

Amite County School District-Student Registration

Date _____ School _____ Year _____ Grade _____ Bus# _____

Student Name _____ Age _____ Race _____ Gender: _____ M _____ F

SS# _____ - _____ - _____ DOB _____

Home Telephone _____ Work Telephone _____

Birth Certificate# _____ Immunization Complete? _____ Yes _____ No

Birth Place: _____
City County State Zip code

Does your child speak any other language? _____ Yes _____ No. If yes, explain _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Parent(s) email address: _____

Previous School/Pre-School Attended: _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Reason for withdrawal: _____ Last date of school: _____

Previously attended Amite County School District? _____ Yes _____ No. If yes, when? _____

Did student receive special services? **Circle the one that applies:** SPEECH SPED GIFTED

Was student ever expelled from a school he/she attended? _____ Yes _____ No If yes, when? _____

Does student have siblings at Amite County School District? _____ Yes _____ No (if yes), please name _____

Student currently lives with: _____ Mother _____ Father _____ Legal Guardian (**copy of legal papers required**)

Father/Guardian Name _____ Address _____

Home phone: _____ Cell Phone: _____

Employer _____ Work Phone # _____

Mother/Guardian Name _____ Address _____

Home phone: _____ Cell Phone: _____

Employer _____ Work Phone # _____

Emergency Contact (1) _____

Name	Address	Phone #	Relationship to Student
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Emergency Contact (2) _____

Name	Address	Phone #	Relationship to Student
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Parent/Guardian Signature _____ Date _____

Office Use: Immunization Form _____ Birth Certificate _____ Residency _____

Student is complete for enrollment: _____ YES _____ NO

**AMITE COUNTY SCHOOL DISTRICT
RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST
TO BE COMPLETED BY PARENT/GUARDIAN ONLY**

School Name _____ Grade _____ School Year _____

Student name _____

Parent/Guardian

Name _____

Address _____ City _____ STATE _____ Zip _____

(PO Box or Route # is not acceptable for an address, Must be your 911 address)

Mailing

Address _____ City _____ State _____ Zip _____

(If different from above)

Student lives with: Both Parents _____ Mother _____ Father _____ Legal Guardian _____

(Check one that applies)

I hereby certify that the information given above on this document is 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 student is not legally enrolled until this form is completed and signed by the parent, guardian, or other adult with whom the student may be living. I understand that a pupil admitted under false information is not legally enrolled and maybe subject to penalty.

Parent/Guardian Signature _____ Date _____ Telephone _____

TO BE COMPLETED BY SCHOOL

___ A. Documents provided to me by the Parent/Guardian (Minimum of two required)_

1. Filed Homestead Exemption Application Form
2. Mortgage Documents or Property Deed
3. Apartment or Home Lease
4. Utility Bills (specify) _____
5. Driver's License
6. Automobile Registration
7. A. Affidavit of Residency
 B. District Representative Personal Visit
9. Other Documentation (describe) _____

___ B. Student 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.

___ C. Student living with an adult other than parent or legal guardian and the adult has Affidavit stating his/her relationship to the student, and that the student will be living in his/her home full time and fully explain the reason (other than school attendance zone or district preference) for this arrangement and the School Board or its designee has made the necessary factual determination under 11.1© (2) of the State Residency Verification Procedures.

School Official _____

Date _____

AMITE COUNTY SCHOOL DISTRICT DISTRICT TEXTBOOK POLICY

(Revised July 7, 2005 in accordance with the Mississippi Department of Education 2005
Textbook Administration Handbook, Part A)

Districts-owned textbooks are furnished to each student. Workbooks and other instructional supplies are purchased by each student. Parent signatures must be obtained on the student's book card before any textbooks can be issued to the student. The parental signature indicates that the parents will assume responsibility for all book fines if a book is lost or damaged. The student's name shall be recorded in the textbook and the textbook number recorded on the student's book card. Each student is responsible for any damage to his/her books and will be fined at the end of the year for those damages. The Mississippi State Law requires that teachers collect fines for damages to a book and for the loss of books. No student will receive textbooks if he/she has an outstanding textbook fine. Report cards and diplomas shall also be held until all outstanding textbook fines are paid.

No transcript or academic information shall be released to any college or other educational institute for a graduating senior until the student has paid all outstanding fines for lost or damaged textbooks, provided that the student has been given timely notice and an opportunity for a hearing.

