

**Jefferson County School District**  
**2020-2021 Residency Registration Form**  
**Adrian Hammitte, Ph.D., Superintendent of Education**

**Elementary (004)**  
 430 Highway 33  
 Fayette, MS 39069  
**Principal – LaRondrial Barnes**  
**Counselor – Inez Coleman**

**Upper Elementary (010)**  
 442 Highway 33  
 Fayette, MS 39069  
**Principal – TBD**  
**Counselor – Gretchen Carter**

**Junior High (012)**  
 468 Highway 33  
 Fayette, MS 39069  
**Principal – Faye Brown**  
**Counselor – Gretchen Carter**

**High School (008)**  
 2280 Main Street  
 Fayette, MS 39069  
**Principal – David Day**  
**Asst. Principal – CaShoney Carter**  
**Counselor – Courtney Mitchell**

**BASIC INFORMATION**

|  |  |  |  |  |
|--|--|--|--|--|
| STUDENT'S LAST NAME                            |  | FIRST NAME   | MIDDLE NAME  | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F |
| STUDENT'S LEGAL NAME (IF DIFFERENT FROM ABOVE) |  |  | STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)           |  |
| DATE OF BIRTH                                  | CITY/STATE OF BIRTH                                    |  | CURRENT GRADE LEVEL                                |  |
| MAILING ADDRESS                                |  |  | APT. NO.   | HOME PHONE   |
| STREET ADDRESS (IF DIFFERENT FROM ABOVE)       |  | CITY   | ZIP CODE   |  |
| STUDENT'S PRIMARY LANGUAGE                     |  |  |  |  |
| ETHNIC ORIGIN (CHECK ONE)                      | <input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN | <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN | <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER |  |
|  | <input type="checkbox"/> HISPANIC                      | <input type="checkbox"/> INDIAN, NATIVE AMERICAN       | <input type="checkbox"/> OTHER                     |  |

**PARENT/ GUARDIAN INFORMATION**

|                    |                                       |                                      |                                      |   |
|--------------------|---------------------------------------|--------------------------------------|--------------------------------------|---|
| STUDENT LIVES WITH | <input type="checkbox"/> BOTH PARENTS | <input type="checkbox"/> MOTHER ONLY | <input type="checkbox"/> FATHER ONLY | <input type="checkbox"/> OTHER NAME _____ |
| PARENT/GUARDIAN    |                                       |                                      | RELATIONSHIP                         |   |
| WORKPLACE          | WORK. PHONE NO.                       |                                      | EXT.                                 |   |
| PARENT/GUARDIAN    |                                       |                                      | RELATIONSHIP                         |   |
| WORKPLACE          | WORK. PHONE NO.                       |                                      | EXT.                                 |   |

**FOR OFFICE USE ONLY**

DATE OF ENTRY \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_ MSIS ID \_\_\_\_\_ BUS NO. \_\_\_\_\_ TRANSFER STUDENT (Y/N) \_\_\_\_\_

BIRTH CERTIFICATE NO. \_\_\_\_\_ BIRTH STATE \_\_\_\_\_ HOMEROOM TEACHER \_\_\_\_\_

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

**ADDITIONAL INFORMATION**

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION/SPECIAL CLASSES WITHIN LAST YEAR? IF YES, CHECK THOSE THAT APPLY:

|   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> SPEECH         | <input type="checkbox"/> GIFTED       | <input type="checkbox"/> RESOURCE ROOM | <input type="checkbox"/> TITLE I READING |
| <input type="checkbox"/> SELF CONTAINED | <input type="checkbox"/> TITLE I MATH | <input type="checkbox"/> OT/PT         | <input type="checkbox"/> ESL             |

PHOTO RELEASE: YOUR CHILD'S PHOTO MAY BE TAKEN FOR INCLUSION IN THE DISTRICT PUBLICATIONS OR IN LOCAL NEWSPAPERS OR MAGAZINE

ARTICLES OR LETTERS RELATING TO SCHOOL ACTIVITIES. PLEASE CHECK BELOW:)

YES, I GIVE PERMISSION

NO, I DO NOT GIVE MY PERMISSION

### EMERGENCY INFORMATION

IF THE ABOVE NAMED CANNOT BE REACHED, WHO SHOULD WE NOTIFY IN CASE OF ILLNESS/ACCIDENT OR EMERGENCY CLOSURE:

|      |         |       |
|------|---------|-------|
| NAME | ADDRESS | PHONE |
| NAME | ADDRESS | PHONE |

IF THE ABOVE NAMED CANNOT BE REACHED, SHOULD THE FAMILY PHYSICIAN BE CALLED?

