

Philadelphia Public School District Student Registration Requirements

Any new student entering the Philadelphia Public School District must reside with his/her natural parent(s) or a court approved legal guardian who resides in the Philadelphia Public School District in order to be enrolled in any school in the Philadelphia Public School District. The student's parents/guardians must accompany the student at the time of the enrollment, and must provide a photo ID along with the information below:

1. Proof of residence in accordance with the MS State Board of Education Policy for Residency Verification. Two of the following documents will be accepted as proof of residency. The document must include a street address. Post Office Box is not acceptable.
 - Filed Homestead Exemption Application Form
 - Mortgage Documents or Property Deed
 - Apartment or Home Lease
 - Current (within 30 days of registering) electricity bill
 - Current (within 30 days of registering) water bill
 - Current (within 30 days of registering) gas bill
 - Affidavit of residency and/or personal visit by school official
 - Driver's License or State of Mississippi ID Card
 - Voter Precinct Identification
 - Automobile Registration
2. A certified birth certificate for the student.
3. A proper immunization report issued through the family physician or through the health department
4. A social security card for the student
5. A student not living with a parent must present a certified copy of file Petition for Guardianship if pending, and final decree when granted, declaring the district resident to be Legal Guardian of the student, and further declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance
6. A withdrawal form issued by the student's previous school, if applicable. A student in grade 9 must provide written evidence that he has been promoted to the 9th grade. A student in grades 10-12 must present an unofficial copy of his transcript credits.

A child must have reached the age of five (5) on or before September 1 of the year of enrollment in order to enroll in the district's kindergarten program. In order for any child to enroll in first grade, the child must have reached the age of six (6) on or before September 1 of the year of enrollment.

A student transferring into the Philadelphia Public School District from a non-accredited school or home-schooling must be given appropriate placement tests as determined by school officials.

According to the rules and procedures of the Philadelphia Public School District, the parent/guardian or a designee must come to the school and sign the child out in person. At times during the school year, it may become necessary for your child to be checked out of school by someone other than yourself. By listing the names of others on this form, you are giving the person(s) permission to sign your child out of school.

The parent and student are responsible for providing the documents required for enrollment. Philadelphia Public School District is not responsible for obtaining any of the required documents.

Philadelphia Public School District will implement the Community Eligibility Provision regarding school meals. Community Eligibility allows us to offer healthy, free lunches to all enrolled students without requiring their families to complete meal applications. ALL students enrolled at Philadelphia Elementary School, Philadelphia Middle School and Philadelphia High School will receive free breakfast and free lunch each day of school regardless of their household income. Neither parents nor students will be required to complete any paperwork to receive this benefit.

STUDENT REGISTRATION FORM

Elementary School <small>(Check One Grade Level)</small>			
<input type="checkbox"/> Pre-K	<input type="checkbox"/> K	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd
<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th	<input type="checkbox"/> 5 th	<input type="checkbox"/> 6 th

Middle School <small>(Check One Grade Level)</small>	
<input type="checkbox"/> 7 th	<input type="checkbox"/> 8 th

High School <small>(Check One Grade Level)</small>			
<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th

Office Use

TODAY'S DATE _____

STUDENT'S LEGAL NAME _____
(Last) (First) (Middle)
 (Name MUST match birth certificate unless document verifying legal name change is presented at time of registration.)

Social Security Number: _____ Birthdate: _____/_____/_____

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

Race: (Check One) <input type="checkbox"/> AI = American Indian <input type="checkbox"/> AS = Asian <input type="checkbox"/> B = Black <input type="checkbox"/> H = Hispanic <input type="checkbox"/> PI = Native Hawaiian or Other Pacific Islander <input type="checkbox"/> W = White	Gender: (Check One) <input type="checkbox"/> M <input type="checkbox"/> F	Transportation: (Check One) <input type="checkbox"/> BUS (BUS # _____) <input type="checkbox"/> CAR
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RESIDENCE INFORMATION

911 Address: _____ Mailing Address: (if different) _____
(Street Address - No P.O. Box) (Address)

(City) (Zip Code) (City) (Zip Code)

Home Phone: _____ Cell / Other Phone: _____

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____ Withdrawal Date: _____

Address of Last School: _____
(Street Address) (City) (State) (Zip Code)

