

### Amite County School District-Student Registration

Date \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_ Bus# \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

Birth Certificate# \_\_\_\_\_ Immunization Complete? \_\_\_\_\_ Yes \_\_\_\_\_ No

Birth Place: \_\_\_\_\_  
City County State Zip code

Does your child speak any other language(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain \_\_\_\_\_

For Returning Students: Has your physical or mailing address changed since last year? ☐ YES ☐ NO

Has your primary phone number changed since last year? ☐ YES ☐ NO

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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: \_\_\_\_\_

Was student ever expelled from a school he/she attended? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

Did/Does student receive special services? **Circle/Check all that apply:** SPEECH SPED GIFTED

Previously attended Amite County School District? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, when? \_\_\_\_\_

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 / City, State Zip Phone # Relationship to Student

**Emergency Contact (1) Name:** \_\_\_\_\_

Address / City, State Zip Phone # Relationship to Student

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Immunization Form \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Residency \_\_\_\_\_

Student is complete for enrollment: \_\_\_\_\_ YES \_\_\_\_\_ NO

**Amite County School District  
PARENTAL CONSENT FORM**

School Year 2025-2026

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

Age \_\_\_\_\_

Grade \_\_\_\_\_

**Does student have siblings at Amite County School District?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_

Grade \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

**Check-out List**

Parent(s) please write the names of adults who have permission to check your child out. A STUDENT CAN NOT BE LISTED AS A CHECKOUT PERSON

- |    |                 |                         |                 |
|----|-----------------|-------------------------|-----------------|
| 1. | _____           | _____                   | _____           |
|    | Name of Contact | Relationship to Student | Daytime Phone # |
| 2. | _____           | _____                   | _____           |
|    | Name of Contact | Relationship to Student | Daytime Phone # |
| 3. | _____           | _____                   | _____           |
|    | Name of Contact | Relationship to Student | Daytime Phone # |
| 4. | _____           | _____                   | _____           |
|    | Name of Contact | Relationship to Student | Daytime Phone # |
| 5. | _____           | _____                   | _____           |
|    | Name of Contact | Relationship to Student | Daytime Phone # |

**\*Because of school security, identification may be checked before permission to check-out student is granted\***

**Parental Permission**

- |         |        |  |
|---------|--------|--|
| ___ YES | ___ NO | Web Publicity Allowed.   |
| ___ YES | ___ NO | Newspaper Publicity Allowed.   |
| ___ YES | ___ NO | I consent to having my child's photo, name, and achievements published.                    |
| ___ YES | ___ NO | Network Use Allowed.   |
| ___ YES | ___ NO | Yearbook Appearance Allowed.   |
| ___ YES | ___ NO | Corporal Punishment Allowed.   |
| ___ YES | ___ NO | Personal Identifiable Information Allowed to be shared.                                    |
| ___ YES | ___ NO | Personal Identifiable Information Allowed to be shared with Armed Forces Recruiters & IHL. |
| ___ YES | ___ NO | I permit transport of my child to the hospital in case of emergency.                       |

**I have completed the information above and I understand that the Amite County School District's Handbook is available to view on the school district's website. I understand that it is my responsibility to read and ensure that my child follows the rules and guidelines contained therein.**

Signature of Parent/Guardian \_\_\_\_\_

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 \_\_\_\_\_

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

## AMITE COUNTY SCHOOLS' HOME LANGUAGE SURVEY 2025 – 2026

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: ☐ Male ☐ Female

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

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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	

## **ESSA Parents Right to Know**

### **Section 1112(e)(1)(A-B)**

**Qualifications:** At the beginning of each school year, a Local Educational Agency (LEA) that receives Title I funds must notify parents of each student attending any Title I school that the parent may request, and the agency will provide the parents upon request (and in a timely manner), information regarding the professional qualifications of the student's classroom teachers, including at a minimum the following:

- Whether the teacher has met State qualifications for grade levels and subject areas in which the teacher provides instruction;
- Whether the teacher is teaching under emergency or other professional status that the State has waived;
- Whether the teacher is teaching in the field of discipline of the certification of the teacher; and
- Whether the child is provided services by paraprofessionals and if so their qualifications.

**Additional Information:** A school that receives Title I funds must provide to each individual parent:

- Information on the level of achievement and academic growth the child, if applicable and available, has made on each of the State academic assessments required under this part; and
- Timely notice that the parent's child has been assigned or taught for 4 or more consecutive weeks by a teacher who does not meet the applicable State certification or licensure requirements at the grade level and subject area in which the teacher has been assigned.

### **Section 1112(e)(2)(A-B)**

**Testing Transparency:** At the beginning of each year, a Local Educational Agency (LEA) that receives Title I funds shall notify parents of each student attending any school receiving funds may request (and in a

timely manner), information regarding any State or local educational agency policy regarding student participation in any assessments mandated by section 1111(b)(2) and by the State or local educational agency, which shall include a policy, procedure, or parental right to opt the child out of such assessment, where applicable.

