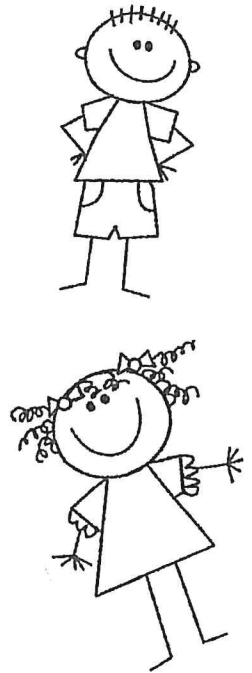


Calling All Little Eagles!!



Registration is Friday, March 1st, beginning at 8AM.

**The first 20 students with completed packets will be enrolled.
Important Information found in packet. Please, read carefully.**

Must have:

- *Birth Certificate**
- *Shot Record (Form 121)**
- *Social Security Card**
- *2 Proofs of Residency**

Pre-K students must be 4 years old prior to September 1st.

Pre-K students CAN NOT ride the bus to or from school.

For School Use:
Student Number _____

Student Name _____

Pre-K Registration



Eupora Elementary School PreK Class for SCHOOL YEAR 2024-2025

REGISTRATION INFORMATION/SPECIFICS FOR ENROLLMENT

The following items **MUST** be provided in order for your child to be considered for the PreK class. All children also **MUST** be potty-trained in order to be accepted into the PreK class. Also, a reminder that PreK students **CAN NOT RIDE THE BUS; THEY WILL HAVE TO BE DROPPED OFF AND PICKED UP EVERY DAY.**

The **FIRST 20 COMPLETED** enrollment packets will be accepted for enrollment in the class.

Checklist of items you MUST have to register:

- _____ Child's Original (Long Form) Birth Certificate
- _____ Child's Social Security Card
- _____ Child's Original, Completed/Up-to-date 121 Immunization form per child's current age
- _____ **TWO** proofs of Residency:
 - _____ Mortgage documents/Property deed & filed Homestead Exemption Application
 - _____ Apartment or Home Lease
 - _____ ONE Utility Bill (Electric, Water, Gas, Trash)
 - _____ Driver's License
 - _____ Voter's Registration Identification
 - _____ Automobile RegistrationAddresses on all Proofs of Residency must match & be in Guardian's name.
- _____ Guardianship/Custody Information: Legal guardianship/custody paperwork must be provided if a student is living with anyone other than a parent.

REMINDER

IF ANY PORTION OF THE ENROLLMENT PACKET IS INCOMPLETE, IT **WILL NOT** BE CONSIDERED ACCEPTABLE FOR REGISTRATION.

EUPORA ELEMENTARY SCHOOL
PRE-KINDERGARTEN REGISTRATION

Dear Pre-Kindergarten Parents,

We are very happy to be registering your child for our Pre-Kindergarten program next year. The staff members at Eupora Elementary are dedicated, professional educators. It is our goal to provide the best education possible for our students. We want these early years to be productive and happy ones for our students.

You will find listed below the legal documents that are required by State law for a child to enter school in Mississippi. These documents are not required to register your child, but they are required before schools begins in August. Your child will not be allowed to enter school in August without these required forms.

1. **A Certified Birth Certificate** – This is issued through the Mississippi State Department of Health. The charge is \$15.00 for the certified copy. There is an application form that must be filled out. We have these necessary forms at the school. The certificate that the hospital gave you when your child was born is not a certified copy, and we cannot accept it.
2. **A Certificate of Immunization Compliance-Record of Immunization** – These forms should show that your child has received the necessary vaccinations against contagious diseases, such as mumps, measles, polio, etc. These are provided through the Health Department or your doctor.
3. **Residency Verification** – Two proofs of residency are required showing your 911 address and that you live in Webster County making your child eligible to attend Eupora Elementary School. There is a letter attached that fully explains what we can accept as proof of residency.
4. **Social Security Card** – We must have a copy on record for reporting to the State.

We know that most of our parents work. Therefore, we are trying to make this registration go as quickly as possible. If you will fill out the forms at home, it shouldn't take very long for us to go over the information with you at registration. If you have any of the 4 required documents at home, please bring them with you. We will help you fill out anything you don't understand.

If it is absolutely impossible for you to come and register your child, please send the forms by someone else or mail them to us. The address is Eupora Elementary School, 1 Naron Avenue, Eupora, MS, 39744.