Telephone Number _____ Fax Number _____

FOR INCOMING or RETAINED KINDERGARTEN STUDENTS:

Please select your child's early childhood program from the list below:

- Family/friend care
- Home
- Pre-K Public
- Head Start
- Licensed Child Care Center
- Pre-K Private - Name & Location of Program _____

- HAS STUDENT EVER BEEN EXPELLED OR SUSPENDED FROM SCHOOL? YES ___ NO ___
- DOES STUDENT CURRENTLY HAVE AN EXPULSION CASE PENDING? YES ___ NO ___
- HAS STUDENT RECEIVED SPECIAL EDUCATION SERVICES OR HAVE A CURRENT IEP? YES ___ NO ___
- DOES STUDENT HAVE A 504 PLAN? YES ___ NO ___
- IS STUDENT ELIGIBLE FOR GIFTED EDUCATION? YES ___ NO ___
- HAS STUDENT EVER RECEIVED SPEECH SERVICES? YES ___ NO ___
- HAS STUDENT EVER ATTENDED A PHILADELPHIA DISTRICT SCHOOL? YES ___ NO ___

PARENT / GUARDIAN INFORMATION

MOTHER / Guardian: _____
(Last Name) (First Name) (Middle)

Address: _____ **Occupation:** _____
(Full address if different than student) (City)

Employer: _____ **Work Phone:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Please Check all that apply: ___ No Contact ___ Receives Mail ___ Check In/Out
(Legal documents are required if the No Contact box is checked)

 ___ Emergency Contact ___ Student Resides With ___ Deceased

FATHER / Guardian: _____
(Last Name) (First Name) (Middle)

Address: _____ **Occupation:** _____
(Full address if different than student) (City)

Employer: _____ **Work Phone:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Please Check all that apply: ___ No Contact ___ Receives Mail ___ Check In/Out
(Legal documents are required if the No Contact box is checked)

 ___ Emergency Contact ___ Student Resides With ___ Deceased

EMERGENCY CONTACT/SIGN-OUT INFORMATION

(Please list up to three emergency/sign-out contacts. Emergency contacts should NOT be the parents / guardians as listed above)

Name #1: _____ **Relationship:** _____

Address #1: _____
(Street Address) (City) (State) (Zip Code)

Home Phone: _____ **Work Phone:** _____ **Work Place:** _____

Cell Phone: _____

Name #2: _____ **Relationship:** _____

Address #2: _____
(Street Address) (City) (State) (Zip Code)

Home Phone: _____ **Work Phone:** _____ **Work Place:** _____

Cell Phone: _____

Name #3: _____ **Relationship:** _____

Address #3: _____
(Street Address) (City) (State) (Zip Code)

Home Phone: _____ **Work Phone:** _____ **Work Place:** _____

Cell Phone: _____

LIST OF SIBLINGS ATTENDING SCHOOL WITH THE DISTRICT

Should an emergency arise during a school day, school officials may need to contact other siblings enrolled in the Philadelphia Public School District to get vital information concerning your child. Please provide us with a list of siblings or other children whom you have legal guardianship over that reside in your home and are enrolled in other grades or schools within the Philadelphia Public School District.

STUDENT'S NAME	SCHOOL	GRADE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Home Language Survey

Please check the appropriate answer:

1. Does your child speak a language other than English? Yes No
2. Has the student received English Language Learners instruction prior to enrolling in PPSD? Yes No
3. What is the first Language your child learned to speak? _____
4. What language does your child speak most often _____
5. What language is spoken most often in your home? _____

Housing Accommodations

Please check the appropriate answer:

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 reside in a supervised or privately operated shelter, for example: children who have been abused and/or neglected, children of domestic violence, welfare hotels, transitional living? Yes No
3. Is the student temporarily staying with relatives or friends because of loss of job, other income loss, housing loss, ("doubled up" families or affidavit)? Yes No

If I move or change my residence, I will notify my child's school within 30 days.

I understand that the District may refuse to enroll or dismiss from school any student, if it is determined that the child does not reside with me at the address listed on the registration form.

By signing the registration form, I understand that I am giving sworn statement under oath that the information given in this affidavit is true and correct. I understand that lying and giving false information in the affidavit is a felony and is a violation of Mississippi Code Ann. Sections 97-7-35 and 97-9-19, which may subject me to criminal penalties including a fine of up to \$1,000.00 and/or up to five years in the custody of the Mississippi Department of Corrections.

