EAST TALLAHATCHIE SCHOOL DISTRICT

CUMULATIVE FOLDER AUDIT CHECKLIST

Districtwide Student Records Control | School Year 2026-2027

411 East Chestnut Street, Charleston, MS 38921 | 662-647-5524 | Fax 662-647-3720 | www.etsd.k12.ms.us

STUDENT RECORDS FORM

Revised 09/01/2026

STUDENT NAME	MSIS NUMBER	SCHOOL / CAMPUS	GRADE / HOMEROOM OR ADVISOR
ENROLLMENT / ENTRY DATE	**TEACHER / COUNSELOR / RECORDS CUSTODIAN**	**AUDIT DATE**	**AUDIT TYPE - INITIAL / FOLLOW-UP / TRANSFER / WITHDRAWAL**

RECORDS CONTROL: Use readable black ink. DO NOT STAPLE anything inside the cumulative folder. File documents in exact numbered order and keep this FERPA-protected record secure.

A. REGISTRATION DOCUMENTATION

Check each document received at registration. Social Security card is optional.

REC'D	REGISTRATION DOCUMENT
☐	**Certified Birth Certificate**
☐	**Immunization Record**
☐	Social Security Card (Optional)
☐	Proofs of Residency — Number:
☐	Student Registration Form
☐	Student/Teacher/Parent-Child Compact
☐	Residency Registration Checklist
☐	McKinney-Vento Education for Homeless Children & Youth Assistance Act Survey
☐	Home Language Survey
☐	Internet Use Policy
☐	Media Release Form
☐	Corporal Punishment Form
☐	Emergency Health Form

IMMUNIZATION RECORD STATUS - SELECT ONE

- ☐ Complete through school entry
- ☐ Complete for school entry (K4-6th grade)
- ☐ Temporarily compliant - next immunization due
- ☐ Record in transit
- ☐ None / documentation missing

B. REQUIRED FOLDER ORDER AND AUDIT

P = Present/Complete | M = Missing | U = Update Needed | N/A = Not Applicable

#	DOCUMENT - FILE IN THIS ORDER	P	M	U	N/A	INIT.
1	**Cumulative Folder Log**	☐	☐	☐	☐	
2	**Cumulative Folder Checklist**	☐	☐	☐	☐	
3	**Permanent School Record Insert**	☐	☐	☐	☐	
4	Certified Birth Certificate	☐	☐	☐	☐	
5	Immunization Record	☐	☐	☐	☐	
6	Social Security Card (Optional)	☐	☐	☐	☐	
7	Proofs of Residency	☐	☐	☐	☐	
8	Student Registration Form	☐	☐	☐	☐	
9	Student/Teacher/Parent-Child Compact	☐	☐	☐	☐	
10	Residency Registration Checklist	☐	☐	☐	☐	
11	McKinney-Vento Education for Homeless Children & Youth Assistance Act Survey	☐	☐	☐	☐	
12	Home Language Survey	☐	☐	☐	☐	
13	Internet Use Policy	☐	☐	☐	☐	
14	Media Release Form	☐	☐	☐	☐	
15	Corporal Punishment Form	☐	☐	☐	☐	
16	Emergency Health Form	☐	☐	☐	☐	
17	Affidavit/Custody Documentation	☐	☐	☐	☐	
18	School Withdrawal Information	☐	☐	☐	☐	
19	State Test Data	☐	☐	☐	☐	

C. DEFICIENCY CORRECTION AND FINAL VERIFICATION

MISSING / DEFICIENT ITEMS AND CORRECTIVE ACTION REQUIRED

ASSIGNED TO	TARGET COMPLETION DATE	FOLLOW-UP AUDIT DATE

RECORDS CUSTODIAN / COUNSELOR SIGNATURE	PRINCIPAL / DESIGNEE SIGNATURE

☐ **All deficiencies corrected** ☐ **Follow-up still required**

Retain this checklist as item 2 in the cumulative folder. Correct deficiencies by the target date and document the follow-up review.