

# Scott County School District

100 East First Street  
Forest, Mississippi 39074

## Student Data Card 2017-2018 School Year

### Student Information:

Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_  
16<sup>th</sup> Section Property: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Birth Certificate #: \_\_\_\_\_ SS#: \_\_\_\_\_  
Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_  
Previous School, if applicable: \_\_\_\_\_

### FOR OFFICE USE ONLY:

School:  
 Lake Elementary School  
 Lake Middle School  
 Lake High School  
 Morton Elementary School  
 BMJ Middle School  
 Morton High School  
 Scott Central Attendance Center  
 Sebastopol Attendance Center

### Registration Documents Provided:

Birth Certificate  
 MS Form 121 Immunization  
 Social Security Card  
 2 proofs of Residency; Residency Form  
 Withdrawal Form, if applicable

### Parent/Guardian Contact Information:

Name: \_\_\_\_\_  
Relationship: (Check one)  Mother  Father  Legal Court Appointed Guardian  Other (specify) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: **MS** Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: (Check one)  Mother  Father  Legal Court Appointed Guardian  Other (specify) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: **MS** Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Transportation Information

#### Check One:

Bus Rider (Bus#/Driver) \_\_\_\_\_  
 Car Rider

Specific Details: (ex: car rider a.m. and bus rider p.m., bus rider on Mondays, etc.)  
\_\_\_\_\_

\*\*Pick up restrictions (if any): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

MAKING A DIFFERENCE ONE CHILD AT A TIME

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#### Emergency Contact Information and Permission to Release

(If we are unable to reach you, please list any individuals who have permission to speak with us regarding your child's medical, behavioral or academic needs as well as pick up your child from school in case of an emergency or illness if you are unavailable. (A photo ID will be required when your child is released.)

Name: _____	Relationship: _____	Phone Number: _____
Name: _____	Relationship: _____	Phone Number: _____
Name: _____	Relationship: _____	Phone Number: _____
Name: _____	Relationship: _____	Phone Number: _____
Name: _____	Relationship: _____	Phone Number: _____
Name: _____	Relationship: _____	Phone Number: _____

Sibling Information	Medical Needs	Media Release Permission
List the names and grades of any siblings attending this school: Name: _____ Grade: _____ Name: _____ Grade: _____ Name: _____ Grade: _____ Name: _____ Grade: _____ Name: _____ Grade: _____ Name: _____ Grade: _____	List any known allergies or specific needs you child may have: _____ _____ _____  <b>(A Student Health Record <u>MUST</u> be completed and on file with the school nurse.)</b>	Scott County Schools positively promotes students' successes and achievements. Often, we will photograph/video students and use the photographs to announce and recognize their accomplishments via bulletin boards, newspapers, or our school/district website. Please check below to give or deny permission to photograph:  _____ <b>YES</b> , you have my permission to Photograph/video my child. _____ <b>NO</b> , you <b>DO NOT</b> have my permission to Photograph/video my child.

Corporal Punishment	Textbook Information	Acceptable Use Policy & Parent Compact
<b>The SCSD promotes a safe and orderly environment conducive for learning and individual classroom assertive discipline plans are developed. When necessary, reasonable corporal punishment is permitted.</b>  Parents who do not want their child to be subject to corporal punishment, must meet with the principal and sign a document stating such. ISS or OSS may be used as a disciplinary tool for students who are not subject to corporal punishment.	I hereby acknowledge the responsibility for any books issued to my child during the current school year. If any book is lost, damaged or destroyed, I agree to pay such loss before my child will be entitled to any further books or school enrollment the following year.  _____ <b>Yes</b> _____ <b>No</b>	I have been provided a copy of the SCSD Acceptable Use Policy, Parent Compact and Title I Parental Involvement Policy. I acknowledge receipt of and agree to the terms of the AUP, Parent Compact and Title I Parental Involvement Policy. I acknowledge receipt of student handbook.  _____ <b>Yes</b> _____ <b>No</b>

ELL/Special Services/Counseling Services/Homeless/Migrant Information
Is your child an English Language Learner requiring ELL services? (Primary language spoken in the home is not English.) _____ Yes _____ No Does your child currently have: (Check any that apply.) _____ an IEP (for Special Education Services) _____ a 504 ruling/plan _____ a speech ruling _____ gifted ruling Are you currently migrant or homeless? _____ yes _____ no (Information to assist migrant and/or homeless families is available upon request.) Has there been a life-changing event in your child's life that warrants counseling services for him/her? _____ yes _____ no

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAKING A DIFFERENCE ONE CHILD AT A TIME**



**Scott County School District**

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**2017-2018**

**RESIDENCY**

**Parents must attach copies of two of the items listed below dated within 60 days of the current school**

**REGISTRATION AND DOCUMENTATION**

SCHOOL: \_\_\_\_\_

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

Parent/Legal Guardian: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: **MS** Zip Code: \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Is this on 16<sup>TH</sup> Section Land ? \_\_\_\_\_

Give a **BRIEF Description** using major highways or landmarks of the location of the above physical address.

