

# 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.

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Name (please print)

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Date

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Address

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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 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

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	NO	YES	LIST SYMPTOMS - MEDICATIONS NEEDED-COMMENTS
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? ☐ Yes ☐ 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#:	<b>XXX-XX-</b>
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

<b>Parent/Guardian Username Information</b> Your <b>Username</b> will be your last name and the last 4 digits of your Social Security Number. Your <b>Password</b> has to be at least 4 letters and 2 numbers.	
<b>User Name:</b>	<b>Password:</b>

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: \_\_\_\_\_

# SCHOOL YEAR 2020-2021

To all parents of upcoming 7<sup>th</sup> graders:

All students entering 7<sup>th</sup> grade are now required by the Mississippi State Department of Health to have the **Tdap vaccine** (tetanus, diphtheria, pertussis) as a booster. This is given one time only. It is not the same as the DTap series your child would have previously received and it is not the same as the “tetanus” shot.

You must provide the Mississippi Immunization Compliance Form 121 from a physician’s office or the Health Department showing that your child has received this vaccination. No other form will be accepted. Once your child has received this vaccination, the updated Form 121 will reflect this and should be checked “complete for school”.

**We are requesting that the updated Immunization Form 121, showing the Tdap vaccination was given, be on file at Olde Towne Middle School by Friday, July 31, 2020**

**. However, Form 121 MUST be received before August 6, 2020 in order for your child to begin school.**

This vaccine is available for around \$10.00 at all health departments, or you may check for availability and cost with your pediatrician or private physician.