

## Madison County Schools New Student Enrollment

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

*\*See forms that follow\**

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!

Mrs. Janet Gordy, Data Clerk  
601-879-0309  
jgordy@madison-schools.com

**Mannsdale Elementary School  
Registration Information**

Student Name \_\_\_\_\_

Preferred Name: \_\_\_\_\_  
Last First Middle Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Hispanic/Latino Ethnicity \_\_\_Yes \_\_\_No Date of Birth \_\_\_\_\_ 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 from child's \_\_\_\_\_

Please check primary number to be used for automated calling!! \_\_\_ Cell Phone \_\_\_\_\_

\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Transportation \_\_\_ Car rider \_\_\_ Bus rider Bus # \_\_\_\_\_ am Bus # \_\_\_\_\_ pm Daycare \_\_\_\_\_

Pre-School \_\_\_ Yes \_\_\_ No Name of school attended \_\_\_\_\_

**Special Services (circle) Gifted SPED – IEP Speech – IEP ELL**

Emergency numbers and individuals authorized to check out:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*\*\*\*DO NOT RELEASE CHILD TO \_\_\_\_\_ (Please provide legal documentation)

\_\_\_\_\_ Yes, my child's name, address & phone number may appear in the school directory.

\_\_\_\_\_ No, my child's name, address & phone number may NOT appear in the school directory.

**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	

Mannsdale Elementary School  
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 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 \_\_\_\_\_

**Mannsdale Elementary School**

**443 Mannsdale Road**

**Madison, MS 39110**

**Phone: 601-879-0309**

**Fax: 601-879-0313**

**REQUEST FOR RECORDS**

**Please send complete information, transcript of records, health information, grades earned, psychological test results, discipline, etc. on the following student (s). This includes all confidential records including special education records, gifted eligibility, TST files, etc.**

<b>NAME</b>	<b>PAST GRADE</b>	<b>CURRENT GRADE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>PREVIOUS SCHOOL NAME</b>	<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>
_____	_____	_____

**REQUESTING COUNSELOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**According to the final regulation of the Family Rights and Privacy Act, it is no longer necessary to obtain written consent of parents to release records.**