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

I certify that the information given above is true. **Should my legal residence change, I will promptly notify school officials and submit new documentation.** Further, I understand that the child is not legally enrolled until this form is completed and signed by the parent /legal guardian with whom the child may be living. A child enrolled under false information is not legally enrolled, and the parent is subject to penalty.

Date \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_

**FOR OFFICE USE ONLY:**

The following two (2) documents were provided to me with the Parent/Legal Guardian's name on it and were dated within 60 days of the current school session: **With Driver's License - one utility bill must be submitted.**

- Home Mortgage Documents or Property Deed
- Rental/Lease Agreement for house or apartment
- Utility Bill (Only ONE may be submitted and NO cell phone bills will be taken.)
- Food Stamp Certification
- Medicare or Medicaid Mailed Information
- Insurance Policy on a house or apartment
- Automobile Tag Receipt (Only ONE may be submitted)
- Driver's License

School Official \_\_\_\_\_ Date \_\_\_\_\_

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School \_\_\_\_\_  
Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

## Student Health Record

(Please complete: Information to be shared with teaching staff as needed.)

**Student Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Health Insurance: \_\_\_\_\_

**Parent/Guardian Contact Information:**

Name: \_\_\_\_\_  
Relationship: (Check one)  Mother  Father  Legal Court Appointed Guardian  Other (specify) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MS Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_  
Relationship: (Check one)  Mother  Father  Legal Court Appointed Guardian  Other (specify) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MS Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Student's Medical History

Problem	No	Yes	List Symptoms and Medicines Needed...
Allergies to food			Specify: _____
Allergies to medication			Specify: _____
Allergies to insect bites or stings			Specify: _____
Allergies to other (including seasonal)			Specify: _____
Asthma			*If student has asthma, the school needs an asthma plan signed by a doctor.
Attention Deficit (ADD, ADHD)			
Birth Defect/Physical Handicap			
Bone or Joint Problems			
Convulsions (seizures/epilepsy)			
Diabetes (high blood sugar)			
Earaches (frequent? tubes?)			
Emotional/Psychological Disorder			
Headaches (frequent or takes medicine)			
Heart Problem			
Hypertension (high blood pressure)			
Nose Bleeds			
Sinus Problems			
Speech and/or Hearing Problems			
Stomach or Digestive Problems			
Surgery			
Vision (seeing) Problems			Glasses? <input type="checkbox"/> yes <input type="checkbox"/> no Contacts? <input type="checkbox"/> yes <input type="checkbox"/>

Describe any handicaps or special needs of student: \_\_\_\_\_

Student's Healthcare Providers: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Phone #: \_\_\_\_\_

Is the student taking daily medication?  No  Yes If yes, please specify medication: \_\_\_\_\_

*I give my permission for my child to participate in the school's health program which includes health education and basic screenings (vision, hearing, scoliosis, etc.) I also give my permission for my child to receive standing orders/first aid care as needed (Tylenol, tums, benedryl). In case of emergency and I cannot be reached, my child may be taken to a doctor or ER.*

*I give my consent for pertinent medical information to be shared between the medical provider and the school nurse and/or school personnel directly involved with my child at school.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### New Proofs of Residence

Do not forget parents that each year two (2) Proofs of Residence must be turned into the school your child will be attending. Scott County Schools will collect proofs of residence for the 2016-2017 school year on July 26<sup>th</sup> – July 27<sup>th</sup>, 2017. Schools will be accepting two (2) of the following documents for each student. These documents must be provided with the Parent/Legal Guardian's name on it and dated within 60 days of the upcoming school session (dated after June 1, 2017).

