

**Madison Middle School
New Student Checklist**

Name: _____ Date Enrolled: _____

_____ Affidavit

_____ Mortgage Document (Must have one of the following)

_____ Warranty Deed

_____ Homestead Exemption

_____ Rental or Lease Agreement

OR

_____ Special Affidavit

_____ Utility bill from additional resident

_____ Principal Approval

_____ 2 Utility Bills

_____ Mississippi Immunization Form

_____ Copy of Social Security Card

_____ Birth Certificate

_____ Final Report Card or Withdrawal Form

_____ Lunch Form

_____ Transportation

_____ Home Language Survey

Additional Information:

_____ Achievement Test Scores

_____ PPDS for Gifted Program

_____ Special Education

The above information verified by: _____

Counselor enters Gen I, E Code, & Schedule: _____

Additional information added to SAM: _____

Student record requested on: _____ By: _____

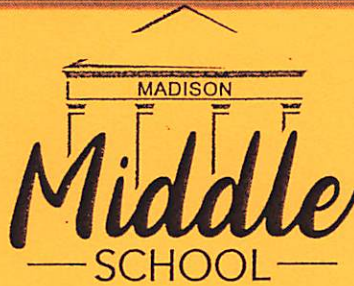
Student record received on: _____ By: _____

Transfer grades entered in computer on: _____ By: _____

Data Entry transfer grades entered: _____

Cum record reviewed on: _____ By: _____

Leatha Phillips
Principal



Principals
Doug Jones-6th Grade
Jennifer Lovitt-7th Grade
Thomas Adams-8th Grade
Brittany Hammett-Instructional

August 6, 2020

Subject: Student Transportation

Dear Parent/Guardian,

Each school year, we are required to verify the mode of transportation that each student uses to travel to and from school. We also need this information so we may contact parents promptly if there is an emergency regarding their child's bus. The State Department of Education also requires us to report the number of students living within one mile and more than one mile from our school. Please complete the information below, sign your name in the appropriate space, and have your child return the form to his/her homeroom teacher as soon as possible.

Thank you for your attention to this matter. And, thank you even more for your support of the Madison County School District and Madison Middle School. You make every day "A Great Day to be a Jaguar."

Respectfully,

Leatha Phillips, Principal

My Child, _____, is transported to school:

In the morning by: Bus _____ Number _____ Car _____

And from school in the afternoon by: Bus _____ Number _____ Car _____

My child resides: _____ More than one mile from Madison Middle School

_____ Less than one mile from school

Parent's Printed Name

Parent's Signature

Date

MADISON MIDDLE SCHOOL
1365 Mannsdale Road
Madison, MS 39110
601-605-4171

CHILD CUSTODY INFORMATION

The following information is requested when the enrolled student does not reside with both natural parents due to separation or divorce. The parent with whom the child resides will be considered the custodial parent; however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order.

1. Child's legal name _____
2. Name of custodial parent with whom child resides _____
3. Name of non-custodial parent _____
4. Do you, as custodial parent, have legal custody through a court order?
Yes____ No____ Pending____ Date finalization expected_____
(if pending, please inform the school when finalized)
5. Has school been provided with a copy? Yes _____ No _____
6. If there is a court order, does it limit the non-custodial parent's access to school records?
Yes____ No____ (if so, a copy of the order must be supplied to the school)
7. May the child be released from school to the non-custodial parent? Yes____ No____

Please provide any additional information regarding custody of which the school should be aware

Date

Signature of Custodial Parent



Middle School New Student Worksheet

Student's Name _____ Grade _____
First Name Middle Name Last Name

MSIS# _____ Entry Date _____

Current Year Classes

_____	_____
_____	_____
_____	_____
_____	_____

QPA
A=4
B=3
C=2
D=1
F=0

Course History

Grade 7 Year _____ School _____

State Course Code	Course	S1	S1	S2	S2	Final	Final	CU	CU	Include		
		#	A/QPA	#	A/QPA	#	A/QPA	Attempted	Earned	GPA	QPA	Transcript

Grade 6 Year _____ School _____

State Course Code	Course	S1	S1	S2	S2	Final	Final	CU	CU	Include		
		#	A/QPA	#	A/QPA	#	A/QPA	Attempted	Earned	GPA	QPA	Transcript

Counselor's Signature/

D

Data Clerk's Signature/

D

Translator

A+ = 99	B+ = 89	C+ = 79	D+ = 69	
A = 95	B = 85	C = 75	D = 67	F = 60
A- = 90	B- = 80	C- = 70	D- = 65	



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):
Transportation <input type="checkbox"/> CAR <input type="checkbox"/> BUS		
Local Physician / Healthcare Provider	Phone:	

STUDENT'S HEALTH HISTORY

CONDITION	NO	YES	LIST SYMPTOMS - MEDICATIONS NEEDED-COMMENTS
ALLERGY (life threatening)			
To food			
To medication			
To insects			
Asthma			
Seizure			
Diabetes -Must have DMMP from physician.			
Attention Deficit (ADD, ADHD)			
Birth Defect/Physical Handicap			
Bone / Joint Conditions			
Emotional/Psychological Disorder			
Headaches Migraine			
Cardiac Conditions			
Hypertension (High Blood Pressure)			
Blood Disorder / Sickle Cell			
Speech / Hearing Problems			
Gastrointestinal Conditions			
Surgery			
Vision Problems			Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No
Handicaps, special needs, or other medical concerns not listed			
Is the student taking daily medication			If YES, Please list:

ACTION PLAN REQUIRED
 (available in school office & on-line)

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. It is the parent/guardian responsibility to notify the school of any medication or medical condition changes.

