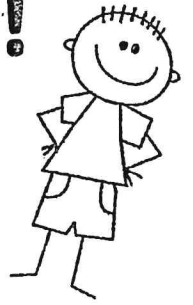
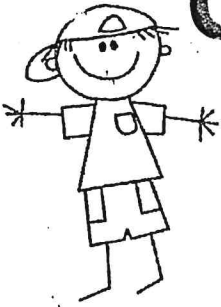


# Calling All Little Eagles!!



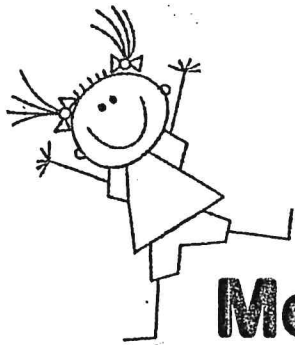
**Pre-K**

**Preregistration**

**Packet Pick Up**

**Begins on**

**Monday, February 3, 2025**



**Pre-K Registration is Friday,**  
**February 28, 2025 at 8 AM**

**The first 20 students with completed packets  
will 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**



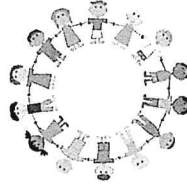
**Pre-K students must be 4 years old prior to September 1<sup>st</sup>.**

**Pre-K students CAN NOT ride the bus to or from school.**

For School Use:  
Student Number \_\_\_\_\_

Student Name \_\_\_\_\_

## Pre-K Registration



Eupora Elementary School PreK Class for SCHOOL YEAR 2025-2026

### REGISTRATION INFORMATION/SPECIFICS FOR ENROLLMENT

The following items **MUST** be provided in order for your child to be considered for the PreK class. All children also **MUST** be potty-trained in order to be accepted into the PreK class. Also, a reminder that PreK students **CAN NOT RIDE THE BUS; THEY WILL HAVE TO BE DROPPED OFF AND PICKED UP EVERY DAY.**

The **FIRST 20 COMPLETED** enrollment packets will be accepted for enrollment in the class.

---

#### **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  
PRE-KINDERGARTEN REGISTRATION

Dear Pre-Kindergarten Parents,

We are very happy to be registering your child for our Pre-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 \$17.00 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*

Lauren Smith  
Principal

WEBSTER COUNTY SCHOOLS  
RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Name of Student: \_\_\_\_\_  
(A SEPARATE FORM IS REQUIRED FOR EACH STUDENT)

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

All proofs of residency must have the student's parent/legal guardian's name and the current address at which they and the student reside. Neither P.O. Box addresses nor notarized letters will be accepted.

I hereby certify that the information given above on this form is a 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 pupil is not legally enrolled until this form is completed and signed by the parent or guardian and necessary proofs of residence are provided. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

\_\_\_\_\_  
Signature of Parent or Guardian                      Date                      Telephone Number

A.  
The parent(s) or legal guardian(s) of a student seeking to enroll must provide this school district with at least two (2) of the items numbered 1 through 6 below as verification of their address. Additional items of verification may be required by the school district. Documents with a post office box as an address will not be accepted.

- \_\_\_ 1. Mortgage documents or property deed and filed Homestead Exemption Application form for that property
- \_\_\_ 2. Apartment or home lease
- \_\_\_ 3. Utility bills (Electric, water, gas, trash)
- \_\_\_ 4. Driver's license
- \_\_\_ 5. Voter precinct identification
- \_\_\_ 6. Automobile registration

\*A personal visit by a designated school district official may be necessary.

B.  
Student is 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative - School District

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:** Does student live with Father? \_\_\_\_\_ Mother? \_\_\_\_\_ Both? \_\_\_\_\_

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: \_\_\_\_\_

**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 662-258-5551, Extension 10**

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. 10

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.