YES

NO

|                  |       |
|------------------|-------|
| FAMILY PHYSICIAN | PHONE |
|------------------|-------|

### HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE, SUCH AS

BEE STING

FOOD ALLERGY

SKIN DISORDER

DIABETES

ASTHMA

EYE PROBLEMS

ORTHOPEDIC PROBLEM

HEART CONDITION

HAY FEVER

EAR PROBLEM

CONVULSIONS (EPILEPSY)

URINARY PROBLEMS

OTHER \_\_\_\_\_

DOES YOUR CHILD TAKE MEDICINE REGULARLY?  YES  NO

HEALTH INFORMATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

The parent or legal guardian of a student seeking to enroll must provide the school district with at least two(2) of the items numbered (1) through (10) below as verification of their address, except that any document with a post office box as an address will not be accepted.

[To be initialed by School Personnel and Copies Attached]

\_\_\_\_ (1) Filed Homestead Exemption Application form;

\_\_\_\_ (2) Mortgage Documents or property deed;

\_\_\_\_ (3) Apartment or home lease;

\_\_\_\_ (4) Utility bills;

\_\_\_\_ (5) Driver's License;

\_\_\_\_ (6) Voter precinct identification;

\_\_\_\_ (7) Automobile registration;

\_\_\_\_ (8) Affidavit and/or personal visit by a designated school district official;

\_\_\_\_ (9) Any other documentation that will objectively and unequivocally establish that the parent or guardian resides within the school district; and, in the case of a student living with a legal guardian who is a bonafide resident of the school district;

\_\_\_\_ (10) Certified copy of filed petition for guardianship if pending and final decree when granted

### TO BE COMPLETED BY REGISTRATION STAFF

\_\_\_\_ (Please Initial) I have explained to the parent/legal guardian it is their responsibility to notify the office of any changes to his or her contact information and that a working/current telephone number must be given to your child's school at each change from the phone number's given on this form.

\_\_\_\_ (Please Initial) I have explained to the parent/legal guardian it is their responsibility to notify the office of any changes to residency and that a current physical address must be given to your child's office at each change from the address given on this form.

### COMPLIANCE CHECKLIST -- (forms completed/attached)

\_\_\_\_ 2 Proofs of Residency

\_\_\_\_ Enrollment forms completed

\_\_\_\_ Copy of handbook given

\_\_\_\_ Jefferson Comprehensive Health Clinic Form

\_\_\_\_ Student Check Out Form

\_\_\_\_ Current Medical Documentation (of chronic illness-if applicable)

\_\_\_\_ Current Special Diet Documentation (if applicable)

**Jefferson County School District**  
**PARENT/GUARDIAN AUTHORIZATION FOR**  
**STUDENT CHECKOUT**  
2020-2021

**Elementary (004)**

430 Highway 33  
Fayette, MS 39069

**Upper Elementary (010)**

442 Highway 33  
Fayette, MS 39069

**Junior High (012)**

468 Highway 33  
Fayette, MS 39069

**High School (008)**

2277 Main Street  
Fayette, MS 39069

---

**Notice: A separate sheet should be filled out and returned for each child in your household.**

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

Parent/Guardian's Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Please list below the name(s) of the persons you are designating to pick your child up from school other than yourself. Only the person(s) names listed below will be permitted to pick up your child.**

**Name**

**Telephone Number**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

---

Signature of Parent or Legal Guardian

---

Date

# JEFFERSON COUNTY SCHOOL DISTRICT

2020-2021 Active Parent Online Registration Form  
<http://ms3200.activeparent.net>

Parent/Guardian Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last 4 digits \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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 |
|-----------------|-------|--------|
|                 |       |        |
|                 |       |        |
|                 |       |        |
|                 |       |        |
|                 |       |        |

SAM7 PARENT ONLINE ALLOWS YOU AS THE PARENT/GUARDIAN TO VIEW THE CHILDS GRADES AND ATTENDANCE.

