



# NORTH TIPPAH SCHOOL DISTRICT



## Registration Form

**Student Information:** Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student's Grade Level: \_\_\_\_\_  
 (First) (Middle) (Last)

Student Race/Ethnicity:  White  Black  Hispanic  Asian  American Indian  Pacific Islander  
*(check all that apply)*

Gender:  Male  Female Date of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_

Place of Birth: \_\_\_\_\_ MSIS # \_\_\_\_\_  
 (City) (State) (County) (Country) *(school office only)*

<p><b>Family Information:</b> <i>(custody papers/legal documents must be provided)</i></p> <p>Custodial Parent/Legal Guardian Name: <i>(please print)</i></p> <p>Relationship to Student: _____</p> <p>Physical Address: _____  <i>(student's address)</i></p> <p>Phone: _____  <i>(cell) (work) (other)</i></p> <p>Email: _____</p> <p>Military Affiliation: <input type="checkbox"/> N/A <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard</p>	<p><b>Family Information:</b></p> <p>Other Parent/Guardian Name: <i>(please print)</i></p> <p>Relationship to Student: _____</p> <p>Physical Address: _____</p> <p>Phone: _____  <i>(cell) (work) (other)</i></p> <p>Email: _____</p> <p>Military Affiliation: <input type="checkbox"/> N/A <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard</p>
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**Academic Information:**

Previous School: *(name & city/state)* \_\_\_\_\_

Has this student ever repeated a grade?  No  Yes *If yes, what grade(s)?* \_\_\_\_\_

Has this student ever been enrolled in any special classes?  No  Yes *If yes, what class(es)?* \_\_\_\_\_

Has this student ever been expelled from a public/private school or is he/she a party to an expulsion proceeding?  No  Yes  
*If yes, when and at what school?* \_\_\_\_\_

**Emergency Contacts/Pick-Up Information:** *(These individuals have permission to check-out your child from school. Please do NOT list the parent/guardians listed above. Mississippi law requires you to list at least one emergency contact.)*

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Relationship to student: _____	Relationship to student: _____	Relationship to student: _____

**Special Situations:** *(Please list individuals who may NOT pick-up your child for legal reasons. You must provide legal documentation, i.e. custody papers, court orders, restraining orders, etc.)* \_\_\_\_\_

**How will your child leave from school each afternoon?** *(Please choose one below and complete the information.)*

He/She will ride the BUS HOME.       He/She will DRIVE/RIDE.       He/She will ride the BUS to \_\_\_\_\_.

Bus Number: \_\_\_\_\_      Name of person driving: \_\_\_\_\_      Bus Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Phone # of person: \_\_\_\_\_      Phone # of Other Location: \_\_\_\_\_

*Note – If the manner of transportation changes any day during the school year, you must send a written note with your child on the day of the change. Also, if possible, you should call the school office. Your child's security is important to us.*

To be completed by school official:

Homeroom Teacher: _____	Bus #: _____	<b>Check all that apply:</b>	<input type="checkbox"/> Out of District
Birth Certificate #: _____	Verified by: _____	<input type="checkbox"/> Foreign Exchange Student	<input type="checkbox"/> IEP
Immunization Date of Compliance: _____	Verified by: _____	<input type="checkbox"/> Foster Home Child	<input type="checkbox"/> S04
Proofs of Residency: 1. _____ 2. _____	Verified by: _____	<input type="checkbox"/> Affidavit of Residency	<input type="checkbox"/> ELL



## Registration Form

### Home Language Survey: (Answer the following questions.)

- Does your child speak any language other than English?
  - No (Skip the remaining questions.)
  - Yes (Answer the following questions.)
- What was the FIRST language your child learned to speak?  
\_\_\_\_\_
- What language does your child speak most often?  
\_\_\_\_\_
- What language is spoken most often in your home?  
\_\_\_\_\_