**Additional Information:** Each LEA that receives funds under this part shall make widely available through public means (including by posting in a clear and easily accessible manner on the LEA's website and, where practicable, of each school served) for each grade served by the LEA, information on each assessment required by the State, and where the information is available and feasible to report, and assessments required districtwide by the LEA including:

- The subject matter assessed
- The purpose for which the assessment is designed and used
- The source of the requirement for the assessment; and
- Where such information is available—
  - The amount of time students will spend taking the assessment, and the schedule for the assessment; and
  - The time and format for disseminating results.

**Format:** The notice and information provided to parents under this section shall be in an understandable and uniform format and, to the extent practicable, provided in a language that the parent can understand.

# •AMITE COUNTY• —School District—



## AMITE COUNTY HIGH SCHOOL Title 1 Parent-School Compact Revised 2025 – 2026

The compact has been jointly developed and agreed upon by Amite County High School, parents, students, and school staff.

### SCHOOL'S RESPONSIBILITY

I, the undersigned, partner in education of children at Amite County High School commit to the following:

1. Provide a safe environment that encourages positive communication between the teacher, parent, and student.
2. Stress to teachers the importance of providing regular homework assignments to reinforce classroom instructions.
3. Attendance of students and teachers will be monitored and applauded in various ways.
4. Ensure implementation of a strong academic program based on Balanced Literacy Components.
5. Provide parent activities to support our instructional program and enhance student academic achievement.
6. Provide high-quality curriculum and instruction to all students
7. Parents will be given reasonable access t staff, to volunteer, participate and observe the child's class.
8. Hold annual parent/teacher conferences to discuss compact as it related to their child's achievement.

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

**PLEASE TURN THIS PAGE OVER TO COMPLETE COMPACT AGREEMENT  
OR COMPLETE PAGE 2.**

### **STUDENT'S AGREEMENT**

I, shall strive to do the following to the best of my ability:

1. Wear uniforms every day.
2. Follow the Students Rules of Conduct and the Blue Ribbon Plan.
3. Complete and return homework assignments.
4. Come to school every day with supplies needed for classroom work.
5. Attend school daily and complete classroom assignment.

Student's Signature: \_\_\_\_\_

### **TEACHER'S AGREEMENT**

I, the undersigned partner in education of children at Amite County High School commit to the following:

1. Provide weekly progress reports and communications regarding student progress.
2. Provide homework that reinforces skills taught in the classroom.
3. Provide a welcoming, developmentally appropriate atmosphere that is conducive to learning.
4. Provide ongoing communication with parents.
5. Continue to strive to meet and accommodate the needs of each student.
6. Focus on enriched skills to promote academic growth.
7. Dedicate time to receiving professional development to gain knowledge which will ensure student achievement.

Teacher's Signature: \_\_\_\_\_

### **PARENT'S AGREEMENT**

I, undersigned, partner in the education of my child, commit the following:

1. Getting my child/children to school on time.
2. Providing a study place, reviewing my child's homework and other papers on regular basis.
3. Working cooperatively with the school to maintain paper discipline.
4. Encouraging my child's efforts and being available for questions and support.
5. Dressing my child in a uniform each day.
6. Providing a safe and loving environment an being a positive role model.
7. Providing supplies and necessary materials for school.
8. Returning report cards/attending parent teacher conferences.
9. Assisting my child in getting library card.

Parent's Signature: \_\_\_\_\_



Amite County Middle/High School

**STUDENT HEALTH RECORD FOR SCHOOL NURSE**

School Year 2025 – 2026

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?			<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.

# USE OF YOUR CHILD'S NAME AND IMAGE ON THE ACSD'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 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 eight grade and below, on 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 lists or any similar type of lists n the Internet and 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 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 COMPUTER USE POLICY

## 2025 - 2026 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.

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### 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: \_\_\_\_\_

STUDENT NAME (PLEASE PRINT) \_\_\_\_\_

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

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### 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 MIDDLE/HIGH SCHOOL

600 Irene St/P.O. Box 328 ▪ Liberty, Mississippi 39645

Phone: 601.657.8920 ▪ Fax: 601.657.4044

## PARENTAL EMAIL ADDRESS

Please provide an updated email address for our records

Parent's preferred **Email Address** (please print clearly)

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*Print your email address above*

---

Parent/Guardian Signature

---

Date

---

Student's Name

---

Grade

**AMITE COUNTY SCHOOL DISTRICT  
2025 – 2026  
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 ACMS ACHS)

**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 MIDDLE/HIGH SCHOOL

600 Irene St/P.O. Box 328 ▪ Liberty, Mississippi 39645  
Phone: 601.657.8920 ▪ Fax: 601.657.4044

TO: Parent/Guardian  
RE: STUDENT DISCIPLINARY ACTION

Please read and review the student 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 along with the other registration documentation.

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

\_\_\_\_\_ I have read and understand the Discipline Policy and **DO NOT** give my **permission** for school administrators 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

\_\_\_\_\_  
Grade