



Rosa Scott New Student Enrollment

We ask that you:

1. Call Rosa Scott at (601)605-0054 to schedule an appointment time to bring in completed documentation.
2. Bring your student to enrollment to complete the course selection process.

Required Documents for New Student Enrollment:

1. Transcript from prior school
2. Discipline Report from prior school
3. Current report card from prior school
4. Withdrawal form from prior school
5. Completed enrollment packet
6. Mississippi Immunization Form 121 (original from your doctor's office)
7. Birth Certificate
8. Social Security Card
9. Current IEP if applicable
10. Custody Papers (if parents are divorced or parent not listed on birth certificate)
11. If there is legal guardianship, you must have a stamped copy of the final decree approving the guardianship or a certified copy of the filed petition for guardianship if the matter is currently pending before the court.
12. One of the following in the parent's name:
 - Mortgage Document
 - Deed
 - Homestead Exemption
 - Rental or Lease Agreement (all occupants must be listed on the agreement and agreement must be current) **You must also provide the homeowner's Deed.**
13. One bill in the parent's name showing the street address and dated within the last 60 days:
 - Water
 - Gas
 - Electric
 - Cable/internet

We are here to assist you with any needs. Please feel free to contact us!

Rosa Scott: Ashley Ward
(601)605-0054
award@madison-schools.com



Former School Information

Date of Withdrawal: _____

Reason for Withdrawal: _____

School Name: _____

Phone: _____

Email: _____

School Address: _____

MSIS Number: _____

Has your student ever attended a Public School in Mississippi: _____

If yes, School Name: _____

Has your student ever attended a Public School in Madison County: _____



REGISTRATION INFORMATION

Student Name: _____
Last First Middle

Preferred Name: _____ Social Security Number: _____ - _____ - _____

Race (circle): B W A H Native American Other: _____ Gender (circle): M F

Hispanic/Latino Ethnicity: ____ Yes ____ No Date of Birth: _____ Entering Grade: _____

Street Address: _____ City: _____ Zip: _____

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

Student lives with (check all that apply): ____ Mother ____ Father ____ Stepfather ____ Stepmother ____ Other

Mother/Guardian Name: _____

Address if different child: _____

Please check primary number to be used for automated calling ____ Home phone: _____

____ Work phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

E-mail address: _____

Father/Guardian Name: _____

Address if different child: _____

Please check primary number to be used for automated calling ____ Home phone: _____

____ Work phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

E-mail address: _____

Siblings: _____ / / _____

Name

Grade

DOB

School

Name

Grade

DOB

School

Name

Grade

DOB

School

Special Services (circle): Gifted SPED-IEP Speech-IEP ELL

Emergency numbers and individuals authorized to check out:

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

3. _____
Name Relationship Phone

***DO NOT RELEASE CHILD TO: _____ (Please provide legal documentation)



REGISTRATION INFORMATION

Upon Registration, Section 39-15-9 of the MS Code, 1994 Supp. Requires each student of his/her parent/guardian to indicate if the student has been expelled from any public or private school or is currently a party to an expulsion proceeding. Thus, the following information must be provided as a condition for registration in the Madison School District.

____ The above-named student HAS NOT been expelled from a public or private school OR IS NOT CURRENTLY a party to an expulsion proceeding.

____ The above-named student HAS been expelled from a public or private school OR IS NOW a party to an expulsion proceeding.

Name of School Expelled from _____

Reason for Expulsion _____

Status of Expulsion Proceeding _____

____ The above student HAS NOT been referred to an Alternative School

____ The above student HAS been referred to an Alternative School and is TO BE placed in the Madison County Alternative School

____ The above student HAS been referred to an Alternative School in the past but has finished the time assigned.

Name of School _____

Date Sent _____

Reason Sent _____

Status of Time Assigned _____

Signature Parent/Guardian _____

**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: _____

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? _____
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) _____
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.

Parent or Guardian's Signature

Date

OFFICE USE ONLY		
Student ID#	Date Distributed	Date Received

Madison County Schools

2024-2025

Academic Year Calendar



Events

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Su	M	Tu	W	Th	F	Sa
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22	23	24	25	26	27	28
29	30					

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Su	M	Tu	W	Th	F	Sa
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29	30					

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27	28	29	30	31		

Su	M	Tu	W	Th	F	Sa
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24	25	26	27	28	29	30
31						

July 8- Jul 26	Summer PD(2days)
Jul 29 - 31	Professional Development
Aug 1	First day of classes
Sep 2	Teacher Day Holiday
Oct 4	End of Term 1
Oct 7 - 11	Fall Break
Oct 14	Professional Development*
Nov 25 - 28	Thanksgiving Break
Dec 20	End of Semester 1(60%)
	90 Student days
	96 Teacher days
Jan 6	First day of classes
Jan 24	MLK Holiday
Feb 17	Presidents Day
Mar 7	End of Term 3
Mar 10 - 17	Spring Break
Mar 17	Professional Development*
Apr 18 - 21	Easter Break
May 23	End of Semester 2(60%)
May 26	Memorial Day Holiday

90 Student days
91 Teacher days

*Student holiday

Middle And High School Student/Parent Agreement

The Board of Education reserves the right to modify or discontinue any or all District policies and procedures or initiate new policies and procedures as a result of orders or declarations of either the federal or state governments, the Mississippi Department of Education or emergency declarations or emergency circumstances.

This is to certify that I:

- (1) Have reviewed the entire contents of this student handbook.
- (2) Agree to abide by the Acceptable Use Policy for Internet/email network.
- (3) Understand device annual usage fee is non-refundable, and fees will be assessed for damages.
- (4) Will allow my student to be transported by bus within district.

Print Student Name _____ Student Signature _____

This is to certify that I:

- 1) Will allow my student's full name, photograph or work to be published on school or district websites, in school yearbooks, local papers, school directory, television or social media without liability to the school or Madison County Schools.

_____ YES

_____ NO

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date Signed _____

School Name _____

Complete this form as directed, detach and return to your student's homeroom teacher.



MADISON COUNTY
SCHOOLS

Student Health Form

2024-2025

School Year

School: ROSA SCOTT HIGH SCHOOL	Grade: 9th	Teacher: Ellison, RN
Student's Name:	Date of Birth:	Gender: <input checked="" 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			*LIFE THREAT-ACTION*
To medication			
To insects			
Asthma			*ACTION PLAN REQUIRED*
Seizure			*DMMP AND PLAN REQUIRED*
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 / Sick Cell			
Speech / Hearing Problems			
Gastrointestinal Conditions			
Surgery			
Vision Problems			Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Handicaps, special needs, or other medical concerns not listed			
Is the student taking daily medication			If YES, Please list:

ACTION PLAN REQUIRED
(available in school office & on-line)

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