

OLD TOWN MIDDLE REGISTRATION FORM 2020 - 2021

Student Name: _____
(LAST) (FIRST) (MIDDLE)

Date of Birth: _____ - _____ - _____ SS# _____ - _____ - _____ Grade: _____

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

Subdivision: _____ (circle): Own / Lease Lease expires: _____

Street Address: _____ City _____ Zip _____

Student lives with (check all that apply): ___Mother ___Father ___Stepmother ___Stepfather ___Other

If other, please list name and relationship: _____

Parent/Guardian Information

Mother Last Name _____ First _____ MI _____

Address if different from child: _____

Place of employment: _____ Occupation: _____

Home# _____ Work# _____ Cell# _____

Main contact# _____ Email address: _____

Father Last Name _____ First _____ MI _____

Address if different from child: _____

Place of employment: _____ Occupation: _____

Home# _____ Work# _____ Cell# _____

Main contact# _____ Email address _____

Siblings Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Does student have ruling for: ___ Sped-IEP ___ Speech-IEP ___ Gifted ___ ELL

Medications: _____ Life Threatening Allergy: _____

Emergency Contacts authorized to check out your child (in addition to parent/guardian):

1. _____ relationship _____ phone# _____

2. _____ relationship _____ phone# _____

3. _____ relationship _____ phone# _____

4. _____ relationship _____ phone# _____

5. _____ relationship _____ phone# _____

6. _____ relationship _____ phone# _____

___ Yes, my child's photo and name may appear on the school social media/website and in other media outlets

___ No, my child's photo and name may not appear on the school social media/website/ other media outlets

Old Town Middle School
210 Sunnybrook Road
Ridgeland, MS 39157



Statement of Acknowledgment

Please be aware that, effective November 3, 2009, the city of Ridgeland passed a city ordinance that makes falsifying residency information for the purpose of attending Ridgeland City Schools a misdemeanor. If convicted of falsifying residency information, you can face up to 90 days in jail and up to \$1,000.00 in fines. There is currently a case of residency falsification for which prosecution is pending. By signing below, you are acknowledging that you have been made aware of and understand the ordinance and penalties regarding residency falsification.

Name (please print)

Date

Address

Signature

**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 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
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) _____

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	

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):
Emergency Contact Person:	Contact Phone(s):	
Healthcare Provider Name(s):	Phone:	

STUDENT'S HEALTH HISTORY

CONDITION	NO	YES	LIST SYMPTOMS - MEDICATIONS NEEDED-COMMENTS
Attention Deficit (ADD, ADHD)			
Birth Defect/Physical Handicap			
Bone or Joint Problems			
Earaches (Frequent? Tubes?)			
Emotional/Psychological Disorder			
Headaches (Frequent or takes medicine)			
Heart Problems			
Hypertension (High Blood Pressure)			
Nose Bleeds			
Seasonal Allergies			
Sinus Problems			
Speech / Hearing Problems			
Stomach / Digestive Problems			
Surgery			
Vision Problems			Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No

ANAPHYLAXIS / Life Threatening Allergies			
Conditions listed in this section require an Action Plan. Action Plans are available in school office and on-line.			
Life-threatening Allergy to Food			
Life-threatening Allergy to Medication			
Life-threatening Allergy to Insects			
Asthma			
Seizure			
Diabetes			

Describe any handicaps, special needs, or medical conditions not listed above:	
Is the student taking daily medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list them:	

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.

Parent/Guardian Signature: _____ Date: _____

Madison County School District

Active Parent Online Registration Form

<http://madison.activeparent.net>

Parent/Guardian
Name:

Social

Security#:

XXX-XX-

Address:

City:

State:

Zip

Code:

Email:

Phone:

I am a new user and request to be an ACTIVE PARENT and view the information made available to me for the following student(s). List all students you have in the Madison County School District on one form. You do not have to fill out a form at each school.

I already have an ACTIVE PARENT account and would like to add another child to my account.

Student(s) Name	Grade	School

Parents you must provide the Username and the Password

Parent/Guardian Username Information

Your **Username** will be your **last name** and the **last 4 digits of your Social Security Number**.
Your **Password** has to be at least **4 letters** and **2 numbers**.

User Name:

Password:

Parent/Guardian
Signature:

Date

Signed:

For office use

☐ Yes ☐ No

I authorize the release of the child's record. I have verified that the child's parent/guardian has been approved to view his/her records and be registered as an ACTIVE PARENT.

School Official: _____

Date Signed: _____