**FOR OFFICE USE ONLY**

Yes  No I authorize the release of the child's record. I have verified that the child's parent/guardian has been approved to view his/her records and be registered as an Active Parent.

Parent/ Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
School Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Parent/Guardian Username Information**

Your Username will be your last name and the last 4 digits of your Social Security Number. Your password will be set to "password" until you change it.

# HOME LANGUAGE SURVEY

FOR K-12 SCHOOL DISTRICTS

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Middle last

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

1. What is the dominant language **most often** spoken by the student?
  
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student?
  
3. What language was **first** learned by the student?
  
4. Does the parent/guardian need **interpretation** services? \_\_\_ Yes \_\_\_ No  
 If so, what language?
  
5. Does the parent/guardian need **translated** materials? \_\_\_ Yes \_\_\_ No  
 If so, what language?
  
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
MM/YYYY
  
7. In what country was the student born?

Parent / Guardian Signature

Date (MM/DD/YYYY)

### DISTRICT USE ONLY

Designated English Learner on the LAS Links Screener

### DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT

| Date | Speaking Score | Listening Score | Reading Score | Writing Score | Composite Score |
|------|----------------|-----------------|---------------|---------------|-----------------|
|      |                |                 |               |               |                 |
|      |                |                 |               |               |                 |

**Jefferson County School District**  
**Public Notice**  
**Education Rights of Children and Youth that are Homeless**

This public notice provides information about the rights of children, youths, and unaccompanied youth that are homeless to attend a public school or public charter school. An unaccompanied youth is a youth that does not live with a parent or guardian. This notice includes information to help you know if you or someone you know is considered homeless and is eligible for services from our school district. Children or youths that are homeless have rights that include the right to attend public schools. If you need assistance understanding this letter, please contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you need an interpreter? Please tell us and we will make sure one is available.

Our school district actively enrolls and provides services for children and youth that are homeless. If you are homeless or know of a child, youth, or unaccompanied youth that may be homeless, please contact the person listed here for help.

District Liaison: Dr. Bertha L. Watts-Woods Phone: 601-786-3721 Ext. 19  
District Address: Post Office Bo 157 Fayette, MS 39069 Email: bwatts@jcpsd.net

- *Who is "homeless"?* Children or youth (including children of migrant workers) who lack a fixed, regular, and adequate nighttime residence are homeless. Fixed means the home is connected to the ground and is not easy to move. Regular means a place where the child sleeps every night. Adequate means the home meets modern standards of living. Children who are sharing someone else's housing because they lost theirs or because they cannot afford their own housing are homeless. Children and youths who are homeless may be living in:

- motels;
- hotels;
- trailer parks (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers);
- camping grounds because they do not have an adequate home;
- emergency or transitional shelters;
- or are abandoned in hospitals.

Children and youth who are homeless may have a place they usually sleep that is a public or private place not meant to be a regular place for people to sleep. They may also be living in:

- cars;
- parks;
- public spaces;
- abandoned buildings;
- substandard housing (housing that does not meet modern standards of living);
- bus or train stations;
- or other similar settings.

If you are not sure, please contact the person listed on this notice.

- *What are the education rights of children and youth that are homeless?* Our schools provide the same educational services to all students without regard to their living situation. Children and youth who are homeless also have rights that include:
  - Based on what is best for the child or youth, the child or youth can continue to attend the "school of origin" or be immediately enrolled in any public school where the student now lives. This includes any school that students who are not homeless attend that is in the area where the child or youth now lives.
  - Being given services without delay, such as transportation and meal programs.
  - Other appropriate services and programs, such as programs for:
    - gifted children;
    - children with disabilities;
    - English learners;
    - career and technical education;
    - and preschool.
  - Help in school through the district's federally funded Title I program. A student that is homeless can receive Title I services even if the student is not attending a Title I funded school.