

MISSISSIPPI
STATE DEPARTMENT OF EDUCATION
KINDERGARTEN REGISTRATION FORM

2022-2023

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) _____

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship to Student</i>
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Emergency Contact (2) _____

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship to Student</i>
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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
2022-2023
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 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

2022 - 2023 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 SCHOOLS' HOME LANGUAGE SURVEY 2022-2023

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

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 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 student's 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 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 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 pictures, 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 2022-2023

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.
