

Franklin County School District – 2023-2024
Student Information Enrollment

STUDENT: _____ RACE _____ SEX _____
(Last) (First) (Middle)

Date of Enrollment _____ Grade Entering _____ Hispanic Descent ☐ Yes ☐ No

Does your student receive Special Education/504 services? ☐ Yes ☐ No
Has your physical address changed since the 2020-2021 school year? ☐ Yes ☐ No (If yes, new proofs are required.)

Date of Birth _____

Mailing Address _____
(Town) (County)

Physical Address _____

Telephone(s) _____
(Home) (Emergency Numbers—Relatives/Neighbors)

PARENT INFORMATION:

Student lives with (check one): ☐ Mother ☐ Father ☐ Both Parents ☐ Guardian

PARENT/GUARDIAN: _____
(Last) (First) (Middle) (Maiden)

Occupation _____ Company _____ Town _____ State _____

Work Phone _____ Cell Phone _____

PARENT/GUARDIAN: _____
(Last) (First) (Middle)

Occupation _____ Company _____ Town _____ State _____

Work Phone _____ Cell Phone _____

Number of persons in home (including parents) _____ Parent Email _____

Sisters in school Name _____ Grade _____ Name _____ Grade _____

Brothers in school Name _____ Grade _____ Name _____ Grade _____

Parent(s) please write your name(s) along with any other adult who has permission to check out your child -
(NO MORE THAN FIVE [5] NAMES INCLUDING PARENTS) (A student cannot be listed as a checkout person)

	Relationship to Student	Daytime Phone No.
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Under no circumstances, not even in an emergency situation, is my child to be checked out by:

1. _____
(Relationship to Student)

*Because of school security, identification may be checked before permission to check out is granted.

I have completed all of the information above and I understand that my child will receive a copy of the Franklin County School District Handbook. I understand that it is my responsibility to read and ensure that my child follows the rules and guidelines contained therein.

Signature of Parent/Guardian _____ Date _____

Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	I consent to having my child's photo, name, and achievements published.
Permissions	<input type="checkbox"/> Yes <input type="checkbox"/> No	I do permit corporal punishment. (Elementary Only)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have signed the Internet Usage Agreement.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I permit transport of my child to the hospital in case of emergency.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am responsible for the condition and return of textbooks issued to my child.

Franklin County School District Health History
Confidential Data 2023-2024

Grade _____ Homeroom Teacher _____

Full Name _____ Birthday _____ Sex _____ Race _____

Address _____ City/State/Zip Code _____ Home Phone _____

Male Parent/Guardian _____ Work Phone _____ Cell Phone _____

Female Parent/Guardian _____ Work Phone _____ Cell Phone _____

Student's Doctor/Health Care Provider _____ Phone _____

Please mark which type insurance this student has and include the ID number:

Medicaid _____ CHIPS _____ Other _____

MEDICAL HISTORY: Please check all that apply and explain.

<input type="checkbox"/>	Allergies to drugs
<input type="checkbox"/>	Allergies to foods
<input type="checkbox"/>	Seasonal Allergies
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Tuberculosis (TB)
<input type="checkbox"/>	A.D.D. / A.D.H.D.
<input type="checkbox"/>	Diabetes/High Blood Sugar
<input type="checkbox"/>	Epilepsy or Seizure Disorder
<input type="checkbox"/>	Heart Problems
<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	HIV
<input type="checkbox"/>	Sickle Cell Anemia
<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Migraines
<input type="checkbox"/>	Stomach or Digestive Problems
<input type="checkbox"/>	Hearing Problems
<input type="checkbox"/>	Dental Problems
<input type="checkbox"/>	Vision Problems
<input type="checkbox"/>	Does the student need to wear glasses at school?
<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	Birth Defects/Handicap
<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Surgeries/Serious Accidents
<input type="checkbox"/>	Other

Please list any daily medications: _____

Please list people to contact in case of illness/emergency who may pick your child up if you cannot be contacted:

Name/Phone Number

Name/Phone Number

Name/Phone Number

_____/_____/_____
_____/_____/_____

I give the school permission to transport my child for immediate care in an emergency situation in which I cannot be reached. I also give permission for my child to participate in the school's health program and receive first aid care and basic health education from the school nurses. This will include vision/hearing screenings, body and vital sign measurements, and school health/safety educational programs.

X Parent/Guardian Signature _____

Date _____

RETURNING STUDENTS

If your physical address HAS NOT changed.

Franklin County School District Statement of Residency 2023-2024

In the case that the physical address **has not changed** since the 2022-2023 school year, **no new proofs of residency are required**. Just complete, sign and date this form.

*If your address has changed, complete the Proof of Residency form
on the back of this page and submit two proofs.*

Student Name _____ Grade _____

Parent / Guardian Name _____

Verified Physical Address:

Address: _____

Town: _____, MS Zip _____

County Living In _____

If your **mailing address** is different from the physical address and/or has changed, **please note below**:

P.O. Box / Street _____

Town: _____, MS Zip _____

I verify that my physical address remains the same as it was in the 2022-2023 school year.

Signature of Parent / Guardian

Date

Signature of Representative – School District

Date

Must complete (and send 2 proofs) **ONLY IF**
physical address changed since last registration.

