

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 <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
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HEALTH INFORMATION

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

- | | | | |
|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> BEE STING | <input type="checkbox"/> FOOD ALLERGY | <input type="checkbox"/> SKIN DISORDER | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> EYE PROBLEMS | <input type="checkbox"/> ORTHOPEDIC PROBLEM | <input type="checkbox"/> HEART CONDITION |
| <input type="checkbox"/> HAY FEVER | <input type="checkbox"/> EAR PROBLEM | <input type="checkbox"/> CONVULSIONS (EPILEPSY) | <input type="checkbox"/> URINARY PROBLEMS |
| <input type="checkbox"/> 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)