If you have any questions, please call the school at 258-6735. We will be glad to help in any way possible.

Sincerely,

Lauren Smith
Principal

WEBSTER COUNTY SCHOOLS
RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Name of Student: _____
(A SEPARATE FORM IS REQUIRED FOR EACH STUDENT)

Name of Parent/Guardian: _____

Parent/Guardian Address: _____

All proofs of residency must have the student's parent/legal guardian's name and the current address at which they and the student reside. **Neither P.O. Box addresses nor notarized letters will be accepted.**

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the above-cited school district, I will promptly notify the appropriate officials of this school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent or guardian and necessary proofs of residence are provided. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

Signature of Parent or Guardian

Date

Telephone Number

A.

The parent(s) or legal guardian(s) of a student seeking to enroll must provide this school district with at least two (2) of the items numbered 1 through 6 below as verification of their address. Additional items of verification may be required by the school district. Documents with a post office box as an address **will not be accepted.**

- ___ 1. Mortgage documents or property deed and filed Homestead Exemption Application form for that property
- ___ 2. Apartment or home lease
- ___ 3. Utility bills (Electric, water, gas, trash)
- ___ 4. Driver's license
- ___ 5. Voter precinct identification
- ___ 6. Automobile registration

*A personal visit by a designated school district official may be necessary.

B.

Student is living with legal guardian and a certified copy of the Court Decree, or petition if pending, was received declaring the district resident to be the legal guardian of the student and further declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance purposes.

Date

Representative – School District

SAM INFORMATION

Student Name:

Last: _____ First: _____ Middle: _____

Preferred Name: _____ Student's Social Security No.: _____

Current Grade Level: _____ Has student ever been retained? _____ If Yes, what grade(s)? _____

Race: _____ Sex: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Student's 911 Address: _____
City State ZIP

Mailing Address (if different from above): _____
City State ZIP

Primary Phone # (To receive our automated calling messages for school closings, announcements, and early dismissals): _____

Place of Birth: City: _____
County: _____
State: _____
Country: _____

Transportation Information: (Check One)

Car Rider? Bus Rider?
Morning bus _____
Afternoon Bus _____

Did your child attend Pre-School? Yes No

If yes, was it: Family/Friend Care? _____
Head Start? _____
Home Care? _____
Private Pre-K? _____
Public Pre-K? _____
Licensed Child Care Provider? _____

(Please provide name/address of pre-K attended)

Medical Information:

Doctor's Name: _____

Doctor's Phone No.: _____ Clinic Name: _____

Does your child have any medical problems? _____

Parent Information:

Father's Name: Last: _____ First: _____ MI _____

Occupation/Employer: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Father's Address: (if different from student) _____

Mother's Name: Last: _____ First: _____ MI _____

Occupation/Employer: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Mother's Address: (if different from student): _____

Siblings:

Please list all school-age brothers/sisters below.

_____	_____
_____	_____
_____	_____

Check-Out/Emergency Contact Information:

The following people may check out your child from school and receive emergency calls if your child is sick or injured at school.

#1. Name: _____
Relationship to Student: _____
Cell Number: _____ Work or Home Number: _____

#2. Name: _____
Relationship to Student: _____
Cell Number: _____ Work or Home Number: _____

#3. Name: _____
Relationship to Student: _____
Cell Number: _____ Work or Home Number: _____

RETURN TO SCHOOL NURSE

Webster County School District

Student Health Record

Grade _____ Homeroom _____

(Please complete: Information to be shared with teaching staff as needed)

Student's Name: _____ Date of Birth: _____ Age: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Father/Mother/Guardian: _____ Work Phone: _____

