

Welcome to Pre-K



West Clay

...where the **Green Wave** begins



2021-2022 School Year

WEST POINT CONSOLIDATED SCHOOL DISTRICT

Residency Verification/Checklist

2021-2022

Student's Name _____

Parent's Name _____

Legal Guardian's Name *(Documentation on file)* _____

Other Adult with whom child lives *(Affidavit on file)* _____

Address _____

(A P. O. Box number is NOT acceptable for proof of residency address)

Do you receive mail at this address?

____ Yes

____ No ***Mailing address, only if different from street address:*** _____

Telephone Number _____

Cell Phone Number _____

____ A. Documents provided to me by Parent/Guardian/Other Adult/or Student:
(Minimum of two required of all students)

- ____ 1. Filed Homestead Exemption Application Form
- ____ 2. Mortgage Documents or Property Deed
- ____ 3. Apartment or Home Lease
- ____ 4. Utility Bills (cell phone bills are not acceptable)
- ____ 5. Driver's License
- ____ 6. Voter Registration Card
- ____ 7. Automobile Registration
- ____ 8a. Affidavit of Residency (approved/signed by Superintendent's office)
- ____ b. Home Visit by Superintendent/Designee for Residency Verification
- ____ 9. Other Documentation _____

(Describe)

____ 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.

____ C. Student is living with an adult other than parent or legal guardian and the adult has provided a sworn Affidavit stating his/her relationship to the student, and that the student will be living in his/her home full time and fully explaining the reasons (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 II. 1(c)(2) of the State Residency Verification Procedures. ***(Affidavits must be obtained through the Superintendent's Office and are good for ONE academic school year only.)***

School District Representative/Date

West Point Consolidated School District

Pre-Kindergarten Application 2021-2022

Pre-Kindergarten:

- Applicant must meet the MS age requirements for the 2021-2022 school year.
- A certified copy of your child's birth certificate
- A copy of your child's Immunization Compliance Form (Form 121) – Up to date
- Two proofs of residency:
- Valid Photo ID
- Legal guardianship papers for those students living with someone other than their parents listed on the birth certificate

**The same name and address MUST be on both documents.*

**Only the parent or legal guardian can register a child for school.*

Please PRINT or TYPE

Student's Name: (Last/First/Middle)			
Street Address:		City	Zip
Mailing Address: (if different)		Home Phone:	Cell Phone: Work Phone:
Date of Birth:		Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other		
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, explain:	

I am applying for placement of my child at the school indicated above. I understand that the information provided by me on this application will be checked for accuracy, and that false information will disqualify the application.

Signature of Parent or Legal Guardian

Date

West Point Consolidated School District

Pre-Kindergarten Questionnaire

The following information is needed to assist the West Point School District in the selection process for the Pre-K program. All information is confidential. Your child will not be considered for selection until you have completed and returned the questionnaire with all documentation by April 22, 2021 deadline.

Child's Name: _____ Gender: ___ Male ___ Female

Parent/Guardian's Name: _____ Mailing Address _____

Child lives with: (check all that applies) ___ Both Parents ___ Mother ___ Father
 ___ Maternal Grandparents ___ Paternal Grandparents ___ Other (describe) _____

Parent/Guardian Marital Status? ___ Single ___ Married ___ Divorced

If divorced, who has custody? ___ Mother ___ Father ___ Both ___ Other, explain _____

<i>Family Unit: List only parents/guardians living in the child's home.</i>			
	Education: College, High School, GED, etc.	Employer	Full Time Part Time Unemp
1. Mother/Guardian's Name:			
2. Father/Guardian's Name:			
3. Other Adult's Name:			
4. Other Adult's Name:			

<i>Family Unit</i> – List names of other children living in the home.	Gender	Age	<i>Family Unit</i> – List names of other children living in the home.	Gender	Age
1.			4.		
2.			5.		
3.			6.		