Textbook fines for lost or damaged books are as follows:

<u>Damage</u>	<u>Fine</u>
Writing/drawing/scribbling in book	\$1.00 per page
Excess wear/damage but still usable	10% of cost of book
Cover of book damaged	25% of cost of book
Spine damaged	25% of cost of book
Water damaged but still usable	25% of cost of book
Water damaged, not usable	Cost of book
Pages missing, not usable	Cost of book
Obscene writing or drawing on or in book	Cost of book
Book lost or not returned	Cost of book

My signature below confirms that I have read and understand the terms stated in the Amite County School District's Textbook Policy. I hereby accept the responsibility for the books listed on my child's bookcard and for any other books issued to my child during the current school year. If any book is lost, damaged, or destroyed, I agree to pay such loss before my child will be entitled to any further textbooks.

Signature of Parent or Guardian

Date

Teacher's Signature

AMITE COUNTY SCHOOLS' HOME LANGUAGE SURVEY 2023 – 2024

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 county? _____
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	

ESSA Parents Right to Know

Section 1112(e)(1)(A-B)

Qualifications: At the beginning of each school year, a Local Educational Agency (LEA) that receives Title I funds must notify parents of each student attending any Title I school that the parent may request, and the agency will provide the parents upon request (and in a timely manner), information regarding the professional qualifications of the student's classroom teachers, including at a minimum the following:

- Whether the teacher has met State qualifications for grade levels and subject areas in which the teacher provides instruction;
- Whether the teacher is teaching under emergency or other professional status that the State has waived;
- Whether the teacher is teaching in the field of discipline of the certification of the teacher; and
- Whether the child is provided services by paraprofessionals and if so their qualifications.

Additional Information: A school that receives Title I funds must provide to each individual parent:

- Information on the level of achievement and academic growth the child, if applicable and available, has made on each of the State academic assessments required under this part; and
- Timely notice that the parent's child has been assigned or taught for 4 or more consecutive weeks by a teacher who does not meet the applicable State certification or licensure requirements at the grade level and subject area in which the teacher has been assigned.

Section 1112(e)(2)(A-B)

Testing Transparency: At the beginning of each year, a Local Educational Agency (LEA) that receives Title I funds shall notify parents of each student attending any school receiving funds may request (and in a

timely manner), information regarding any State or local educational agency policy regarding student participation in any assessments mandated by section 1111(b)(2) and by the State or local educational agency, which shall include a policy, procedure, or parental right to opt the child out of such assessment, where applicable.

Additional Information: Each LEA that receives funds under this part shall make widely available through public means (including by posting in a clear and easily accessible manner on the LEA's website and, where practicable, of each school served) for each grade served by the LEA, information on each assessment required by the State, and where the information is available and feasible to report, and assessments required districtwide by the LEA including:

- The subject matter assessed
- The purpose for which the assessment is designed and used
- The source of the requirement for the assessment; and
- Where such information is available—
 - The amount of time students will spend taking the assessment, and the schedule for the assessment; and
 - The time and format for disseminating results.

Format: The notice and information provided to parents under this section shall be in an understandable and uniform format and, to the extent practicable, provided in a language that the parent can understand.

•AMITE COUNTY•

School District



AMITE COUNTY HIGH SCHOOL

Title 1 Parent-School Compact

Revised 2023 – 2024

The compact has been jointly developed and agreed upon by Amite County High School, parents, students, and school staff.

SCHOOL'S RESPONSIBILITY

I, the undersigned, partner in education of children at Amite County High School commit to the following:

1. Provide a safe environment that encourages positive communication between the teacher, parent, and student.
2. Stress to teachers the importance of providing regular homework assignments to reinforce classroom instructions.
3. Attendance of students and teachers will be monitored and applauded in various ways.
4. Ensure implementation of a strong academic program based on Balanced Literacy Components.
5. Provide parent activities to support our instructional program and enhance student academic achievement.
6. Provide high-quality curriculum and instruction to all students
7. Parents will be given reasonable access t staff, to volunteer, participate and observe the child's class.
8. Hold annual parent/teacher conferences to discuss compact as it related to their child's achievement.

Principals Signature: _____

PLEASE TURN THIS PAGE OVER TO COMPLETE COMPACT AGREEMENT

OR COMPLETE PAGE 2.

STUDENT'S AGREEMENT

I, shall strive to do the following to the best of my ability:

1. Wear uniforms every day.
2. Follow the Students Rules of Conduct and the Blue Ribbon Plan.
3. Complete and return homework assignments.
4. Come to school every day with supplies needed for classroom work.
5. Attend school daily and complete classroom assignment.