**FRANKLIN COUNTY SCHOOL DISTRICT
RESIDENCY VERIFICATION**

Required for
All Transfers

Student's Name _____ Date _____

Parent or Legal Guardian _____

Mailing Address _____

Physical Address _____

Phone _____ County living in _____

Does the student reside fulltime at the above address? () Yes () No
I am a resident of the Franklin County School District. () Yes () No
If not a resident, I have a legal transfer to the Franklin County School District. () Yes () No

Residency may be established for the purpose of this policy and enrollment and attendance in a school in the Franklin County School District in the following manner:

The parent or legal guardian of a student seeking to enroll must provide the school district with at least two of the items numbered (1) through (8) below as verification of their physical address. The document used for verification of address must show the 911/physical address. Documents with only a post office box will not be accepted. Two proofs from the same item shall not be accepted.

1. ___ Property Deed/Mortgage Documents
2. ___ Apartment or home lease;
3. ___ Current utility bills; (Cellular bills are not acceptable)
4. ___ Driver's license
5. ___ Voter precinct identification;
6. ___ Automobile registration;
7. ___ Any other documentation that will objectively and unequivocally establish that the parent or guardian resides within the school district; and, in the case of a student living with a legal guardian who is a bona fide resident of the school district;
8. ___ Certified copy of filed petition for guardianship if pending and final decree when granted.

If you are the legal guardian of the student, you must also provide a copy of the court order appointing you as guardian. If a petition for guardianship has been filed and the decree is pending, you must provide a certified copy of the filed petition for guardianship.
Note: Any legal guardianship formed for the purpose of establishing residency for school district attendance purposes shall not be recognized by the affected board. (MS Code Ann. Section 37-15-31 (1989 Supp.))

I hereby certify that the information provided on this form is true and correct.

Signature of Parent or Legal Guardian

Representative – School District

Date

Date



FRANKLIN COUNTY SCHOOL DISTRICT

Federal Programs Survey

Parents: All information in this form is confidential. The answers to this survey help to determine the services that your child may be eligible to receive. Please complete one form for each child and return it to the office.

School _____ Date _____

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address _____ Telephone Number(s) _____

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? ☐ Yes ☐ No If so, what language? _____
5. Does the parent/guardian need **translated materials**? ☐ Yes ☐ No If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
7. In what country was the student born? _____

PART A

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

If you answered **YES** to question 1, please complete Part B of this form.

If you answered **No** to question 1, you may stop here.



PART B

Complete **only** if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- ☐ In a shelter ☐ In a hotel/motel ☐ In abandoned apartment/building ☐ Moving from place to place
☐ With relatives or others due to lack of housing ☐ At a train or bus station, park, or in a car
☐ Temporarily housed in shelter awaiting permanent foster care ☐ Disaster victim in an emergency shelter

Last school attended: _____ School address _____

Eligible for any of these educational and school related activities and services?

- ☐ Special Education (IDEA) ☐ English Language Learners (ELL) ☐ Gifted and Talented ☐ Vocational Education
☐ Other _____

At this time, is your family in need of assistance in any of the following areas?

- ☐ School Records ☐ Immunization or health records ☐ School Transportation
☐ School supplies or clothing ☐ After-school Programs ☐ Preschool/Headstart Programs

I declare that all information completed above is true and correct.

Signature of Parent or Guardian _____ Date _____

School Use Only

Please provide the following information: Student's ID Number _____ Teacher: _____

If the parent/guardian has completed both parts of the form or answered yes to speaking a language other than English, please send a copy to Dr. Selma Wells in the Federal Programs Office.

DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT					
Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score

I certify that the above named student qualifies for services under the provisions of the McKinney-Vento Act or EL services.

Liaison: _____ Date: _____

To be completed even if student is a "car rider."

Franklin County School District Bus Form
School Year 2023-2024



Gerren Collins, Transportation Director

Jasmine Brown, Secretary

Student's Legal Name

Grade

Driver/Bus Number

(OFFICE USE ONLY)

Parent's/Guardian's Name

Secondary contact person in case of emergency.

Home/cell Phone

Work Phone

Home/ cell Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Description to home (please be as specific as possible)

Medical Information

The following information is kept **Confidential** and is for **emergency use** only. The safety of your child is our number one priority. If your child has any health problems, special needs or there is anything you feel the driver needs to be aware of to transport your child safely to and from school, please explain below.

Please list all students in home that will ride the bus.

Name:

Grade:

Race:

Gender:

1.			
2.			
3.			
4.			
5.			
6.			

Franklin County School District
Transportation Department
Pupil Rules

Students Will (not limited to the following)

1. Be ready in the morning at the scheduled **time and place** for the bus to arrive
2. Wait until the bus stops before moving to load or unload.
3. When it is necessary to cross the road to load and unload a bus, wait for a signal before crossing.
4. Cross at least 10 feet in front of the bus, if necessary to cross road or highway, to board bus or after leaving bus.
5. Always look in both directions to be sure that it is safe before crossing a road or highway.
6. Be quiet when the bus is nearing and crossing a railroad or intersections.

Students Will Not (not limited to the following)

- Play on the road while waiting for the bus
- Fight or tussle
- Use profane language or make vulgar gestures
- Carry a deadly weapon
- Make excessive noise
- Throw objects
- Commit any other act of improper conduct
- Put head or hands out the windows
- Ride outside the bus
- Mar or deface the bus
- Smoke or use intoxicants
- Possess or use alcohol
- Strike or threaten the bus driver

Driver Responsibility to Parents and Children

- Be on time.
- Be Courteous
- Be Cooperative
- Exercise maximum safety by practicing good and proper driving at all times
- Recognize when assistance is needed from school officials in solving parent, passenger, or driver conflicts.

The before mentioned items have been read and understood.

Parent or Guardian Signature

Date

Student Name