### Migrant Eligibility: (Answer the following questions.)

- Have you moved in the last 3 years?
  - No (Skip the remaining questions.)
  - Yes – If yes, did you look for or get any of the following jobs? (Check all that apply.)
- Farming (crops, catfish, chickens, Christmas Trees, sod, etc.)
- Trees (cutting, planting, and/or cultivating)
- Commercial Fishing (off-shore, etc.)
- Processing Crops (ginning, meat processing, meat packing, and/or canning in a plant)

### Homeless Eligibility: (Answer the following questions.)

- Does this student LACK a fixed, regular and adequate residence? (For example, children who are agricultural migrant children, children who are "living on the street", i.e. vehicles, tents, etc.)  Yes  No
- Does this student have a primary nighttime residence in a supervised or privately owned SHELTER? (For example, children who have been placed in a shelter due to abuse/neglect/domestic violence, children in welfare hotels or transitional housing, etc.)  Yes  No
- Is this student TEMPORARILY staying with relatives or friends because of loss of job, other income loss, or housing loss? (For example, "doubled up families".)  Yes  No

### Immigrant Children & Youth Eligibility: (Choose one below.)

- Yes, I have children ages 3 to 21 who were not born in the United States and have not been attending school in any one or more States for more than 3 full academic years. If yes, list the children: \_\_\_\_\_
- \_\_\_\_\_
- No, I do not have children ages 3 to 21 who were not born in the United States and have not been attending school in any one or more States for more than 3 full academic years.

### Corporal Punishment: (Choose one below.)

- I am aware that corporal punishment is sometimes used at school. I have designated below my wishes concerning corporal punishment.
- Yes, I agree to the use of corporal punishment and understand that I will receive notice that corporal punishment was administered to my child.
- No, I do not agree to the use of corporal punishment and do not want my child to receive corporal punishment.

### Network Permission: (Choose one below.)

The North Tippah School District provides students the privilege of accessing the Internet over the district's network for the enhancement of learning and achievement.

- Yes, I give permission to NTSD for my child to utilize the district's technology network.
- No, I do not give permission to NTSD for my child to utilize the district's technology network.

### Publicity Permission: (Choose one below.)

The North Tippah School District celebrates the effort of students by posting students pictures, videos, and work on school websites to promote learning, collaboration and an opportunity to share the achievements of our students.

- Yes, I give permission to NTSD to use images of my child for publicity and website purposes. This includes athletic team photographs.
- No, I do not give permission to NTSD for images of my child to be used for publicity and website purposes. This includes athletic team photographs.

### Parent/Guardian Signature: (Sign below.)

By signing below, I certify that the information contained herein is true, accurate, and current. I understand that I am to inform the school any time legal custody, addresses, or phone numbers change, and I affirm that I will not hold the school financially responsible for the emergency care and/or transportation for said child named herein. I hereby accept the responsibility for any books issued to my child during the current school year. If any book is lost, damaged, or destroyed, I agree to pay such loss before my child will be entitled to any further textbooks. Furthermore, I affirm that I have read and understand the rights and responsibilities of the Technology Acceptable Use Policy of the North Tippah School District's Student Handbook, and I accept responsibility for conveying these standards for my child to follow when selecting, sharing, or exploring information and for guidance of his/her Internet use. I have reviewed the North Tippah School District Student Handbook.

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



# NORTH TIPPAH SCHOOL DISTRICT



## Medical Health Information/Consent Form

### Student Information:

Student Name: \_\_\_\_\_ Student's Grade Level: \_\_\_\_\_  
 (First) (Middle) (Last)  
 Gender:  Male  Female Date of Birth: \_\_\_\_\_

### Parent/Guardian Information:

Custodial Parent/Legal Guardian Name: *(please print)*  
 \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
*(student's address)* \_\_\_\_\_  
 Phone: \_\_\_\_\_  
*(cell) (work) (other)*  
 Email: \_\_\_\_\_

### Emergency Contact Information:

Other Parent/Guardian Name: *(please print)*  
 \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
*(cell) (work) (other)*  
 Email: \_\_\_\_\_