Signature of Parent/Guardian

Date

OFFICE USE ONLY

Residency Proof Provided:

- | | |
|--|--|
| <input type="checkbox"/> Filed Homestead Exemption Application Form | <input type="checkbox"/> Transfer Student |
| <input type="checkbox"/> Mortgage Documents or Property Deed | <input type="checkbox"/> Affidavit Required |
| <input type="checkbox"/> Apartment or Home Lease | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Current (within 30 days of registering) electricity bill | <input type="checkbox"/> Home Visit Required |
| <input type="checkbox"/> Current (within 30 days of registering) water bill | <input type="checkbox"/> Student is considered ELL and needs additional Assessment (forward results to ELL Coordinator |
| <input type="checkbox"/> Current (within 30 days of registering) gas bill | <input type="checkbox"/> Student is not considered to be ELL |
| <input type="checkbox"/> Affidavit of residency and/or personal visit by school official | |
| <input type="checkbox"/> Driver's License or State of Mississippi ID Card | |
| <input type="checkbox"/> Voter Precinct Identification | |
| <input type="checkbox"/> Automobile Registration | |

**Philadelphia Public School District
Policy and Procedures**

Student Name: _____

- **School Records:** I grant permission to have all pertinent records on the above named student be sent to the appropriate school in the Philadelphia Public School District.
- **Medical Emergency Policy:** If I cannot be reached, the school has my permission to secure the most readily available medical services and if necessary, have my child transported to the nearest emergency care facility. I understand that I will be responsible for any costs related to this action.
- **Asthma Action Plan:** According to Senate Bill 2393, all students with a medical diagnosis of asthma are **REQUIRED BY LAW** to have an Asthma Action Plan on file at school. This asthma plan includes your child’s severity classification, current asthma medication, and emergency contact information. The Asthma Action Plan form is available at your doctor’s office, or a copy may be picked up in the office at school. Please have this filled out prior to school starting in August. Return to the school nurse or principal.
- **Publication Policy:** The district will occasionally publish the name and/or photos of students in school publications such as the yearbook, website, or newsletter. Student’s names and/or photos may also be published in the local newspaper as recognition for school related events as deemed appropriate by the principal. I understand that if I do not wish to have my child’s name and/or picture to be used in school-related publications or in the local news media I must inform the principal in writing of specific news media or school-related publications in which I do not wish to have my child’s name and/or picture to appear.
- **Textbook Policy:** The district provides all students with textbooks at no charge. The Parent/guardian is responsible for returning all textbooks in good condition prior to withdrawing their child or the end of the school year. (The Parent/guardian will be charged the replacement cost for all textbooks not returned.)
- **Fines, Fees and Damages Policy:** The Parent/guardian is responsible for the payment of all fees, fines and damages to school properties that are incurred by your child. Your child will not receive a final grade for his/her courses until all fees, fines and damages are cleared.

By signing this agreement I hereby attest that I have read, understand, and agree with the statements above.

Signature of Parent/Guardian

Date



Philadelphia Public School District

Medical Form

Student Name: _____	DOB: _____	Grade: _____
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Parent/Guardian Contact Information:

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Home #: _____ Home #: _____

Cell #: _____ Cell #: _____

Work #: _____ Work #: _____

Emergency Contact Information:

Emergency Contact:	Relationship to Student:	Home #:	Cell #:	Work #:

In case of an emergency, your child will be transferred to the Neshoba General Hospital Emergency Room

Health History

Please Circle the illness(es) below YOUR CHILD has or has ever had in the past:

ADHD	Vision Problems	Asthma
Behavioral/Psychiatric disorder	Hearing Problems	Migraine Headaches
Diabetes	Bleeding Disorder	
Epilepsy/Seizures	Heart Problems	

Please list any other health problems/history not listed: _____

Please list any daily medication(s) if any: _____

- Allergies**
- Medication Allergy: _____
- Tree/Insect Allergy: _____
- Food Allergy: _____
- Environmental Allergy: _____

Note: For children with known anaphylactic reactions, parents are responsible for providing an EpiPen with a physician's order. For children with known asthma, parents are responsible for providing needed inhaler/medications. If your child uses an inhaler for asthma, please send an extra inhaler to be used at school as needed and an asthma action plan must be completed.