MISSISSIPPI  
DEPARTMENT OF  
EDUCATION

Ensuring a bright future for every child

Mississippi Department of Education  
Employment Survey

Complete and Return to School

School Name:
Parent/Guardian Name(s):
Address:
Telephone Number(s):
Email:
1. Have you moved to a new town to find work within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," <u>STOP HERE</u> . If you answered "Yes," continue.)
2. Did you or anyone in your household find work in agriculture or fishing (examples: planting or preparing fields for crops; harvesting crops; picking fruit or vegetables; processing fruit or vegetables; planting or cutting trees; greenhouse, cotton gin, poultry farm or dairy work; or farming/ harvesting/ processing chicken, catfish, beef, pork, shrimp, crab, crawfish, oysters, or other shellfish or fish)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," <u>STOP HERE</u> . If you answered "Yes," continue.)
<i>If you answered "Yes" to both questions above, a state education representative may contact you to find out whether your child is eligible for additional educational services.</i>
What is the best time to get in touch with you? <input type="checkbox"/> During the day <input type="checkbox"/> Evening/night

<b>For School Use Only</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 39750 (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، اعمال 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: \_\_\_\_\_

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  
Eupora High School  
East Webster Elementary School  
East Webster High School

Telephone (662) 258-6735 Fax (662) 258-3129  
Telephone (662) 258-4041 Fax (662) 258-3532  
Telephone (662) 263-8373 Fax (662) 263-8386  
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

WEBSTER COUNTY SCHOOLS  
Department of Child Nutrition  
95 Clark Avenue  
Eupora, MS 39744  
Telephone: 662-258-7758, Extension 18  
February 3, 2025

TO: All Parents of Incoming 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 2024-2025 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 2025. 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 2025, 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 2025:

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

# Celebrating Your Preschooler

Pre-Kindergarten is an exciting year for a child!! We look forward to working together to make this school year a happy and productive one for your child. Parents are their child's first and most influential teachers. Understanding the growth and development of the preschool child helps us to nurture and guide children through this stage.

Parents can encourage pre-literacy skills by engaging their children in conversation and reading to them daily!! Here are some characteristics of the preschool child that may help us all better understand the child's development.

## Physical

### Should be able to:

- ❖ Small muscle control; can make basic pictures - shapes
- ❖ Can hop, run, & skip
- ❖ Throw a ball overhand
- ❖ Dress themselves
- ❖ Can be active in their play

### Will learn:

- ❖ To cut a line with scissors
- ❖ Make designs and basic letters

## Social & Emotional

### Should be able to:

- ❖ Have active imaginations
- ❖ May have imaginary friends
- ❖ Enjoy being with other children
- ❖ May brag or be bossy
- ❖ Enjoy pretending to be grown-ups
- ❖ Appreciate praise & encouragement for their accomplishments

### Will learn:

- ❖ Learn to share, take turns, & follow rules
- ❖ Learn independence & making good choices
- ❖ Participate in group activities

## Intellectual

### Should be able to:

- ❖ Talk to adults/ peers
- ❖ Ask many "how and why" questions

### Will learn:

- ❖ To hold a discussion
- ❖ Communicate needs & ideas
- ❖ Reasoning skills are developing
- ❖ Learn basic shapes, colors, letters, numbers, & sizes

EUPORA ELEMENTARY SCHOOL  
ENROLLMENT CARD

Custody Papers \_\_\_\_\_

Grade \_\_\_\_\_  
Date of Enrollment \_\_\_\_\_

Student's Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Teacher's Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Bus Number \_\_\_\_\_  
Race \_\_\_\_\_

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

Legal Guardian (if different from above) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ Phone # \_\_\_\_\_  
Mother's Place of Work \_\_\_\_\_ Phone # \_\_\_\_\_

If the parent or legal guardian cannot be located in case of ILLNESS, INJURY or DISCIPLINE problems, please list 3 people that we may contact.

NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER

Are there any physical or health problems we need to know about? \_\_\_\_\_

Please give directions to your home. \_\_\_\_\_

(Over)



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

SIBLINGS:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---