Student's Signature: _____

TEACHER'S AGREEMENT

I, the undersigned partner in education of children at Amite County High School commit to the following:

1. Provide weekly progress reports and communications regarding student progress.
2. Provide homework that reinforces skills taught in the classroom.
3. Provide a welcoming, developmentally appropriate atmosphere that is conducive to learning.
4. Provide ongoing communication with parents.
5. Continue to strive to meet and accommodate the needs of each student.
6. Focus on enriched skills to promote academic growth.
7. Dedicate time to receiving professional development to gain knowledge which will ensure student achievement.

Teacher's Signature: _____

PARENT'S AGREEMENT

I, undersigned, partner in the education of my child, commit the following:

1. Getting my child/children to school on time.
2. Providing a study place, reviewing my child's homework and other papers on regular basis.
3. Working cooperatively with the school to maintain paper discipline.
4. Encouraging my child's efforts and being available for questions and support.
5. Dressing my child in a uniform each day.
6. Providing a safe and loving environment an being a positive role model.
7. Providing supplies and necessary materials for school.
8. Returning report cards/attending parent teacher conferences.
9. Assisting my child in getting library card.

Parent's Signature: _____

Amite County Elementary School
STUDENT HEALTH RECORD FOR SCHOOL NURSE
 School Year 2023 – 2024

Grade _____

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

Male ☐ Female ☐

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

Father/Mother/Guardian: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

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

Student's Medical History

Problem	No	Yes	If yes, list allergies and describe reaction
Allergies to food			
....to medication			
...insect bites or stings			
....other(including seasonal)			
Does student have an EpiPen?			
Asthma			
Does student use an inhaler?			Name of inhaler? How often?
Does student use a nebulizer?			Name of medication for nebulizer? How often?
Attention deficit (ADD, ADHD)			Please list meds taking for ADD or ADHD Name of Medication:
Birth defect/physical handicap			
Bladder problems			
Bone or joint problems			
Convulsions (seizure/epilepsy)			
Diabetes (high blood sugar)			
Earaches (frequent? Tubes?)			
Emotional/Psychological disorder			
Headaches			
Heart problems			
Hypertension (high blood pressure)			
Nose bleeds			
Sinus problems			
Speech and/or Hearing problems			
Stomach or digestive problems			
Surgeries			List:
Vision (seeing) problems			Glasses? ____yes ____no Contacts? ____yes ____no

Describe any handicaps or special needs of student: _____

Is the student taking daily medication? ____yes ____no. If yes, please name: _____

Please list any other concerns you feel I should know about your child.

USE OF YOUR CHILD'S NAME AND IMAGE ON THE ACSD'S WEB SITES AND IN THE NEWSPAPER

STUDENT'S FULL NAME (Please Print) _____

From time to time, the Amite Co. School District publishes pictures of its students showing them in activities to publicize events and activities taking place in the district. The primary publication media are newspapers and the district's World Wide Web server.

The School District uses the following guidelines regarding the use of your child's name and image:

For newspapers, magazines, radio and television communications, the child's image is used as well as the child's whole name.

For the World Wide Web on the Internet, if the child's picture is used the district will not use the child's name in such a way that the name can be associated with a particular person in the picture. Further, for students eight grade and below, on the student's first name will be used. No name will be used without the parent's permission. Please check and initial one of the statements below then sign and date the statement at the end of the document.

CHOOSE ONLY ONE

Check () Initials ____ **I agree to allow the Amite Co. School District to use my child's picture and name within the guidelines stated above for both newspaper articles and on the Internet.**

OR

Check () Initials ____ **The Amite Co. School District has my permission to use my child's picture and name for newspaper, magazine, television and radio communications as described above but MAY NOT use my child's picture or name on the Internet.** (Initialing this will prevent the district from listing your child's name in sports rosters, cheerleading squad rosters, honor roll lists or any similar type of lists on the Internet and will mean they will not be in group pictures of sports teams that are routinely posted on the district Web sites or class pictures.)

OR

Check () Initials ____ **The Amite Co. School District may not use my child's picture or name for either the newspaper or the Internet** (Initialing this will prevent the district from listing your child in honor roll lists in the newspaper. It will prevent the district from using your child's picture for any reason in the newspaper such as classroom pictures, senior class pictures, awards photos, etc.)

Parent or Guardian (please print): _____

Signature: _____

Date: ____/____/____

AMITE COUNTY SCHOOL DISTRICT COMPUTER USE POLICY

2023 - 2024 User Agreement, Acceptance and Consent Form

After reading the Acceptable Use Policy, fill out and sign this form to acknowledge your understanding and acceptance of these terms and conditions. Anyone who does not sign and turn in this form will be prohibited from the use of computer equipment in the Amite County School District. All forms shall be turned into the School Secretary and will be maintained in the Employee or Student's permanent record. When you sign this form you are legally bound to abide by all terms and conditions of this agreement.