Emergency Contact Person: _____ (relationship) _____ Phone: _____

Medicaid #: _____ Name of Health Ins.: _____

Student's Medical History

Problem	NO	YES	List symptoms and medicines needed...
Allergies			IF YES, SEE CAFETERIA EACH YEAR FOR FOOD RESTRICTIONS FORM
... to food			Food: _____ Treatment: _____
... to medication			Medication: _____ Treatment: _____
... insect bites or stings			Insect: _____ Treatment: _____
... other (including seasonal)			Treatment: _____
Asthma			IF YES, ASTHMA ACTION PLAN NEEDS TO BE COMPLETED
			Medication: _____
	Frequency of asthma: (please circle) daily weekly monthly seasonal		
Attention deficit (ADD, ADHD)			Medication: _____
Birth defect/physical handicap			List: _____
Bone or joint problems			
Convulsions (seizures/epilepsy)			IF YES, SEIZURE ACTION PLAN NEEDS TO BE COMPLETED
			Medication: _____
Diabetes (high blood sugar)			IF YES, DIABETES ACTION PLAN NEEDS TO BE COMPLETED
			Medication: _____
Earaches (frequent? tubes?)			
Emotional/Psychological disorder			
Headaches (frequent or takes medication)			
Heart Problems			
Hypertension (high blood pressure)			
Nose bleeds			
Sickle Cell			
Sinus problems			
Speech and/or Hearing problems			
Stomach or digestive problems			
Surgery			
Vision (Seeing) problems			Glasses? ____ yes ____ no Contacts? ____ yes ____ no

Date of last physical/wellness checkup: _____ Date of last dental checkup: _____

Student's Healthcare Provider: _____ Phone #: _____

Student's Dental Provider: _____ Phone #: _____

Is the student taking daily medication? ____ NO ____ YES If yes, please name: _____

I give my permission for my child to participate in the school's health program which includes health education and basic screenings (vision, hearing, scoliosis, etc). I also give my permission for my child to receive first aid care as needed and treatment per standing orders as needed. I give my consent for pertinent medical information to be shared between the medical provider and the school nurse and/or school personnel directly involved with my child at school.

Parent/Guardian Signature: _____ Date: _____

**WEBSTER COUNTY SCHOOL DISTRICT
MEDICATION PERMISSION FORM**

Eupora Elementary School

Telephone (662) 258-6735 Fax (662) 258-3129

Eupora High School

Telephone (662) 258-4041 Fax (662) 258-3532

East Webster Elementary School

Telephone (662) 263-8373 Fax (662) 263-8386

East Webster High School

Telephone (662) 263-5321 Fax (662) 263-4518

This form must be completed fully by a parent and physician in order for schools to administer prescribed medication. A NEW Medication Permission form must be completed each school year for EACH dosage, method by which the medication is required to be taken, or date(s) or time(s) the medication is required to be taken.

Name of Student _____ Date of Birth _____

Medication Name _____

Reason for Medication/Diagnosis _____

Is this medication a controlled substance? _____ YES _____ NO

Is it necessary for this medicine to be given at school? _____ YES _____ NO

Dosage: _____ Route to be given: _____

Time to be given at school _____ IF PRN, frequency _____

Possible Side Effects: _____

Comments: _____

(Print Name of Licensed Physician)

(Signature of Licensed Physician)

(Date)

PARENT AUTHORIZATION I give permission for the school nurse or delegate to administer the above prescribed medication to my child. I give my consent for the Webster County School District to contact my child's physician regarding administration and effectiveness of prescribed medication. I agree to release the Webster County School District and its employees who are acting within the scope of their duties from any liability or compensation in any and all claims arising from the administration of medication at school to my child. I understand that I may refuse consent for this permission at any time by notifying the school nurse or principal in writing. I also understand that the nurse may reject requests for administration of medication. I understand and agree to the following responsibilities regarding medication administration:

1. The first dose of any newly prescribed medication should be given at home.
2. Prescription medication must be in a container labeled by the pharmacist.
3. Non-prescription medication must be in the original container with the label intact.
4. An adult must bring the medication to the school and pick up any outdated or unused medication.
5. **DO NOT SEND MEDICATION TO SCHOOL WITH THE STUDENT *EMERGENCY MEDICATIONS ARE ALLOWED AFTER MEETING REQUIREMENTS.**

Signature parent/legal guardian

Phone

Date

Pre-K Supply List

Please bring the following materials to open house. We will be using them the first day!

- ❖ Red and Blue plastic Nap Mat (no thick mats)
- ❖ Backpack (no rolling backpacks)
- ❖ ½ inch 3 ring binder with clear front pocket
- ❖ 1 **CLEAR** 3 ring binder zipper pouch
- ❖ 1 plastic pocket folder with 3 holes
- ❖ 1 school box
- ❖ 6 packs of jumbo Elmer's glue sticks
- ❖ 5 boxes of crayola crayons (24 pack)
- ❖ 1 package of expo dry erase markers (for student use)
- ❖ Headphones (1 pair)
- ❖ Set of spare clothes in gallon bag or grocery bag (1 shirt, 1 pants/shorts, 1 pair of socks, 2 pairs of underwear)

***You will need to send a snack and a drink or send snack money for your child each day.**

PLEASE label your child's backpack, jackets, spare clothes bag, and any other personal items so no objects are lost or mixed up!