### Student's usual healthcare provider(s) – physicians, doctors, etc:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Please indicate if your child is medically covered by the following:

Medicaid: Yes  No   
 Health Insurance: Yes  No  Name of Insurance Provider: \_\_\_\_\_

### Mark any health conditions that your child may have, and include an explanation if you mark "yes":

Health Conditions:	No:	Yes:	Explain:
Medication Allergies	<input type="checkbox"/>	<input type="checkbox"/>	List the Medications – Rate of Reaction: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Life Threatening
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	List the Foods – Rate of Reaction: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Life Threatening Does child require Epi-Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>	List the Allergens – Rate of Reaction: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Life Threatening Does child require Epi-Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Asthma Medications – Rate of Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Life Threatening Approx. date of last attack –
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Medications – Treatment –
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Medications – Type of Seizures – Approx. date of last seizure –
Neurological/Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Specify – Treatment –
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Specify – Treatment –
Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Specify – Treatment –
Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reading <input type="checkbox"/> Distance Eye Doctor –
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both Hearing Aids –
Serious Injury	<input type="checkbox"/>	<input type="checkbox"/>	Specify – Date –
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Specify – Date –
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Specify – Treatment – Approx. date of remission –
Other Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	Specify – Date –



# NORTH TIPPAH SCHOOL DISTRICT



## Medical Health Information/Consent Form

Brother/Sister Name:	Grade in School:

### Prescription Drugs and Medicine

All prescription drugs (medicine) and over the counter drugs that need to be administered during school hours must have a North Tippah School District Medication Physician/Parent Authorization form completed by both the prescribing doctor and child's parent prior to any medication being administered at school. The medication authorization form will be provided by the school principal. The completed forms must be approved by the principal and school nurse. Parents must begin any medication at home before school personnel can begin giving it. This is to ensure that no reaction occurs. NO school personnel can dispense prescription or Over the Counter medications unless he/she successfully completes the MS Board of Nursing Self Administration Curriculum course. Failure to take prescription drugs or medicines to the office will be in violation of school regulations and will be subject to disciplinary action that may include suspension and/or arrest.

For prescription medications a pharmacy-labeled container is required which includes that student's name, prescriber's name, name of medication, strength, dosage, time interval, route, and date of drug's discontinuation when applicable. If the medication changes in any way, a new medication authorization form must be completed by both the prescribing doctor and parent/guardian.

Non-prescription medications, when provided by parent/guardian, will be given following the same policies and procedures as followed for prescription medication. Medications will not be provided or supplied by the school. Parents/guardians must deliver OTC medications to the school in the original package with child's name written on it.

All medications, excluding emergency medications kept with the student with his/her doctor's permission, will be kept and dispensed through the office or nurse's office.

The 2003 Mississippi Legislature passed House Bill 1082. Students may be permitted to self-administer asthma medications with written consent from the parent and a statement for the health care provider outlining the proper process to administer the medication. Students for whom this law may apply must contact the principal for the required procedure and paperwork prior to the need for self-medication.

List any medicines your child is presently taking at HOME (including dosage and schedule): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medicines your child your child will take at SCHOOL (including dosage and schedule): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I will not hold the school district financially responsible for the emergency care and/or transportation for my child. I give permission for the school nurse to communicate with my child's health care provider and teacher(s) or other school staff regarding pertinent health information.*

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

\_\_\_\_\_  
Date



# Residency Registration and Documentation Checklist

**TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

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

Name of Parent or Guardian: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
(A Post Office Box number is NOT acceptable for an address; if route, give physical location directions on back)

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, 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 is subject to penalty.

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

**TO BE COMPLETED BY THE SCHOOL DISTRICT**

\_\_\_\_ 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 Bill
- \_\_\_\_\_ 5. Automobile Registration
- \_\_\_\_\_ 6. Affidavit of Residency \_\_\_\_\_ **OR** District Representative Personal Visit
- \_\_\_\_\_ 7. 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.

\_\_\_\_\_  
 Signature of School District Representative                      Date