

Madison County Schools New Student Enrollment
Madison Avenue Elementary

Dear Parents and Guardians,

Thank you so much for your patience as we have worked to modify our new student enrollment during these unprecedented times. Madison County Schools wants to make the collection of documents and registration materials efficient and safe for all during this time.

The documents #1-10 listed below need to be submitted to complete the registration process and returned to your child's school by appointment only. Please call your school site to make an appointment for a time slot to turn in your completed forms. Having a set schedule will help limit the number of people on each campus in adherence to current health guidelines.

Please stay home if you are sick or have symptoms of COVID-19, which include a fever, cough, or shortness of breath. We will be glad to reschedule an appointment for a later date.

We ask that you:

- Come alone
- Wear a mask
- Use hand sanitizer before walking up
- Bring a pen to use
- Practice social distancing

If you are in a high-risk health category, please contact us directly. We will be glad to work with you on the best way to turn in the needed documents for registration.

Required Documents for New Student Enrollment:

1. Transcript from prior school (high school only)
2. Current report card from prior school
3. Withdrawal form from prior school
4. Completed enrollment packet. New student enrollment packets can be found on our school website and in bins in the front of our school.
5. Mississippi Immunization Form 121 (original from your doctor's office)
6. Birth Certificate
7. Social Security Card
8. Custody Papers (if parents are divorced or parent not listed on birth certificate)
9. 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)
10. One bill in the parent's name showing the street address and dated within the last 60 days:
 - Water
 - Gas
 - Electric
 - Cable/internet

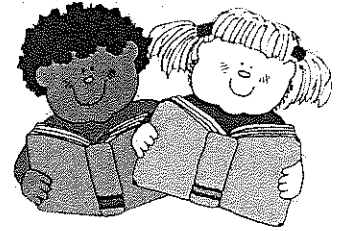
Thank you for your cooperation during this time while we adjust our normal ways of operation. Know we are excited to have your child join the Madison County Schools family!

We are here to assist you with any needs. Please feel free to contact us at 601-856-2951 or email our data clerk Mrs. Kelly Graham at kgraham@madison-schools.com.

Sincerely,
Madison Avenue Elementary

MADISON AVENUE ELEMENTARY K-2

YOU WILL NEED THE FOLLOWING:



Certified Birth Certificate

Student's Social Security Card

ORIGINAL Mississippi Immunization Form (Form 121)

(Immunizations must be complete for school entry. In cases where shots will be given over the summer, the completed Form 121 MUST be received before a child will be placed in a classroom.)

One Current Utility Bill (gas, water, electricity)

**ONE of the following that shows your STREET address:
LEASE/rental agreement (MUST have names of tenants)**

Warranty Deed

Homestead Exemption Receipt

Last report card (only if child has attended a school previously)

MADISON AVENUE ELEMENTARY (K-2) REGISTRATION FORM
2020-2021

Student Name: _____,
(Last) (First) (Middle)

Preferred Name: _____ SS# _____

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

Date of Birth: _____ - _____ - _____ Grade: _____

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

Street Address: _____ City _____ Zip _____

Home Phone: _____

Parent/Guardian Information:

Last Name (Mother) _____ First _____ MI _____

Home # _____ Cell # _____ Work# _____

Address if different from child _____

Place of Employment: _____ Occupation: _____

Email address: _____

Last Name (Father) _____ First _____ MI _____

Home # _____ Cell # _____ Work# _____

Address if different from child: _____

Place of Employment: _____ Occupation: _____

Email Address: _____

Child lives with (circle): Both parents Mother Father Other _____

Name of siblings, grade and school: _____

Emergency Numbers and Individuals authorized to check out:

1. _____ relationship _____ phone # _____

2. _____ relationship _____ phone # _____

Name, Phone Number, Address and Email Address in Student Directory: _____ Yes _____ No

**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: _____

Child Services Survey

Child's Name _____ Grade _____

Address _____

Phone Number _____

***Please check all that apply

_____ My child has not received special services

_____ My child received special services from our previous school

_____ My child currently has an IEP from previous school
(Please attach a copy of the IEP to this page)

The ruling for my child is in the following area/s:

_____ Hearing Impaired

_____ Speech

_____ Resource SLD _____
(Specific Learning Disability)

_____ Other (please specify)

Parent's Signature

Date

*If you do not have a copy of the IEP please fill out the information below

School Name _____

School Address _____

_____ City _____ State _____ Zip Code _____

School Phone Number () _____ Fax () _____

Contact Person at School _____

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 *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? 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.

Parent/Guardian Signature: _____ Date: _____

MAE has a rabbit as a school pet. She eats Timothy Hay. Is your child allergic to Timothy Hay? _____ YES or _____ NO

Madison Avenue Elementary K-2

1199 Madison Avenue

Madison, MS 39110

Dr. Melissa Philley, Principal

Previous School's:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Request for Records

Student's Name: _____

MSIS Number: _____ Enrollment Grade: _____

Please forward the cumulative records for the above student including:

- Grades to date, numerical, and letter, by marking period or final grade
- All available test scores, including gifted or special education
- Psychological evaluations
- Health records, birth certificate, and social security number

Note: Parental consent is no longer required when records are requested by authorized school personnel. *Family Education Rights and Privacy Act Final Rule on Education Records.*

Send to:

Madison Avenue Elementary K2

Attn: Records

1199 Madison Avenue

Madison, MS 39110

Phone #: 601-856-2951 Fax #: 601-853-2726

For office use only:

Requested by: _____

Date Requested: _____ Date Received: _____