

**MISSISSIPPI**  
**STATE DEPARTMENT OF EDUCATION**  
**KINDERGARTEN REGISTRATION FORM**  
**2023-2024**

\_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Place of Birth \_\_\_\_\_  
City County State

Physical Address of Child \_\_\_\_\_

Does child live with parents, mother, father, or other? \_\_\_\_\_

Name of Parent(s) and/or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Physical and PO Box City State Zip Code

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

In Case of emergency contact (other than parent) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Known food or drug allergies: \_\_\_\_\_

Medical problems of which teacher should be informed: \_\_\_\_\_

Currently taking medication, if yes give name and reason \_\_\_\_\_

Name, age, grade of brother and sisters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has child attended a preschool program previously? If yes, give name and location to one of the following options:

1. Licensed child care center \_\_\_\_\_
2. Family/friend care \_\_\_\_\_
3. Head Start \_\_\_\_\_
4. Home \_\_\_\_\_
5. Pre K public \_\_\_\_\_
6. Pre K private \_\_\_\_\_

\* \_\_\_\_\_ Birth Certificate Presented \* \_\_\_\_\_ Immunization record presented and immunization current

A birth certificate may be obtained from the State of Health in the capital of the state where the child was born. An immunization record may be obtained from the County Health Department.

**This program is state supported and all children who are five years of age on or before September 1 may register**

The following information would be helpful to the program evaluation conducted by the State Department of Education. Your response is optional. Thank you.

Sex of child: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Does your child have any handicapping conditions: \_\_\_\_\_ If yes, please state condition \_\_\_\_\_

How often do you read to your child? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

**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  
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.

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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: \_\_\_\_\_

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School Official: \_\_\_\_\_ Date: \_\_\_\_\_

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

**AMITE COUNTY ELEMENTARY SCHOOL  
PO BOX 308  
3457 S GREENSBURG ROAD  
LIBERTY, MS 39645  
601-657-8311**

**Dear Parent/Guardian:**

RE: Handbook of Policies & Procedures  
Sign Off for Discipline

Please read and review the 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 to your child's homeroom teacher.

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

I have read and understand the Discipline Policy and DO NOT give my Permission for school officials 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

\_\_\_\_\_  
Teacher's Name

**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 should be turned into the School Secretary and will 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 School's 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: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Parent or Guardian of MINOR Uses:

(ANY USE 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 website (<http://www.amite.k12.ms.us>)?

\_\_\_\_\_ 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 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	

**USE OF YOUR CHILD'S NAME AND IMAGE ON THE ACSD SCHOOL  
DISTRICT'S WEB SITES AND IN THE NEWSPAPER  
2023-2024**

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 eighth grade and below, only 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 describe above by 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 roster, cheerleading squad rosters, honor roll list or any similar type lists on the Internet and it 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 the 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 picture, senior class pictures, awards photos, etc.)

Parent or guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**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 \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Bus Number: \_\_\_\_\_

## EMERGENCY & ILLNESS INFORMATION

**IMPORTANT: RETURN FIRST WEEK OF SCHOOL**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone number \_\_\_\_\_

**PLACE OF EMPLOYMENT:**

Father \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_

**NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE NOT AVAILABLE. (THIS MUST BE COMPLETED)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS? \_\_\_ YES \_\_\_ NO

IF YES, PLEASE INDICATE:

Asthma                       Bee Sting Allergy                       Internal Irregularities                       Deafness                       Physical Handicap  
(Describe)

Kidney/Bladder                       Other Allergy (List): \_\_\_\_\_                       Convulsive Seizures                       Surgical \_\_\_\_\_

Arthritis                      \_\_\_\_\_                       Sight Impairment                       Fractures                       Other

Diabetes                       Mild                       Severe                       Wears Glasses                       Heart \_\_\_\_\_

Does your child take medication daily? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, list medication: \_\_\_\_\_

### RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgement in calling 911, if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature/	Date/
Parent Signature/	Date/

**SPECIAL NOTE:** Please notify school officials immediately as to changes or modifications to any/all information stated.

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

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**

<b>Problem</b>	<b>No</b>	<b>Yes</b>	<b>If yes, list allergies and describe reaction</b>
Allergies to food			
....to medication			
...insect bites or stings			
....other(including seasonal)			
Does student have an EpiPen?			
Asthma			
Does student use an inhaler?			<b>Name of inhaler?                      How often?</b>
Does student use a nebulizer?			<b>Name of medication for nebulizer?                      How often?</b>
Attention deficit (ADD, ADHD)			<b>Please list meds taking for ADD or ADHD Name of Medication:</b>
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			<b>List:</b>
Vision (seeing) problems			<b>Glasses?    yes    no    Contacts?    yes    no</b>

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.  
\_\_\_\_\_  
\_\_\_\_\_