

**Affidavit of Residence
Madison County Schools**

**State of Mississippi
County of Madison**

I, _____, of lawful age, being first duly sworn on oath, state that:

(Print name of affiant)

1. I presently and permanently reside at:

(Physical street address is required. Post office box is not acceptable)

which is my legal residence and is located within the attendance boundaries of Madison

County Schools.

2. As verification of my residence, I attach to this affidavit and include by reference the following:

- a. A copy of one major utility bill (water, electricity, natural gas, cable/internet)
- b. One of the following documents containing my current physical street address (no post office box)
 - i. Mortgage document, filed Homestead Exemption application, Warranty Deed, property tax notice or closing statement
 - ii. Original, current apartment or home lease signed by the owner. In the case of apartment lease, the name of all occupants must be listed on the lease.

3. I am the _____ of _____

(Parent or Guardian)
(Full name of child or ward)
who permanently resides with me at my residence at the address provided above.

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

5. I understand that Madison County Schools may refuse to enroll or dismiss from school the child named in paragraph 3 if it is determined the child does not reside with me within its attendance boundaries at

the address provided in paragraph 1.

6. By signing this affidavit, I understand that I am making a sworn statement that the information given in this affidavit is true and correct. I understand that lying or giving false information in the affidavit is a felony and is a violation of Miss. 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 and/or up to five years in the county jail.

This the _____ day of _____, 20____.

Signature of Affiant

Personally appeared before me, the undersigned authority in and for the county of Madison and state of Mississippi, the Affiant listed above, who on oath states the matters and facts contained in the above Affidavit of Residence are true and correct.

Sworn to and subscribed before me, this the _____ day of _____, 20____.

Notary Public

My commission Expires: _____

ANN SMITH ELEMENTARY SCHOOL (K-2) REGISTRATION FORM

Student Name: _____ Grade: _____

Check one: _____ New to district _____ Returning student

SS# _____ Date of birth: _____ Gender(circle): M F

Race (circle): B W A H Other _____

Subdivision: _____ Own/lease: _____ Lease expires: _____

Street Address: _____ City _____ Zip: _____

Student lives with: (Circle) Father Mother Both Parents Other

Mother/Guardian: _____

Address if different from child _____

Home phone _____ Cell phone _____ Work phone _____

Email address _____

Place of Employment _____

Military

Father/Guardian: _____

Address if different from child _____

Home phone _____ Cell phone _____ Work phone _____

Email address _____

Place of Employment _____

Military

Name and age of brothers and/or sisters _____

EMERGENCY CONTACTS AND INDIVIDUALS AUTHORIZED TO PICK UP STUDENT:

Name _____

relationship _____

phone _____

Name _____

relationship _____

phone _____

Name _____

relationship _____

phone _____

Name _____

relationship _____

phone _____

Person(s) NOT authorized to pick up child:

Name _____



Student Health Form

School Year _____

School:		Grade:	Teacher:
Student's Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name(s):		Work Phone(s):	Cell Phone(s):
Transportation		<input type="checkbox"/> CAR <input type="checkbox"/> BUS	
Local Physician / Healthcare Provider		Phone:	

STUDENT'S HEALTH HISTORY

CONDITION	NO	YES	LIST SYMPTOMS - MEDICATIONS NEEDED-COMMENTS
ALLERGY (life threatening)			To food
			To medication
			To insects
Asthma			
Seizure			
Diabetes -Must have DMMP from physician.			
Attention Deficit (ADD, ADHD)			
Birth Defect/Physical Handicap			
Bone / Joint Conditions			
Emotional/Psychological Disorder			
Headaches/Migraine			
Cardiac Conditions			
Hypertension (High Blood Pressure)			
Blood Disorder / Sickle Cell			
Speech / Hearing Problems			
Gastrointestinal Conditions			
Surgery			
Vision Problems			
Handicaps, special needs, or other medical concerns not listed			
Is the student taking daily medication			if YES, Please list:

ACTION PLAN REQUIRED
(see school handbook office 10101010)

I give my permission for my child to participate in the school's health program which may include health education and basic screening (vision, hearing, scoliosis, etc.). I give my permission for my child to receive standing orders/first aid care as needed. I give my consent for medical information to be shared between my child's medical provider and the school nurse. I consent that medical information may be shared with personnel who are directly involved with my child at school. It is the parent/guardian responsibility to notify the school of any medication or medical condition changes.

Parent/Guardian Signature: _____

Date: _____

Health forms and medical action plans are required each school year

Madison County Schools 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 _____
 Name of School _____ State _____ Dates _____
 Name of School _____ State _____ Dates _____

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? _____
 Please check if your child is:

- A. Native American Indian
- B. Alaska Native
- C. Native Pacific Islander
- 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) _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing and have the option to accept or refuse services.

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.

OFFICE USE ONLY	Date Distributed	Student ID#
Date		
Parent or Guardian's Signature _____		

Transportation

Grade _____

Student's name _____

Address _____

City _____

Apartment complex _____

Subdivision _____

Home phone _____
Business phone _____

How will your child be transported daily?

• circle one

Morning: CAR BUS

Afternoon: CAR BUS DAYCARE

Destination: _____

Daycare name & phone #: _____

If your child's mode of transportation needs to change, please send a note to the teacher. When picking up your child, enter the road at the north end of campus. Follow the road until you come to the second grade doors on the south end of the campus where an assistant will direct you. Please have your car tag number displayed in your front windshield. The assistant on duty will radio the name of your child to an assistant on duty in the hall, who will have your child brought to you. Please do not park your vehicle on the road and come into the building. You must remain in your vehicle so that the traffic flow will be smooth. If you must come into the building, park in the front parking lot and cross the driveway carefully and come into the main office.