Please turn over



Listed below are the physician approved over-the-counter medications for the 2016-2017 school year. This form must be signed and returned to the school nurse in order for medication to be administered to your child. Generic brands may be used. A nebulizer and an Epipen are available for asthmatic and anaphylactic reaction emergencies. These items will be used according to the Philadelphia Public School District Health Nurse Standing Orders.

DO NOT ADMINISTER ANY MEDICATIONS (please check if you do not wish the nurse to administer medications)

Please read the following list of medications and check those you give permission to be administered to your child when needed:

Tylenol (Acetaminophen)

Tums (stomach
ache/indigestion)

Eye Wash/Visine/Visine
Allergy (eye irritation)

Ibuprofen (Motrin/Advil)

Pepto Bismol (stomach
ache) **NOT GIVEN IF TEMP
>99.0 DUE TO ASA CONTENT**

Caladryl/Calamine/Hydroc
ortisone (anti-itch
cream/rash)

Benadryl (allergies)

Tussin/Dimetapp
(Cough/Cold)

Chloraseptic
Spray/Lozenges (sore throat)

Aloe Vera Gel/Burn Gel
(sunburn/minor burns)

Cough Drops

Maalox/Mylicon (stomach
ache/indigestion)

Anbesol/Orajel/Orabase/
Camphophenique (tooth
ache/Ulcers)

If you have any questions or need my assistance in any health matters, please feel free to call at 601-656-1623. It is my goal to help maintain the standard of good health for your child while he/she attends Philadelphia School District.

Misty Holland, RN School Nurse

Parent/Guardian's Signature _____

Date _____

REVISED PHILADELPHIA PUBLIC SCHOOL DISTRICT 2018-2019 SCHOOL CALENDAR

First Semester

July 23-24	Professional Development Days <i>Teachers Return</i>
August 1	New Teacher Orientation
August 6	Professional Development Days
August 7	Students First Day <i>Students Return</i>
September 3	Labor Day <i>Schools/Offices Closed</i>
September 5	1 st Progress Report
October 2-5	1 st Nine Weeks Tests
October 10	Professional Development Day <i>No Students</i>
October 11-12	Fall Break <i>Teachers and Students</i>
October 17	Parent-Teacher Conference/Report Card Pick-up: 3:30 – 5:30
November 7	2 nd Progress Report
November 19-23	Thanksgiving Holidays <i>Schools/Offices Closed</i>
December 17 – 20	2 nd Nine Weeks Test/1 st Semester Exams
December 24 – January 4	Christmas Holidays <i>Schools/Offices Closed</i>
Student Days: 90	Teacher Days: 94

Second Semester

January 7	Professional Development Day <i>Teachers Return</i>
January 8	Students Return; 1 st Day Second Semester <i>Students Return</i>
January 11	Report Cards Issued
January 21	Dr. Martin Luther King Day <i>Schools/Offices Closed</i>
February 6	3 rd Progress Report
February 18	President's Day <i>Teacher PD; Students not in School</i>
March 4-8	3 rd Nine Weeks Test
March 11-15	Spring Break <i>Schools/Offices Closed</i>
April 19	Good Friday Holiday <i>Schools/Offices Closed</i>
April 22	* Professional Development Day <i>Teachers and Students</i>
April 24	4 th Progress Report
May 20-23	4 th Nine Weeks/2 nd Semester Exams
May 24	* Students' Last Day <i>6th Day if no Make-up Day is needed</i>
.....	Graduation
May 24	* Teachers' Last Day <i>Teachers' Last Day if no make-up day is needed</i>
Student Days: 90	Teacher Days: 93

TOTAL STUDENT DAYS: 180 TOTAL TEACHER DAYS: 187

* Will be used as a make-up day if necessary.

PLEASE KEEP FOR YOUR RECORDS

DRESS CODE

There is a positive relationship between personal appearance, good dress habits, good work habits, and appropriate student behavior. Any types of dress or personal appearance that attracts undue attention to the student and disrupts the learning environment are not acceptable. Cleanliness and overall hygiene should be practiced at all times. Hair should be clean, combed and out of eyes.