Parent/Guardian Signature: _____ Date: _____

Health forms and medical action plans are required each school year

**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: _____



Mississippi State Department of Health
570 East Woodrow Wilson - Box 1700 - Jackson, MS 39215-1700

NEWS RELEASE

FOR IMMEDIATE DISTRIBUTION

April 9, 2012

New Immunization Requirement Announced For 7th Grade Entry in 2012-2013 School Year

JACKSON, Miss. – The Mississippi State Department of Health (MSDH) will require the Tdap vaccination for all students entering 7th grade beginning with the coming school year (2012-2013).

The Tdap vaccine (tetanus, diphtheria, and pertussis) has previously been a recommended vaccination for this age group since 2006, and 41 other states have already implemented this particular vaccination requirement.

Pertussis, also known as whooping cough, has increased in frequency across the country in recent years, as protection from the childhood pertussis vaccine has become weaker over time in the adolescent population.

"By vaccinating our adolescents, we can decrease illness in this group and reduce exposure and illness in infants," said State Health Officer Dr. Mary Currier. "Pertussis can be particularly deadly for newborns, and it is essential to limit their exposure to the disease since they are too young to receive a vaccine against it."

Additional recommended vaccinations for preteens include those against meningococcal disease, human papillomavirus (HPV), and a second dose of varicella vaccine for those who have not received one at an earlier age.

"We still strongly recommend the Tdap vaccine for all adolescents, however it is only required for those entering seventh grade," said Dr. Currier.

The required Tdap vaccination and other recommended vaccinations are available at health department clinics throughout the state and through all Vaccines for Children (VFC) providers for a \$10 administrative fee per vaccine.

For information on required vaccinations for school entry and recommended vaccinations for all ages, visit the MSDH website at www.HealthyMS.com or call us at 1-866-HLTHY4U (1-866-459-4948.)

Follow MSDH by e-mail and social media at HealthyMS.com/connect.

-30-

CONTACT: Office of Communications. 601-576-7667
Note to media: After hours or during emergencies, call 1-866-HLTHY4U (1-866-458-4948)
Online: HealthyMS.com [facebook.com/HealthyMS](https://www.facebook.com/HealthyMS) twitter.com/msdh

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

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 change my password.

Student(s) Name	Grade	School
		Madison Middle School
		Madison Middle School
		Madison Middle School
		Madison Middle 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**. **Your account will not be set up if you do not complete this section.**

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: _____

JOINT LEGAL CUSTODY
DECLARATION OF PARENTS' CHOICE OF SCHOOL
MADISON COUNTY SCHOOLS

We, the undersigned, are the parents of the following student(s)"

- 1.) _____, grade for 2020-2021 _____
- 2.) _____, grade for 2020-2021 _____
- 3.) _____, grade for 2020-2021 _____

We are divorced and our divorce decree, a copy of which has been given to the School District, provides that we have joint legal custody of above named children.

Both of us parents are residents of the Madison County School District, but we live in different student assignment zones.

By signing this Joint Legal Custody Form, we agree that our child(ren) will attend the following school in the district for 2019-2020:

Student Name:

School:

If there is any change of modification to custody of our child(ren), we agree to immediately inform the district and also provide a stamped, filed copy of the modification decree or order to the school district.

PARENTS:

Print name: _____

Signature: _____

Date: _____

Print name: _____

Signature: _____

Date: _____



MADISON MIDDLE SCHOOL

1365 MANNSDALE ROAD

MADISON, MS 39110

601.605.4171 phone

601.853.2254 fax

REQUEST FOR RECORDS

The following student(s) have enrolled in our school. Please send complete information, transcript of records, health information, grades, psychological test results, etc. This includes all confidential records, including special education records and gifted eligibility.

_____ FIRST REQUEST

_____ SECOND REQUEST

STUDENT NAME:	CURRENT GRADE:

PREVIOUS SCHOOL NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

FAX: _____

E-MAIL: _____

FOR OFFICE USE:

PERSON REQUESTING: _____

E-MAIL: _____

TITLE: COUNSELOR RECORDS CLERK OTHER: _____

DATE: _____

ACCORDING TO THE FINAL REGULATIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT,
IT IS NO LONGER NECESSARY TO OBTAIN WRITTEN CONSENT OF PARENTS TO RELEASE RECORDS.