Supplies are not shared among the students! Please send the exact amounts we request to allow your child have enough throughout the year.

*You are welcome to donate more than the requested amount of items to the classroom.

Wish List

Clorox Wipes

Kleenex

Baby wipes

Paper Towels

White Copy Paper

Astro Bright Colored paper

WEBSTER COUNTY SCHOOLS
Department of Child Nutrition
95 Clark Avenue
Eupora, MS 39744
Telephone: 662-258-7758, Extension 18
January 25, 2024

TO: All Parents of Incoming Kindergarten Students

FROM: Amy Rollins, Director
Child Nutrition

SUBJECT: School Breakfast and Lunch

Your kindergarten child is probably very excited and anxious about beginning school in the Fall. We hope that you will consider letting him/her eat breakfast and lunch in the school cafeteria.

If you had a student or students from your household in Webster County Schools at the end of the 2023-2024 school year, your kindergarten child may begin school eating as the others until new applications are processed IF YOU LET US KNOW YOU HAD OTHER CHILDREN IN SCHOOL. It is important that you complete and return the bottom portion of this letter; otherwise your kindergarten child will be expected to pay for his/her breakfast and lunch until a new application is processed. A NEW APPLICATION MUST BE FILLED OUT EVERY YEAR. Please fill an application out once they become available online at our district's website (webstercountyschools.org) or at myschoolapps.com. This will be sometime around the middle of July 2024. Hard copies will be available, as well, for those without internet access. WE NEED ONE APPLICATION PER HOUSEHOLD.

If you DID NOT have a child or children in school as of May 2024, please send money for your child. Please do not send a child to school without making arrangements for his/her breakfast and/or lunch. Children tend to get very upset when we ask them for money for their meals.

Please call me with any questions at 258-7758, Ext. 18.

.....
Kindergarten Student: _____ SS# _____

Names of students in your household in Webster County schools in May 2024:

Homeroom teacher _____

Date _____

Webster County Schools

Phone 662-258-5921 Fax 662-258-6728

95 Clark Avenue

Eupora, Mississippi 39744

Dixie Pogue

662-258-5921

Director of Federal Programs

Ext. 10

EL Coordinator

Home Language Survey

Webster County Schools is required under federal guidelines to identify, assess, place, and review program effectiveness for services provided for English Language Learners. To assist us with these services, please answer the following question.

Does your child speak any language other than English? YES NO

If yes, please answer the following questions.

1. What was the first language your child learned to speak? _____
2. What language does your child speak most often? _____
3. What language is most often spoken at home? _____

STUDENT'S NAME _____

PARENT'S SIGNATURE _____

For TEACHER use only:

Please send a copy of any survey indicating an ELL student to the office of Support Services.

This document must be filed in all student cumulative folders, not just ELL student folders. Every student should have a completed form on file.

Student Residency Form

**** Complete and Return to School ONLY if these apply****

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

- in a shelter
 in another location that is not appropriate for people (e.g., an abandoned building)
 in a motel/hotel
 temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)
 in a car
 other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)
 at a campsite

Name of school:

Name of student: _____

Student's date of birth: _____ I, (name) _____

declare as follows: I am the parent/legal guardian of (name of student) _____, who is of school age and is seeking enrollment in (name of school district) _____. Since (date) _____, our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: _____

Signature: _____ Date: _____

Address: _____ Phone number: _____

E-mail address: _____

I can be reached for emergencies at: _____

Webster County School District

Dixie Pogue, Director of Federal Programs and Homeless Liaison

95 Clark Avenue, Eupora, MS 39744 662-258-5551, Extension 10



MISSISSIPPI
DEPARTMENT OF
EDUCATION

Ensuring a bright future for every child

Mississippi Department of Education
Employment Survey

Complete and Return to School

School Name:
Parent/Guardian Name(s):
Address:
Telephone Number(s):
Email:
1. Have you moved to a new town to find work within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," STOP HERE . If you answered "Yes," continue.)
2. Did you or anyone in your household find work in agriculture or fishing (examples: planting or preparing fields for crops; harvesting crops; picking fruit or vegetables; processing fruit or vegetables; planting or cutting trees; greenhouse, cotton gin, poultry farm or dairy work; or farming/ harvesting/ processing chicken, catfish, beef, pork, shrimp, crab, crawfish, oysters, or other shellfish or fish)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," STOP HERE . If you answered "Yes," continue.)
<i>If you answered "Yes" to both questions above, a state education representative may contact you to find out whether your child is eligible for additional educational services.</i>
What is the best time to get in touch with you? <input type="checkbox"/> During the day <input type="checkbox"/> Evening/night

