

**Jefferson County School District**  
**2025-2026 Residency Registration Form**  
**Dr. Adrian Hammitte - Superintendent**

☐ **Elementary (004)**  
430 Highway 33  
Fayette, MS 39069

☐ **Middle School (002)**  
468 Highway 33  
Fayette, MS 39069

☐ **High School (008)**  
2277 Main Street  
Fayette, MS 39069

**BASIC INFORMATION**

STUDENT'S LAST NAME		FIRST NAME	MIDDLE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S LEGAL NAME (IF DIFFERENT FROM ABOVE)			STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)	
DATE OF BIRTH	CITY/STATE OF BIRTH		CURRENT GRADE LEVEL	
MAILING ADDRESS			APT. NO	HOME PHONE
STREET ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		ZIP CODE
STUDENT'S PRIMARY LANGUAGE				
ETHNIC ORIGIN (CHECK ONE)	<input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> HISPANIC	<input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> INDIAN, NATIVE AMERICAN	<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> OTHER	

**PARENT/ GUARDIAN INFORMATION**

STUDENT LIVES WITH	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER NAME _____	<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> FATHER ONLY
PARENT/GUARDIAN		RELATIONSHIP	
WORKPLACE	WORK PHONE NO.	EXT.	
PARENT/GUARDIAN		RELATIONSHIP	
WORKPLACE	WORK PHONE NO.	EXT.	

**FOR OFFICE USE ONLY**

DATE OF ENTRY \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_ MSIS ID \_\_\_\_\_ BUS NO. \_\_\_\_\_ TRANSFER STUDENT (Y/N) \_\_\_\_\_

BIRTH CERTIFICATE NO. \_\_\_\_\_ BIRTH STATE \_\_\_\_\_ HOMEROOM TEACHER \_\_\_\_\_

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

**ADDITIONAL INFORMATION**

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION/SPECIAL CLASSES WITHIN LAST YEAR? IF YES, CHECK THOSE THAT APPLY:

<input type="checkbox"/> SPEECH	<input type="checkbox"/> GIFTED	<input type="checkbox"/> RESOURCE ROOM	<input type="checkbox"/> TITLE I READING
<input type="checkbox"/> SELF CONTAINED	<input type="checkbox"/> TITLE I MATH	<input type="checkbox"/> OT/PT	<input type="checkbox"/> ESL

PHOTO RELEASE: YOUR CHILD'S PHOTO MAY BE TAKEN FOR INCLUSION IN THE DISTRICT PUBLICATIONS OR IN LOCAL NEWSPAPERS OR MAGAZINE ARTICLES OR LETTERS RELATING TO SCHOOL ACTIVITIES. PLEASE CHECK BELOW: )

☐ YES, I GIVE PERMISSION

☐ NO, I DO NOT GIVE MY PERMISSION

### EMERGENCY INFORMATION

IF THE ABOVE NAMED CANNOT BE REACHED, WHO SHOULD WE NOTIFY IN CASE OF ILLNESS/ACCIDENT OR EMERGENCY CLOSURE:

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

IF THE ABOVE NAMED CANNOT BE REACHED, SHOULD THE FAMILY PHYSICIAN BE CALLED?

☐ YES ☐ NO

FAMILY PHYSICIAN	PHONE
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### HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE, SUCH AS:

- |                                      |                                       |   |   |
|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> BEE STING   | <input type="checkbox"/> FOOD ALLERGY | <input type="checkbox"/> SKIN DISORDER          | <input type="checkbox"/> DIABETES         |
| <input type="checkbox"/> ASTHMA      | <input type="checkbox"/> EYE PROBLEMS | <input type="checkbox"/> ORTHOPEDIC PROBLEM     | <input type="checkbox"/> HEART CONDITION  |
| <input type="checkbox"/> HAY FEVER   | <input type="checkbox"/> EAR PROBLEM  | <input type="checkbox"/> CONVULSIONS (EPILEPSY) | <input type="checkbox"/> URINARY PROBLEMS |
| <input type="checkbox"/> OTHER _____ |                                       |   |   |

DOES YOUR CHILD TAKE MEDICINE REGULARLY? ☐ YES ☐ NO HEALTH INFORMATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

The parent or legal guardian of a student seeking to enroll must provide the school district with at least **two (2)** of the items numbered (1) through (10) below as verification of their address, except that **any document with a post office box as an address will not be accepted.**

#### [To be initialed by School Personnel and Copies Attached]

- \_\_\_\_ (1) Filed Homestead Exemption Application form;
- \_\_\_\_ (2) Mortgage Documents or property deed;
- \_\_\_\_ (3) Apartment or home lease;
- \_\_\_\_ (4) Utility bills;
- \_\_\_\_ (5) Driver's License;
- \_\_\_\_ (6) Voter precinct identification;
- \_\_\_\_ (7) Automobile registration;
- \_\_\_\_ (8) Affidavit and/or personal visit by a designated school district official;
- \_\_\_\_ (9) 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 bonafide resident of the school district;
- \_\_\_\_ (10) Certified copy of filed petition for guardianship if pending and final decree when granted

#### TO BE COMPLETED BY REGISTRATION STAFF

- \_\_\_\_ (Please Initial) I have explained to the parent/legal guardian it is their responsibility to notify the office of any changes to his or her contact information and that a **working/current telephone number** must be given to your child's school at each change from the *phone number's* given on this form.
- \_\_\_\_ (Please Initial) I have explained to the parent/legal guardian it is their responsibility to notify the office of any changes to residency and that a **current physical address** must be given to your child's office at each change from the *address* given on this form.

#### COMPLIANCE CHECKLIST – (forms completed/attached)

- \_\_\_\_ 2 Proofs of Residency
- \_\_\_\_ Enrollment forms completed
- \_\_\_\_ Copy of handbook given
- \_\_\_\_ Jefferson Comprehensive Health Clinic Form
- \_\_\_\_ Student Check Out Form
- \_\_\_\_ Current Medical Documentation (of chronic illness-*if applicable*)
- \_\_\_\_ Current Special Diet Documentation (*if applicable*)