OF:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN INFORMATION:**

Name:	Address:	Phone Number:
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**I have read the foregoing release and indemnity agreement and fully understand it. I grant permission for the principal's designee to administer the medications selected above.**

\_\_\_\_\_  
**Parent/Legal Guardian Signature** \_\_\_\_\_  
**Date**

**I give permission for the principal or designee to act as "loco parentis" for my child in case of an emergency.**

\_\_\_\_\_  
**Parent/Legal Guardian Signature** \_\_\_\_\_  
**Date**

**Choctaw County School District  
Residency Registration and Documentation Checklist**

**STUDENTS NAME: (A separate form is required for each student)**

<b>Last:</b>	<b>First:</b>	<b>Middle:</b>	<b>Current grade:</b>
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**PARENT/LEGAL GUARDIAN INFORMATION:**

<b>Last:</b>	<b>First:</b>	<b>Middle:</b>		
<b>Physical Address (No P.O. Box)</b>			<b>City:</b>	<b>State:</b>
			<b>Zip:</b>	

All proofs of residency must have the student's parent/legal guardian's name and address and the current address in which they and the student reside. P.O. Box addresses can not be accepted.

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the above-cited 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. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty or removal. **Also, a county ordinance was passed that makes falsification of residency information for school attendance purposes a misdemeanor punishable by imprisonment for not more than 90 days, or by a fine not to exceed one thousand (\$1,000), or by both such fine and imprisonment.** Furthermore, I understand and acknowledge that a representative of the school district may visit my home to verify residency for school attendance zone purposes.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian                      Date                      Telephone Number**

**\*\*\*\*\*SCHOOL USE ONLY:\*\*\*\*\*  
TO BE COMPLETED BY APPROPRIATE SCHOOL PERSONNEL**

<b>MSIS Number:</b>	<b>Homeroom Teacher:</b>	<b>Grade:</b>
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<b>Social Security Card on File:</b> ____ YES      ____ NO	<b>Immunization Form on File:</b> ____ YES      ____ NO	<b>Birth Certificate on File:</b> ____ YES - # _____ ____ NO
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**RESIDENCY INFORMATION:**

**Option 'A':**

At least **three (3) of the following documents** were provided to me by the Parent/Guardian:

- |                              |                                   |                             |
|------------------------------|-----------------------------------|-----------------------------|
| ____ Electricity Bill        | ____ Water Bill                   | ____ Gas Bill               |
| ____ Solid Waste Bill        | ____ Landline Phone (No Cell)     | ____ Homestead Exemption    |
| ____ Mortgage/Property Deed  | ____ Apartment/Home Lease         | ____ Valid Driver's License |
| ____ Automobile Registration | ____ Affidavit by School Official |                             |

**VERIFIED BY: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Option 'B':**

Student is living with legal guardian and a certified copy of the Court Decree, or petition is 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 of school district attendance purposes.

**VERIFIED BY: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Choctaw County School District 7<sup>th</sup>-12<sup>th</sup> Grade Only:**

**Consent to testing of specimens and authorization for release of information:**

**STUDENTS NAME:**

<b>Last:</b>	<b>First:</b>	<b>Middle:</b>
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<b>Grade Level:</b>	<b>Sports/Activities:</b>
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TO: Choctaw County School District Board of Education, Athletic Director, Band Director, Sponsors, Choral Director and Administrative Personnel

I hereby acknowledge that I have received a copy of the Choctaw County School District Drug and Alcohol Testing Policy. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program and agree to comply with the rules and regulations of the Choctaw County School District in this policy.

I hereby consent to have a sample of my blood, hair, breath, saliva or urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Choctaw county School District Drug and Alcohol Testing Policy and at other such times as is required pursuant to said policy.

I further authorize the Choctaw County School District or its designee to make confidential release to the school principal, district superintendent or his designee, athletic director, my parent(s)/legal guardian(s), the head coach of any interscholastic sport in which I am a member, band director, any club sponsor, the designated school district representative and/or the drug counseling program, all the information and record, including test results, you have relating to the screening or testing of my blood, hair, breath, saliva or urine samples in accordance with the provisions of the Choctaw County School District Drug and Alcohol Testing Policy. To the extent set forth in this document, I waive any privilege I have in connection with such information.

I understand that my blood, hair, breath, saliva or urine specimens may be sent to a laboratory designated by the Choctaw County School District for actual testing.

The Choctaw County School District Board of Education and its officers, administrators, employees and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

**I certify that all information contained on this consent form is true and correct.**

_____	_____	_____
<b>Student PRINTED Name</b>	<b>Student SIGNATURE</b>	<b>Date</b>

**We the parent(s)/legal guardian(s) of the above student:**

\_\_\_\_\_ **Grant consent** for the above student to participate in random drug and alcohol testing.  
**(Initial)**

\_\_\_\_\_ **Deny consent** for the above student to participate in random drug and alcohol testing.  
**(Initial)** \* I realize that denying consent for testing will result in my child not being able to participate in any extracurricular activities.

_____	_____	_____
<b>Parent/Guardian PRINTED Name</b>	<b>Parent/ Guardian SIGNATURE</b>	<b>Date</b>