



# Wilkinson County School District

488 Main Street -P.O. Box 785-Woodville, MS 39669-Phone #-601-888-3582

In an effort to plan and prepare for the upcoming school year, we ask that parents complete a separate registration form for each student. PK3, PK4, and Kindergarten must also provide a copy of birth certificate, social security card and immunization form #121.

Date \_\_\_\_\_ ☐ Finch Elementary ☐ Wilkinson County Elem.  
☐ Martin Luther King ☐ William Winans Middle ☐ Wilkinson County High

## REGISTRATION 2021-2022

Student's Full Name:	
Grade Entering:	
Mailing Address:	
Physical Address (if different):	
Home Phone:	
Cell Phone:	
Birth Date:	
Student's Social Security #	
Ethnicity(Black, White, Hispanic, other)	
Gender: (Male or Female)	
Bus Number and Driver:	

## FAMILY INFORMATION

Mother/Guardian Name:	
Home/Cell Phone#:	
Employer & Work Phone#:	
Email Address:	
Father/Guardian Name:	
Home/Cell Phone#:	
Employer & Work Phone#:	
Email Address:	
Mailing Address:	
Physical Address( if different):	

### Persons Other Than Parent or Guardian with Permission to Check My Child Out of School:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Office Use Only

Birth Certificate \_\_\_\_\_  
Immunization \_\_\_\_\_  
Social Security Card \_\_\_\_\_

# Wilkinson County School District

## Homeless Survey

1. Is your current address a temporary living arrangement? \_\_\_\_ Yes \_\_\_\_ No
2. If yes, is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_ Yes \_\_\_\_ No

If you answered **YES** to both of the above questions, please complete the remainder of the form.

If you answered **NO** to either question, you may stop here.

Student Name \_\_\_\_\_ Male / Female

School \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Legal Guardian(s) Name: \_\_\_\_\_

Address where you are currently staying \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Siblings in district? \_\_\_\_ Yes \_\_\_\_ No

Contact Phone Number \_\_\_\_\_ Cell/Message Phone: \_\_\_\_\_

Where is the student presently living (check one box)?

\_\_\_\_\_ Shelter (family shelter, youth shelter, other shelter, or temporary housing)

\_\_\_\_\_ Waiting for foster care placement

\_\_\_\_\_ Sharing the housing of others due to loss of housing, economic hardship, or similar reason

\_\_\_\_\_ Unsheltered (on the street, car campground, park, abandoned building, or other inadequate accommodation)

\_\_\_\_\_ Motel or hotel due to loss of housing, economic hardship, or similar reason

\_\_\_\_\_ Alone as a minor without an adult

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ----- For Office Use Only -----

The above name student \_\_\_\_\_ does \_\_\_\_\_ does not meet the requirements of the McKinney-Vento Act.

Comments: \_\_\_\_\_

District Homeless Liaison: \_\_\_\_\_ Date \_\_\_\_\_

Federal Law ensures the educational rights for students who are homeless. They have the right to:

- Continue to attend school in the school attended before experiencing homelessness and receive transportation to the school of origin;
- Enroll in school without providing a permanent address or other enrollment records (the school will arrange for school transfer and any documents needed for enrollment, including immunization records);
- Receive all programs and services, if needed, as provided to all other students served by those programs;
- Have any enrollment disputes addressed promptly; and
- Receive free school meals.

# HOME LANGUAGE SURVEY ENGLISH VERSION

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

Surname/Last Name \_\_\_\_\_ First Given Name \_\_\_\_\_ Second Given Name \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

## Directions to Parents and Guardians:

The federal law requires directs schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use  
When speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home?  
(parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

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

Willkinson County School District

Date \_\_\_\_\_  
Wilkinson Co. School District  
Wilkinson Co. Elementary

## HOME LANGUAGE SURVEY SPANISH VERSION

(1) Name of Student \_\_\_\_\_ (Surname/Family Name) \_\_\_\_\_ (First Given Name) \_\_\_\_\_ (Second Given Name) \_\_\_\_\_  
(2) Age of Student \_\_\_\_\_ Grade Level \_\_\_\_\_ Name of Teacher \_\_\_\_\_

Note: School district personnel should complete all of the information items above this line.

Instrucciones para padres y tutores:

El *Código de Educación* de Mississippi contiene requisitos legales que guían a las escuelas para determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer los programas y servicios educativos adecuados.

Como padre o tutor, su cooperación es necesaria para cumplir con este requisito legal. Responda a cada una de las cuatro preguntas siguientes de la forma más precisa posible. Para cada pregunta, escriba el nombre(s) del idioma(s) que corresponde en el espacio suministrado. Por favor, responda todas las preguntas.

1. ¿Qué idioma aprendió su hijo cuando empezó a hablar? \_\_\_\_\_
2. ¿Qué idioma habla su hijo en casa con más frecuencia? \_\_\_\_\_
3. ¿Qué idioma utilizan ustedes (los padres o tutores) con más frecuencia cuando hablan con su hijo? \_\_\_\_\_
4. ¿Qué idioma se habla con más frecuencia entre los adultos en el hogar (padres, tutores, abuelos o cualquier otro adulto)? \_\_\_\_\_

Por favor firme y fecha este formulario en el espacio suministrado a continuación y devuelva el formulario al maestro de su hijo. Muchas gracias por su cooperación.

\_\_\_\_\_  
(Firma del padre/madre o tutor)

\_\_\_\_\_  
(Fecha)

**Wilkinson County School District  
Returning Students  
Proof of Residency  
School Year – 2021-2022**

**This document serves as proof that my address and telephone number have or have not changed from the previous school year (2020-2021).**

**(PLEASE PRINT CLEARLY)**

School your child attends \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

☐ No, my address has not changed from the previous school year.

☐ Yes, my address has changed from the previous school year.

**If your address has changed, please provide your new address on the lines below along with two (2) proof of residency for your new residence. These documents will be placed in your child's cumulative folder.**

Physical Address

Mailing Address (If different from Physical Address)

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

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

☐ No, my phone number has not changed from the previous school year.

☐ Yes, my phone number has changed from the previous school year.

**If your telephone number has changed, please write the correct number below so it can be updated in the SAMS7 system.**

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

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**Please place a check in the appropriate box where child attends school:**

☐ Finch Elementary

☐ Wilkinson County Elementary

☐ William Winans Middle

☐ Wilkinson County High

☐ MLK