For School Use Only	Date received from family: _____
Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.	
Or convey by regular mail, or fax to:	
MMESC - P.O. Box 1575 Mississippi State, MS 39750 (fax: 662-325-0864)	

For MMESC Use Only

School District: _____ Date received from school: _____



MISSISSIPPI
DEPARTMENT OF
EDUCATION

Ensuring a bright future for every child

Departamento de Educación de Mississippi
Encuesta de Trabajo

Complete y retorne a la escuela

Nombre de la Escuela:
Nombre del padre, madre o guardián:
Domicilio/Dirección:
Número de teléfono(s):
Correo electrónico (email):
<p>1. ¿Usted o alguien en su familia se ha mudado a un pueblo nuevo para encontrar trabajo en los últimos 3 años?</p> <p><input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," <u>PARE DE CONTESTAR AQUÍ</u>. Si contestó "Si", continúe.)</p>
<p>2. ¿Usted o alguien en su familia encontró trabajo en agricultura o la pesca? (Por ejemplo: preparando la tierra para plantar y cultivar frutas o verduras, tales como el camote, cortando o pizcando otras frutas o verduras; procesando la fruta o verdura; plantando pino; trabajando en un vivero; moliendo algodón; en una granja criando pollos/huevos o ganado, ordeñando vacas; o en la pollera procesando pollo, pescado, carne de res, puerco, camarón, langosta, ostión, o cualquier otro tipo de comida del mar).</p> <p><input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," <u>PARE DE CONTESTAR AQUÍ</u>. Si contestó "Si", continúe.)</p>
<p><i>Si usted contestó "Sí" a las dos preguntas de arriba, un representante del departamento de educación lo contactará para saber si su hijo/a es elegible para servicios educacionales adicionales.</i></p>
<p>¿Cuál es el mejor tiempo para comunicarse con usted?</p> <p><input type="checkbox"/> Durante el día <input type="checkbox"/> En la tarde/Noche</p>

<p>For School Use Only Date received from family: _____</p> <p>Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.</p> <p>Or convey by regular mail, or fax to:</p> <p>MMESC - P.O. Box 1575 Mississippi State, MS 39750 (fax: 662-325-0864)</p>
--

For MMESC Use Only:

School District: _____ Date received from school: _____



MISSISSIPPI
DEPARTMENT OF
EDUCATION

Ensuring a bright future for every child

Mississippi Department of Education
Employment Survey

Complete and Return to School

اسم المدرسة :
اسم ولي الأمر / الوصي :
العنوان :
رقم (أرقام) الهاتف :
البريد الإلكتروني:
1. هل انتقلت إلى مدينة جديدة لإيجاد عمل خلال السنوات الثلاث الماضية؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا (إذا كان الجواب لا ، يمكنك التوقف هنا)
2. هل وجدت أنت أو أي أحد في أسرتك عملاً في الفلاحة أو صيد الأسماك؟ (على سبيل المثال، تحضير حقول لزراعة، حصاد أو تحضير الفواكه أو الخضراوات ، زراعة أشجار الصنوبر، أعمال الألبان، إعداد الاسماك مثل الروبيان، مزارع الدواجن، اعمال القطن، دفيئات، ومعالجة أي نوع من أنواع اللحوم مثل الدجاج ولحم البقر أو لحم الخنزير)؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا
إذا كانت إجابتك "نعم" على كلا السؤالين أعلاه، قد يتصل بك ممثل التعليم لمعرفة ما إذا كان طفلك مؤهلاً للحصول على خدمات تعليمية إضافية .
ما هو أفضل وقت للتواصل معك؟ <input type="checkbox"/> خلال النهار <input type="checkbox"/> مساءً / ليلاً

For School Use Only

Date received from family: _____

Do not email forms. Convey by mail, fax or delivery to:

MMESC - P.O Box 1575 Mississippi State, MS 39750

or Fax to 662-325-0864 ... or call 662-325-1815 and MMESC will pick up returned forms

For MMESC Use Only

School District: _____ Date received from school: _____