

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

East Side Elementary - Student Enrollment Form

(For NEW Students only)

PLEASE PRINT INFORMATION REQUESTED BELOW:

STUDENT

Student's Legal Name _____
Last First Middle

Street/911 Address _____

City, State, Zip _____ Phone () _____

Mailing Address (if different than above) _____

Birth Information: Birth Date: _____ City _____

County _____ State: _____ Country _____

Race: White Black Asian Hispanic American Indian/Alaska Native Native Hawaiian/Pacific Islander

Gender: Male Female

PARENT/GUARDIAN INFORMATION - (Note if legal guardian, must provide copy of guardianship papers)

Parent(s)/Legal Guardian Name _____

Relationship to Student _____ Home Phone () _____ Cell Phone () _____

Mailing Address _____

City _____ State _____ ZIP _____

Employer _____ Work Phone () _____

Parent(s)/Legal Guardian Name _____

Relationship to Student _____ Home Phone () _____ Cell Phone () _____

Mailing Address _____

City _____ State _____ ZIP _____

Employer _____ Work Phone () _____

With whom does the child live? _____ Names of brothers/sisters under 21 _____

PLEASE SEE BACK OF THIS FORM TO COMPLETE AND SIGN

STUDENT HISTORY

Last School Attended _____ Grade _____

School Address: _____

City, State, Zip _____

Has student ever attended WPCSD? _____ if yes, name of school and grade _____

Was student enrolled in Special Education at last school attended? Yes No

If yes, what ruling? _____ Eligibility Date _____

Was student enrolled in SPEECH? Yes No

Was student enrolled in a Pre-K program? Yes No

If yes, was student enrolled in Pre-K program at:

WPCSD ICS Headstart Private Daycare Name of Daycare _____

The information above is true and correct. I understand that I am to inform school officials any time legal custody, address, or phone numbers change:

Parent/Legal Guardian Signature _____

Date _____

FOR OFFICE USE:

Date _____
School _____
Student ID _____
MSIS ID _____
Grade _____
HR Teacher _____
TRANSFER RECORDS
Ordered From _____
Ordered by _____
Date Records Received _____

Check all Applicable:

- Birth Certificate
- Immunization Compliance Form
- Verification of Legal Residence (2)
- Affidavit of Residency (approved by Supt)
- Legal Guardianship Papers
- English Language Learner
- McKinney-Vento Homeless Assistance Act
- Social Security Card
- Photo ID

Name of School Personnel Entering Record:

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 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 C. Native Pacific Islander
B. Alaska Native 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

STUDENT USE ONLY

Student Name

Parent/Guardian Name

Home Telephone










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