The Philadelphia Public School District requires that all students wear a school uniform. The uniform is as follows:

- Belts
- Solid colors: red, white, black, brown or khaki
- Heavy Coats
- Must be knee length or shorter.
 - Trench coats are not allowed.
- Jackets
- Must be a solid color: red, white, black, brown or grey.
 - Accents or trims in solid school colors are allowable.
 - Jackets may have a hood as long as the hood is not worn while at school.
 - School letter jackets may be worn.
- Jumpers/Skirts/
Skorts
- Solid color: khaki, black or grey.
 - May be pleated or flat front.
 - Must be fitted at the waist.
 - Must be at or near knee length or longer.
 - If belt loops are present, a belt must be worn.
 - The following are not allowed: denim, spandex, or other tight fitting bottoms or bottoms that have holes, cuts or tears.
- Pants/Shorts/
Capri's
- Solid color: khaki, black or grey.
 - Must be dress or dockler style.
 - Must be fitted at waist, cuffed or straight, pleated or flat (with or without the elastic).
 - Shorts must be at or knee length or longer.
 - If belt loops are present, a belt must be worn.
 - The following are not allowed: warm-up suits, denim, spandex, or other tight fitting bottoms or bottoms that have holes, cuts or tears.
- Shoes
- Shoes must be a closed toed loafer or athletic shoe or boots and must be properly tied or fastened at all times.
 - Shoelaces must be the same solid school color for both shoes.
 - Boots height must not be taller than knee height.
 - The following are not allowed: house shoes/slippers/flip-flops, sandals, cleated shoes, skate shoes, heels, or shoes with lights.
- Sweatshirts/
Sweaters
- Solid color: red, white, black or grey.
 - Sweaters may be cardigan, pullover with a V-neck or scoop neck.
 - Sweatshirts may have zippers or no zippers.
 - May have a hood as long as the hood is not worn while at school.
 - An appropriate school uniform shirt must be worn underneath the sweatshirt or sweater.
- Tops/Shirts
Undershirts/
- Solid color: red, white, black, or grey.
 - Tops/Shirts: short or long sleeve polo or oxford styles.

PLEASE KEEP FOR YOUR RECORDS

Sweatshirts

- Undershirts short or long sleeve.
- Tops/Shirts/Undershirts must be worn tucked into pants/skirts/shorts/skorts
- The following are not allowed: denim, sleeveless tops, tight fitted shirts, crop tops zippers, hook & eye, or snap closure tops

Other Dress Code Rules

1. All clothing must be worn properly at all times. The following are examples of clothing that is deemed to be not worn properly: oversized or undersized clothing that is noticeably and intentionally above or below the normal size; sagging or low-riding clothing.
2. In all instances, the style and manner in which clothing is worn and the way in which clothing fits, will determine the appropriateness or inappropriateness of the dress.
3. Black-on-black clothing is not allowed with the exception of jackets and heavy coats. For example, black shirts, sweatshirts or sweaters cannot be worn with black slacks, pants, jumpers, skirts, skorts, or shorts.
4. A logo is allowed, but limited to the name of the school, mascot, school club, or a combination of the above. Small manufacturer's logo not to exceed 2" x 2" is allowed. Banner type logos are not allowed. All logos must be stitched, sewn or screened onto the fabric. Airbrushed or hand painted fabric is prohibited.
5. Wearing of earrings in pierced ears is acceptable. If any other part of the body is pierced, no instruments or jewelry may be worn in the exposed body part.
6. Heavy chains, studded or spiked accessories are prohibited.
7. Leggings in solid school colors may be worn under skirts/jumpers/skorts.
8. Head coverings, with the exception of those associated with a school-sanctioned activity such as baseball caps, are not allowed. Head coverings associated with a school-sanctioned activity may not be worn inside buildings at any time.
9. Sunglasses or non-prescribed dark glasses are not allowed unless a valid medical excuse is provided and approved by the principal.
10. Disruptive hairstyles, hair color or accessories are prohibited.
11. Clothing, apparel or jewelry the administration determines is disruptive to the learning environment is prohibited.

Exceptions to the Dress Code

1. The principal may allow students to wear an approved top that associates the student with an athletic team or activity group on a given day that corresponds with an event associated with a team or sport activity.
2. The principal may allow students to wear approved apparel other than the approved dress code on days associated with special school functions or activities.
3. The principal may approve apparel that is the result of a student's accomplishment in an academic or athletic extra-curricular activity.
4. Alternative school students are required to follow the Alternative School's Dress Code.