ALL USERS MUST SIGN THIS SECTION:

I understand and agree to abide by all terms and conditions of the Amite County Schools Computer Use Policy. I understand that the privilege of using School District computer resources is granted to me for educational purposes and not for entertainment or any other personal use. I pledge to conduct myself in a reasonable, ethical and legal manner while using these resources and consent to monitoring of my activities and further understand that any violation of the Policy may constitute a criminal offense. I understand that, should I commit any violation of these terms and conditions, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken against me.

DATE: _____

NAME (PLEASE PRINT) _____

SIGNATURE: _____

Parent or Guardian of MINOR Users:

(ANY USER UNDER AGE 18 MUST HAVE A PARENT OR GUARDIAN SIGN BELOW.)

I, the parent or guardian of the above-signed minor, have read the Computer Use Policy. I understand that the **AMITE COUNTY SCHOOL DISTRICT and the MISSISSIPPI DEPARTMENT OF EDUCATION** will make a good-faith effort to restrict access to any inappropriate material. I understand that no effort will prevent such access with 100% efficiency and I agree not to hold them responsible for any inappropriate material acquired. Further, I accept full responsibility for my child's use of Amite County School District property and resources. I hereby give permission to provide computer network and Internet Access to my child, consent to the monitoring of their activities and certify that the information contained on this form is correct.

Do you give the Amite County School District permission to use your child's name and/or likeness for promotional use on the School District websites (<http://www.amite.ms><http://www.amite.ms>)?

___YES ___NO

Do you give permission for your child to participate in Student Web Page publishing?

___YES ___NO

DATE: _____

PARENT OR GUARDIAN (print): _____

SIGNATURE: _____

AMITE COUNTY MIDDLE/HIGH SCHOOL

600 Irene St/P.O. Box 328 ▪ Liberty, Mississippi 39645

Phone: 601.657.8920 ▪ Fax: 601.657.4044

PARENTAL EMAIL ADDRESS

Please provide an updated email address for our records

Parent's preferred **Email Address** (please print clearly)

Print your email address above

Parent/Guardian Signature

Date

Student's Name

Grade

**AMITE COUNTY SCHOOL DISTRICT
2023 – 2024
ACTIVE PARENT REGISTRATION FORM**

**IF YOU ARE ALREADY ENROLLED IN ACTIVE PARENT, YOU DO
NOT NEED TO COMPLETE THIS FORM. YOU ONLY NEED TO FILL
OUT ONE FORM PER FAMILY.**

SAM SPECTRA PARENT ONLINE ALLOWS YOU AS THE PARENT/GUARDIAN TO
VIEW YOUR CHILD'S GRADES, ATTENDANCE, AND DISCIPLINE.

Parent/guardian name(please print): _____

EMAIL ADDRESS: _____

Home phone#: _____ Cell Phone#: _____

I request to be an ACTIVE PARENT and view the information made available to me
for the following student's:

Student's Name	Grade	School (ACE or HS)

**PARENTS YOU MUST PROVIDE THE USERNAME AND THE PASSWORD.
USER NAME AND PASSWORD MUST CONTAIN 5 LETTERS AND 1
NUMBER**

Please print: User Name: _____

Please print: Password: _____

Parent/Guardian Signature: _____ Date: _____

School Official: _____ Date: _____

If you have any questions you may contact: Becky Johnson,
bjohnson@amite.k12.ms.us or 601-657-4361

AMITE COUNTY MIDDLE/HIGH SCHOOL

600 Irene St/P.O. Box 328 ▪ Liberty, Mississippi 39645
Phone: 601.657.8920 ▪ Fax: 601.657.4044

TO: Parent/Guardian
RE: STUDENT DISCIPLINARY ACTION

Please read and review the student handbook policies and procedures with your child(ren). Upon reading the policies, you will need to check the appropriate box below; date and sign this page and return it along with the other registration documentation.

_____ I have read and understand the Discipline Policy and give my permission for school administrators to administer corporal punishment if needed.

_____ I have read and understand the Discipline Policy and **DO NOT** give my permission for school administrators to administer corporal punishment. I also understand that, as a parent/guardian, I must assume **TOTAL RESPONSIBILITY** in seeing that my child's behavior is acceptable while in school, on the bus, and at any school function or activity.

Parent/Guardian Signature

Date

Student's Name

Grade