

Itawamba County School District

Circle School Dorsey Fairview IAC IAHS Mantachie Tremont

TODAY'S DATE / / BUS NUMBER:

STUDENT INFORMATION

Last Name, First Name, Middle Name

Registration Grade Level Gender (Circle One) Male or Female Race D/O/B

BEFORE ENTERING KINDERGARTEN, THIS STUDENT ATTENDED (Check Blanks that Apply)

Head start Daycare Public Preschool Private Preschool None (stayed at home)

Name of Last School and/or Daycare:

Address of Last School and /or Daycare:

Has this student previously attended a School in Itawamba County? Yes or No If yes, which school?

AT THE LAST SCHOOL ATTENDED, THIS STUDENT PARTICIPATED IN: (Check Blanks That Apply)

Special Education/ IEP Title 1 Speech Therapy Gifted/Talented Other

Has the student been expelled or is he/she a party to an expulsion proceeding from a public or private school?

PARENT INFORMATION (Note: Guardians or Divorce Parents must present the School with a copy of Custody Papers)

Father's Name Last, First, Middle

Mother's Name Last, First, Middle

Dr Guardian Last, First, Middle

Parent/Guardian Home Street Address

City State Zip Code

Home Telephone Number Cell Phone Number:

Father's Place of Work Work Phone Number

Mother's Place of Work Work Phone Number

Parent/Guardian email address:

EMERGENCY CONTACT INFORMATION (During School Hours)

Emergency Contact Last Name, First

Emergency Contact Telephone Number (During School Hours)

Relationship to the Student

Signature of Parent or Guardian (A student is temporarily enrolled until all paperwork and records have been received from school previously attended.)

Below this line is for school use only

ISIS # Transferring From Grade Level Immunization Date Verified by

Birth Certificate File # Gender Race D/O/B City/County/State of Birth

Proofs of Residency (ex. Electric Bill, deposit receipt, etc) Can't use P.O. Box as one proof of residency. Must have Birth Certificate, Shot Record, and 2 proofs of residency to enroll a child. If parents are divorced, a copy of CUSTODY PAPERS must be presented at registration.

## Permission Form

I hereby give permission to the Itawamba County School District to use for publication or in brochures, any photograph, films, and/or videotapes in which my child, (name) \_\_\_\_\_, is featured during the school year. I further agree to the use of such photographs, films and videotapes without liability to the Itawamba County School District.

### Please Check one:

\_\_\_\_\_ YES, you have my permission to photograph, film, and/or videotape my child.

\_\_\_\_\_ NO, you do not have permission to photograph, film, and/or videotape my child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## MEDICAL INFORMATION

Please list any allergies or medical problems your child has (If non, write none in the blank.) \_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child is taking: \_\_\_\_\_

Will any medications be taken while child is at school? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, send medicines to school in a prescription bottle with the child's name and directions.

Student's Doctor \_\_\_\_\_ Doctor's Telephone Number (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Please list any other information that you feel the school should know concerning your child.  
\_\_\_\_\_  
\_\_\_\_\_

## Home Language Survey

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child speak any language other than English? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please answer the following questions:

What is the first language your child learned to speak? \_\_\_\_\_

What language does your child speak most often? \_\_\_\_\_

What language is most often spoken at home? \_\_\_\_\_

Signature of parent completing this form: \_\_\_\_\_

The above information on this registration form is true to the best of my knowledge.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date