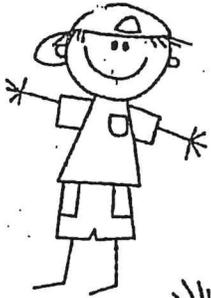


# Calling All Little Eagles!!



## Kindergarten PREREGISTRATION



### PACKET PICK UP



### Begins on

## FEBRUARY 17, 2026



Kindergarten Registration packets may be returned  
anytime between

Tuesday, March 17 - Wednesday, April 1, 2026

All students will need a completed packet to 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

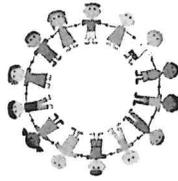


Please bring all completed packets back before

Wednesday, April 1, 2026 - 3:00pm

Kindergarten students must be 5 years old on or before September 1, 2026

# Kindergarten Registration



## Eupora Elementary School Kindergarten for SCHOOL YEAR 2026-2027

### REGISTRATION INFORMATION/SPECIFICS FOR ENROLLMENT

The following items **MUST** be provided in order for your child to be considered for Kindergarten Registration. **Students must be 5 before September 1st and have the following paperwork.**

---

#### 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 KINDERGARTEN REGISTRATION

Dear Kindergarten Parents,

We are very happy to be registering your child for our 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



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. 1**

**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 662-258-5921, Extension 1**





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):
1. ¿Usted o alguien en su familia se ha mudado a un pueblo nuevo para encontrar trabajo en los últimos 3 años? <input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," <u>PARE DE CONTESTAR AQUÍ</u> . Si contestó "Si", continúe.)
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). <input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," <u>PARE DE CONTESTAR AQUÍ</u> . Si contestó "Si", continúe.)
<b><i>Si usted contestó "Si" 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></b>
¿Cuál es el mejor tiempo para comunicarse con usted? <input type="checkbox"/> Durante el día <input type="checkbox"/> En la tarde/Noche

<b><i>For School Use Only</i></b>	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)

***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، أعمال 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: \_\_\_\_\_

WEBSTER COUNTY SCHOOLS  
Child Nutrition Department  
95 Clark Avenue  
Eupora, MS 39744  
Telephone: 662-258-7758, Extension 18  
February 3, 2026

TO: All parents of Incoming Pre-K/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 August. 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 2025-2026 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](http://webstercountyschools.org)) or at [myschoolapps.com](http://myschoolapps.com). This will be sometime around the middle of July 2026. 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 2026, 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 2026:

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

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? \_\_\_\_\_  
(Please provide name/address of Pre-K attended) Home Care? \_\_\_\_\_  
Private Pre-K? \_\_\_\_\_  
Public Pre-K? \_\_\_\_\_  
Licensed Child Care Provider? \_\_\_\_\_

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			<b>IF YES, SEE CAFETERIA EACH YEAR FOR FOOD RESTRICTIONS FORM</b>
... to food			Food: _____ Treatment: _____
... to medication			Medication: _____ Treatment: _____
... insect bites or stings			Insect: _____ Treatment: _____
... other (including seasonal)			Treatment: _____
Asthma			<b>IF YES, ASTHMA ACTION PLAN NEEDS TO BE COMPLETED</b>
			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)			<b>IF YES, SEIZURE ACTION PLAN NEEDS TO BE COMPLETED</b>
			Medication: _____
Diabetes (high blood sugar)			<b>IF YES, DIABETES ACTION PLAN NEEDS TO BE COMPLETED</b>
			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

# You're on your way to K!

The transition to kindergarten is respected as a major milestone not only for the child, but for his or her family as well. The attitude towards school and learning that the child carries with them for life is often determined by this very first experience with school. A smooth transition to kindergarten can help make sure your child is successful in school.

The information provided below is designed to help you prepare your children for their school experience.

## You bet, I'm ready for K!

Personal Needs Without help, can they...

- \_\_\_ Put on and take off coat
- \_\_\_ Tie their own shoes
- \_\_\_ Wash their hands
- \_\_\_ Snap, button, zip, and buckle

Social Skills Can they ...

- \_\_\_ Listen to an adult & follow simple instructions
- \_\_\_ Cooperate with other children
- \_\_\_ Sit for short periods of time
- \_\_\_ Follow simple two-step directions

Intellectual Skills Do your children..

- \_\_\_ Sit and listen to a story
- \_\_\_ Hold a book upright and turn the pages
- \_\_\_ Know their first and last name
- \_\_\_ Tell and retell familiar stories
- \_\_\_ Know colors, shapes and sizes
- \_\_\_ Counts 0-10

Intellectual Skills {continued}

- \_\_\_ Saying the ABC's
- \_\_\_ Holds scissors & pencil appropriately
- \_\_\_ Recognizes and writes first name (remember-use capital letter for the first letter in a name.) M-a-t-t, not M-A-T-T
- \_\_\_ Recognizes the letters within their name

To help with a smooth transition into kindergarten you can follow these additional helpful ideas, provide opportunities to play with other children, teach your children socially acceptable ways to disagree, and encourage social values such as helpfulness, cooperation, sharing and concern for others.

## •Additional Resources•



The Leap Frog Letter Factory DVD is a fun and engaging way to teach children the letters and the sounds of the alphabet.



Starfall.com has several free educational videos and games for teaching children the letters of the alphabet, and more!

