

MADISON CROSSING ELEMENTARY

New Student Registration (Grade 1-5)

Dear Parent or Guardian,

Welcome to Madison Crossing! We are so glad that your child will be joining the Maverick Family this year. In order to complete the registration process, you will need to complete the attached forms in this packet and present the items below as soon as possible.

New student registration may only be done by the child's primary legal guardian.

*Unfortunately, **WE CANNOT ACCEPT INCOMPLETE REGISTRATION SUBMISSIONS.***

Thank you so much for your cooperation.

What to Bring:

- ☐ Valid photo ID of primary legal guardian (must live in the school zone)
- ☐ Child's original birth certificate (no copies)
- ☐ Guardianship papers (if registering guardian is not on birth certificate)
- ☐ Child's Social Security card
- ☐ Immunization Form 121 (Mississippi Immunization Compliance Form issued by the Mississippi Department of Health or a local physician)
- ☐ Warranty Deed with the name of the primary legal guardian OR Current Lease with names of all occupants OR Approved "Special Affidavit"[†] obtained from Madison County School District.
- ☐ Current Utility bill (*electric, water, gas, or cable/internet only*) in the name of the primary legal guardian. Must be within the current billing cycle and the service address must be visible. Final notices cannot be accepted.
- ☐ Withdrawal Form from previous school attended with current grades
- ☐ Discipline Report from previous school
- ☐ Most recent report card
- ☐ Current IEP or 504 Plan from previous school (if applicable)
- ☐ Completed Registration Packet including:
 - ☐ MCE Registration Information (2 pages)
 - ☐ Child Custody Form
 - ☐ Prior Educational Experience Survey
 - ☐ Affidavit of Residency (Must be completed and notarized in person at MCE)
 - ☐ Child Services Survey
 - ☐ Home Language Survey
 - ☐ Active Parent Registration

**All Registration forms except Affidavit of Residency
should be completed and brought with you**

[†]A "Special Affidavit" is required when a student resides with their parent or guardian in a home or apartment not owned or leased in the name of the parent or guardian.



MADISON CROSSING ELEMENTARY

Registration Information

Date: _____

Student Information:

Last Name (as on birth certificate)	First Name (as on birth certificate)	Middle Name		
Preferred Name	Social Security Number	Date of Birth		
Race		Age	Gender	Grade Entering
<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____				
Student Resides With				
<input type="checkbox"/> Both Parents on birth certificate in one home <input type="checkbox"/> Mother Only <input type="checkbox"/> Other (explain): _____				
<input type="checkbox"/> Both Parents on birth certificate in two homes <input type="checkbox"/> Father Only _____				

For Students New to Madison Crossing ONLY:

Name of Last School Attended	City/State
Special Services Needed	
<input type="checkbox"/> SPED-IEP <input type="checkbox"/> Speech-IEP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> My student has not been evaluated for special services	
Has student ever been retained or repeated a grade?	<input type="checkbox"/> No <input type="checkbox"/> Yes - If so, which grade?
Has student ever been enrolled in a public school in Mississippi?	<input type="checkbox"/> No <input type="checkbox"/> Yes - If so, what school?

Parent/Guardian #1 (Guardian Registering the Student):

Name of Guardian Registering the Student:			Relationship to Student
Street Address	City	Zip	
Subdivision	Home Owned or Leased	Lease Expiration	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased		
Signer of the Deed or Lease			
<input type="checkbox"/> The deed/lease is in my name <input type="checkbox"/> The deed/lease is in the name of _____, Relationship to Guardian: _____			
Please List Names of ALL Other Occupants At This Residence			Relationship to Student:
Mailing Address (if different from street address)			Zip
Occupation		Place of Employment	
Cell Phone	Home Phone	Work Phone	Email Address
Number to be used for automated calling?		Emergency Contact?	Check-out Allowed?
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian #2 Information:

Name			Relationship to Student
Street Address (if different from student)		City, State	Zip
Mailing Address (if different from street address)		City	Zip
Occupation		Place of Employment	
Cell Phone	Home Phone	Work Phone	Email Address
Number to be used for automated calling?			Emergency Contact?
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Check Out Allowed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Siblings:

Name	Date of Birth	Age/Grade	Gender	School

Individuals Authorized to Check Out Student and Contact In Case of Emergency:

Name	Relationship	Phone	Resides with Student
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

*By court order, DO NOT RELEASE student to: _____, relationship to student: _____ (Legal documentation must be provided).