Total number in your family _____ (A family consists of those persons living in the household who are related by blood, marriage, or adoption and supported by the income of the child's parent or guardian.)

Family Receives: _____ TANF _____ Food Stamps (EBT) _____ WIC _____ Social Security _____ SSI
 _____ CCDF (child care certificates) _____ Child Support _____ Unemployment
 _____ Energy Assistance _____ Public Housing _____ Veterans Assistance (VA)

Family Income: (Documentation Required)

_____ Below 11,000 _____ 27,000 – 29,999
 _____ 11,000 – 14,999 _____ 30,000 – 33,999
 _____ 15,000 – 18,999 _____ 34,000 – 37,999
 _____ 19,000 – 22,999 _____ 38,000 – 42,999
 _____ 23,000 – 26,999 _____ Over 43,000

Has your child participated in Head Start? ___ Yes ___ No Private Day Care? (Name) _____

Has your child participated in Even Start? ___ Yes ___ No

Special Concerns: ___ Foster Care ___ Migrant Family ___ Homeless ___ Other, explain _____

Does your child wear glasses? ___ Yes ___ No Does your child wear a hearing aid? ___ Yes ___ No

Do you or anyone in your household speak another language? ___ Yes ___ No If yes, what language _____

Does your child speak another language? ___ Yes ___ No If yes, what language _____

Child's Characteristics. Does your child have any of the following conditions?	YES	NO	Have any of the conditions checked been diagnosed? If yes, you must complete the information below.
Mental Retardation			1. Doctor/Agency's Name Condition:
Hearing Impairment			Address:
Visual Impairment			City, State & Zip
Speech/Language Impairment			Telephone:
Emotional/Behavioral Disorder			Date last seen:
Health Impairment			2. Doctor/Agency's Name Condition:
Orthopedic Impairment			Address:
Learning Disabilities			City, State & Zip
Autism			Telephone:
Traumatic Brain Injury			Date last seen:
Other Impairment			Complete "Release of Information" form for each doctor or agency listed.

West Point Consolidated School District

HOME LANGUAGE SURVEY

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 country?

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

B. ☐ Alaska Native

C. ☐ Native Pacific Islander

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

Submitted

Reviewed

Approved

Mississippi Migrant Education Service Center Family Survey

Dear parents or guardians,

In order to better serve your children, the school district is collaborating with the Migrant Program to identify students who may qualify to receive additional educational services. Please answer the following questions and return the form to your child's school as soon as possible. The information provided below will be kept confidential.


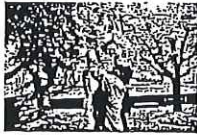
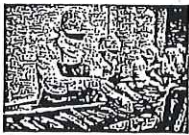






Name of the student: _____ Date: _____

Address: _____ County: _____

School: _____ Grade: _____

How long have you lived at this address? _____ years _____ months

In the last three years, have you, or anyone in your family worked at any of the jobs in the pictures? YES or NO
If you marked YES, please mark (X) all the jobs that apply.

 Preparing the land for planting and cultivating vegetables, fruit, sweet potatoes, etc. <input type="checkbox"/>	 Cutting or picking fruit or vegetables <input type="checkbox"/>	 Processing fruit or vegetables <input type="checkbox"/>	 Planting trees, or plants. Working at a Green house <input type="checkbox"/>	 Working at a dairy farm or at a ranch <input type="checkbox"/>
 Fishing work <input type="checkbox"/>	 Working at a poultry farm <input type="checkbox"/>	 Processing meat at a poultry or any meat processing plant <input type="checkbox"/>	 Cotton Gin work <input type="checkbox"/>	Another similar type of work. Please explain: _____ _____ _____ _____

Name of parent/guardian: _____

Phone numbers to be reached: _____

Best times to call: _____

Please list all your children living with you who are younger than 22 years.

Name	Last name(s)	School (If they are enrolled)	Grade	Date of Birth