- Home Mortgage Documents or Property Deed
- Rental/Lease Agreement for house or apartment
- Utility Bill (Only ONE may be submitted and NO cell phone bills will be taken.)
- Food Stamp Certification
- Medicare or Medicaid Information
- Insurance Policy on a house or apartment
- Automobile Tag Receipt (Only ONE may be submitted)
- Driver's License **(Must submit utility bill with Driver's License)**

**All schools will be open from 8 a.m. until 6 p.m. Wednesday, July 27, 2017, through Thursday, July 28, 2017, for parents to turn in their documents.**

School	Location
Sebastopol Attendance Center	Technology Building, Room 401
Scott Central Attendance Center	High School Lobby
Morton Elementary	Main Hall, Room 1
Bettye Mae Jack Middle School	Counselor's Office
Morton High School	High School Office
Lake Elementary	Elementary Library
Lake Middle School	School Office
Lake High School	High School Library

#### **Did you know all 7<sup>th</sup> Graders in Mississippi must get new immunizations?**

The Mississippi State Health Department is requiring the Tdap (tetanus, diphtheria, and pertussis) vaccination for all students entering 7<sup>th</sup> grade. The required Tdap vaccination and other recommended vaccinations are available at health department clinics throughout the state and through all Vaccine for Children providers.

**Proof of vaccination, a new Form 121, is required in the school office prior to school starting for all upcoming 7<sup>th</sup> graders.**

Parents may turn these forms in on Registration Days, July 26<sup>th</sup> – July 27<sup>th</sup>, 2017.

**Proofs of residence must accompany Residency Form. Incomplete packets will not be accepted.**

**MAKING A DIFFERENCE ONE CHILD AT A TIME**

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## Scott County School District

### HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No  
If yes, in which state? \_\_\_\_\_  
If no, in what other country? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No  
If yes, please provide school name(s), state, and dates attended:  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Please check if your child is:  
A.  Native American Indian C.  Native Pacific Islander  
B.  Alaska Native D.  Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English?  Yes  No

**If you responded "Yes" to question number 6 above, please answer the following questions:**

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_

8. What language does your child most frequently speak at home? \_\_\_\_\_

9. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_

10. Please describe the language understood by your child. (Check only one)  
A.  Understands only the home language and no English.  
B.  Understands mostly the home language and some English.  
C.  Understands the home language and English equally.  
D.  Understands mostly English and some of the home language.  
E.  Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

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Por favor responda  
en inglés

**Scott County School District**  
**ENCUESTA DE IDIOMA DOMESTICO**

**Spanish**  
Home Language Survey

Nombre del alumno: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ SEXO:  Masculino  Femenino

Nombre de los padres/apoderado: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de la casa: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Fecha: \_\_\_\_\_

1. ¿Nació su hijo/a en Estados Unidos?  Sí  No  
De ser así, ¿en qué estado? \_\_\_\_\_  
De no ser así, ¿en qué país? \_\_\_\_\_

2. ¿Ha asistido su hijo/a a alguna escuela de Estados Unidos durante tres años cualesquiera de su vida?  Sí  No  
Si la respuesta es afirmativa, indique el nombre de la escuela (o escuelas), estado, y fechas de asistencia:  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_

3. ¿Qué idioma habla usted y su familia con más frecuencia en el hogar? \_\_\_\_\_

4. Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela? \_\_\_\_\_

5. Marque si su hijo(a) es:  
A.  Indio americano nativo C.  Nativo de las islas del Pacífico  
B.  Nativo de Alaska D.  Nativo de las Islas Vírgenes de EE.UU.

6. ¿Es el idioma primario de su hijo(a) o el que se habla en el hogar distinto al inglés?  Sí  No

**Si su respuesta a la pregunta 6 es "Sí", responda las siguientes preguntas:**

7. ¿Qué idioma aprendió su hijo cuando recién comenzó a hablar? \_\_\_\_\_

8. ¿Qué idioma habla en casa su hijo(a) con más frecuencia? \_\_\_\_\_

9. ¿En qué idioma le habla con más frecuencia a su hijo(a)? (Padre) \_\_\_\_\_

(Madre) \_\_\_\_\_

10. Describa el idioma que su hijo(a) entiende. (Marque sólo uno)  
A.  Entiende solamente el idioma del hogar y no inglés.  
B.  Entiende mayormente el idioma del hogar y algo de inglés.  
C.  Entiende el idioma del hogar y el inglés por igual.  
D.  Entiende inglés mayormente y algo del idioma del hogar.  
E.  Entiende inglés solamente.

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

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**Kindergarten Registration**

Beginning in the 2015-2016 school year, the MDE will be requiring additional entry data for kindergarten students, including the name, location, and the type of program the child participated in when they were four years old. Please complete the information listed below

Student Name:		
<b>Type of Program</b>	<b>Name</b>	<b>Address</b>
<input type="checkbox"/> Licensed Child Care Center		
<input type="checkbox"/> Family/Friend Care		
<input type="checkbox"/> Home		
<input type="checkbox"/> Pre – K Public		
<input type="checkbox"/> Pre-K Private		
<input type="checkbox"/> HeadStart		

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_