Photo Consent:

My child's photo and name may appear in the school yearbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child's photo/name may appear on the school's social media, website, other media outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transportation:

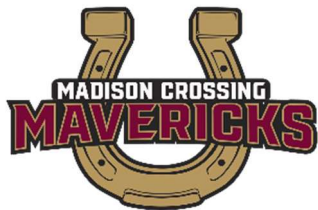
My child's primary transportation in the morning will be:	<input type="checkbox"/> Car Rider <input type="checkbox"/> Bus
My child's primary transportation in the afternoon will be:	<input type="checkbox"/> Car Rider <input type="checkbox"/> Bus <input type="checkbox"/> Daycare _____

Allergies:

Please list, circle if life-threatening	
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FOR OFFICE USE ONLY

MSIS #: _____	Release Request Date: ____/____/____	New MSIS Request Date: ____/____/____
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CHILD CUSTODY FORM

The completion of this form is needed if you marked that your child is living with only one parent, or is shared jointly between both parents.

Student:

Last Name (as on birth certificate)	First Name (as on birth certificate)	Middle Name	Grade

Mother's Name (as on child's birth certificate):

Last Name	First Name	Middle/Maiden Name	
Street Address (if known)	City:	Zip:	State:
Telephone (if known):	Custody:		
	<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> None <input type="checkbox"/> Deceased		

Father's Name (as on child's birth certificate):

Last Name	First Name	Middle Name	
Street Address (if known)	City:	Zip:	State:
Telephone (if known):	Custody:		
	<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> None <input type="checkbox"/> Deceased		

Custody Arrangement:

Select which best fits	
<input type="checkbox"/> Custody/visitation arrangement decided between parents (no court order)	
<input type="checkbox"/> Custody/visitation arrangement determined by court order (provide copy)	
If there is a court order, does it prevent the student to be released to the non-custodial parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is a court order, does it prevent the non-custodial parent from accessing school records?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please detail the custody/visitation schedule or attach copy:

I attest that the information I have provided is true to the best of my knowledge. If the above information changes, I, as the registering guardian, will inform the school by providing the office with a copy of the revised court order, agreement, and/or custody schedule.

Signature of Registering Guardian: _____

Date Signed : _____

Printed Name of Registering Guardian: _____

Relationship: _____



Grade Entering: _____ MSIS # (if known): _____

[illegible]

Affidavit of Residence

Madison County School District
State of Mississippi
County of Madison

To Be Completed at Madison Crossing

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 and street name is required. Post office box address is not acceptable.)

which is my legal residence and is located within the boundaries of the Madison County School District.

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

- A. Copies of one utility bill (**water, electricity, gas, cable/internet**) **Cell phone bills will not be accepted.**
- B. One of the following documents that contains my current physical street address, not a post office box:
1. Warranty Deed, deed of trust, or filed homestead exemption
 2. Current original, not copy, of apartment or house lease, showing names of occupants.

3. I am the _____ of _____,
(Parent /Guardian) (Full Name of Child or Ward)

who permanently resides with me at my residence at the address given in paragraph 1 above.

4. If I move or change my residence, I will notify my child's school within 30 days.
5. I understand that the District may refuse to enroll or dismiss from school the child named in paragraph 3 above if the child does not reside with me within the Madison County School District at the address stated above.
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 \$1,000.00 and/or up to five years in the county jail.

This the _____ day of _____, 20_____.

Signature of Affiant

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

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

Madison Crossing Elementary School
Child Services Survey

Student 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 our 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 Specific Learning Disability (SLD) _____

Other (please specify) _____

Parent's Signature

Date

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

Previous 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: M or F

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? YES NO
If yes, what State? _____
If no, What Country? _____
2. Has your child attended school in the United States for any three years during their lifetime? YES NO
If yes, please provide school names, state, and 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 circle if your child is:
Native American Indian Native Pacific Islander
Alaska Native 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? Mother _____
Father _____
10. Please describe the language understood by your child. Mark only one.
Understands only the home language and no English.
Understands mostly the home language and some English.
Understands the home language and English equally.
Understands mostly English and some of home language.
Understands only English.

Parent or Guardian's Signature _____ Date: _____

Office Use Only

Student ID# _____ Date Distributed: _____ Date Received: _____