

**Jefferson County School District**  
**2017-2018 Residency Registration Form**  
**Mr. Vincent Turner - Superintendent**

**Elementary (004)**  
 430 Highway 33  
 Fayette, MS 39069

**Upper Elementary (010)**  
 442 Highway 33  
 Fayette, MS 39069

**Junior High (012)**  
 468 Highway 33  
 Fayette, MS 39069

**High School (008)**  
 2277 Main Street  
 Fayette, MS 39069

**BASIC INFORMATION**

STUDENT'S LAST NAME		FIRST NAME	MIDDLE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S LEGAL NAME (IF DIFFERENT FROM ABOVE)			STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)	
DATE OF BIRTH	CITY/STATE OF BIRTH		CURRENT GRADE LEVEL	
MAILING ADDRESS			APT. NO.	HOME PHONE
STREET ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	ZIP CODE	
STUDENT'S PRIMARY LANGUAGE				
ETHNIC ORIGIN (CHECK ONE)				
<input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN, NATIVE AMERICAN <input type="checkbox"/> OTHER				

**PARENT/ GUARDIAN INFORMATION**

STUDENT LIVES WITH				
<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> OTHER NAME _____				
PARENT/GUARDIAN			RELATIONSHIP	
WORKPLACE		WORK PHONE NO.		EXT.
PARENT/GUARDIAN			RELATIONSHIP	
WORKPLACE		WORK PHONE NO.		EXT.

**FOR OFFICE USE ONLY**

DATE OF ENTRY \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_ MSIS ID \_\_\_\_\_ BUS NO. \_\_\_\_\_ TRANSFER STUDENT (Y/N) \_\_\_\_\_

BIRTH CERTIFICATE NO. \_\_\_\_\_ BIRTH STATE \_\_\_\_\_ HOMEROOM \_\_\_\_\_ TEACHER \_\_\_\_\_

\_\_\_\_\_  
 Counselor Date

**ADDITIONAL INFORMATION**

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION/SPECIAL CLASSES WITHIN LAST YEAR? IF YES, CHECK THOSE THAT APPLY:

<input type="checkbox"/> SPEECH	<input type="checkbox"/> GIFTED	<input type="checkbox"/> RESOURCE ROOM	<input type="checkbox"/> TITLE I READING
<input type="checkbox"/> SELF CONTAINED	<input type="checkbox"/> TITLE I MATH	<input type="checkbox"/> OT/PT	<input type="checkbox"/> ESL

PHOTO RELEASE: YOUR CHILD'S PHOTO MAY BE TAKEN FOR INCLUSION IN THE DISTRICT PUBLICATIONS OR IN LOCAL NEWSPAPERS OR MAGAZINE ARTICLES OR LETTERS RELATING TO SCHOOL ACTIVITIES. PLEASE CHECK BELOW: )

YES, I GIVE PERMISSION

NO, I DO NOT GIVE MY PERMISSION

EMERGENCY INFORMATION

IF THE ABOVE NAMED CANNOT BE REACHED,

WHO SHOULD WE NOTIFY

IN CASE OF ILLNESS/ACCIDENT OR EMERGENCY CLOSURE:

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

IF THE ABOVE NAMED CANNOT BE REACHED, SHOULD THE FAMILY PHYSICIAN BE CALLED?

YES  NO

FAMILY PHYSICIAN	PHONE
------------------	-------

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE, SUCH AS:

- BEE STING
  - ASTHMA
  - HAY FEVER
  - OTHER \_\_\_\_\_
  - FOOD ALLERGY
  - EYE PROBLEMS
  - EAR PROBLEM
  - SKIN DISORDER
  - ORTHOPEDIC PROBLEM
  - CONVULSIONS (EPILEPSY)
  - DIABETES
  - HEART CONDITION
  - URINARY PROBLEMS
- DOES YOUR CHILD TAKE MEDICINE REGULARLY?  YES  NO

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

The parent or legal guardian of a student seeking to enroll must provide the school district with at least two (2) of the items numbered (1) through (10) below as verification of their address, except that **any document with a post office box as an address will not be accepted.**

To be initialed by School Personnel and Copies Attached

- \_\_\_\_ (1) Filed Home Instead Exemption Application form;
- \_\_\_\_ (2) Mortgage Documents or property deed;
- \_\_\_\_ (3) Apartment or home lease;
- \_\_\_\_ (4) Utility bills;
- \_\_\_\_ (5) Driver's License;
- \_\_\_\_ (6) Voter precinct identification;
- \_\_\_\_ (7) Automobile registration;
- \_\_\_\_ (8) Affidavit and/or personal visit by a designated school district official;
- \_\_\_\_ (9) Any other documentation that will objectively and unequivocally establish that the parent or guardian resides within the school district; and, in the case of a student living with a legal guardian who is a bonafide resident of the school district;
- \_\_\_\_ (10) Certified copy of filed petition for guardianship if pending and final decree when granted

TO BE COMPLETED BY REGISTRATION STAFF

\_\_\_\_ (Please Initial) I have explained to the parent/legal guardian it is their responsibility to notify the office of any changes to his or her contact information and that a **working/current telephone number** must be given to your child's school at each change from the phone number's given on this form.

\_\_\_\_ (Please Initial) I have explained to the parent/legal guardian it is their responsibility to notify the office of any changes to residency and that a **current physical address** must be given to your child's office at each change from the address given on this form.

COMPLIANCE CHECKLIST

— (forms completed/attached)

- \_\_\_\_ 2 Proofs of Residency
- \_\_\_\_ Enrollment forms completed
- \_\_\_\_ Copy of handbook given
- \_\_\_\_ Jefferson Comprehensive Health Clinic Form
- \_\_\_\_ Student Check Out Form
- \_\_\_\_ Current Medical Documentation (of chronic illness - if applicable)
- \_\_\_\_ Current Special Diet Documentation (if applicable)