

230 South Street – Mathiston, MS 39752

Mrs. Jennifer Carver, Principal

K-4 REGISTRATION

2024-25



Enrollment Date: / / **Grade:** K-4 **Teacher:** SUSAN FULGHAM

Last Name: _____ **First Name:** _____ **Middle:** _____

Date of Birth: / / **Male** _____ **Female** _____ **Race:** _____

Place of Birth: City _____ **State** _____ **Social Security#** / /

Residence/911: _____
 Address **City** **State** **Zip Code**

Mailing Address: _____
If different than 911) **Address** **City** **State** **Zip Code**

Primary Phone # _____ - _____ - _____ *(For Emergency School Messages) One Number Only*

Previous Child Care: _____ **Phone #** _____ - _____ - _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Describe, in detail, the most direct route to your house from EWES: (For Residency Check)

REMINDER: K-4 Transportation is Carpool Only

- Siblings:**
1. Name _____ Age _____ Grade _____
2. Name _____ Age _____ Grade _____
3. Name _____ Age _____ Grade _____

EAST WEBSTER ELEMENTARY/PARENT/EMERGENCY INFORMATION

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

911 Address: _____

911 Address: _____

City: _____

City: _____

State: _____ ZIP Code _____

State: _____ ZIP Code _____

Primary Phone Number: _____ - _____ - _____

Primary Phone Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Employer Name: _____

Employer Name: _____

Employer Phone Number _____ - _____ - _____

Employer Phone Number _____ - _____ - _____

EMERGENCY CONTACT #1 (After Parent)

EMERGENCY CONTACT #2 (After Parent)

Name: _____

Name: _____

Address: _____

Address: _____

Relationship to Student: _____

Relationship to Student: _____

Primary Phone #: _____ - _____ - _____

Primary Phone #: _____ - _____ - _____

Secondary Phone #: _____ - _____ - _____

Secondary Phone #: _____ - _____ - _____

.....
List any serious diseases, health problems/illnesses that relate to student:

- Medication Reminder: Medication Forms are in the *student handbook* and *must* be filled out, signed and brought to the school *before* any medication will be given to your child! Medication **MUST** be in the prescribed container!
- Legal/Custody Documents: If this applies to your child, legal/court documentation must be provided to the school by the custodial parent. This information will be placed in the student's cumulative folder.

Parent's Signature _____

Legal Guardian's Signature (If Other Than Parent) _____

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:

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

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

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.



**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

<i>For School Use Only</i> 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 39762 (fax: 662-325-0864)
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For MMESC Use Only

School District: _____ Date received from school: _____

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," PARE DE CONTESTAR AQUÍ. Si contestó "Sí", 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," PARE DE CONTESTAR AQUÍ. Si contestó "Sí", 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><i>For School Use Only</i> 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 39762 (fax: 662-325-0864)</p>

For MMESC Use Only:

School District: _____ Date received from school: _____

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: _____