

ITAWAMBA COUNTY SCHOOL DISTRICT

Circle School

Dorsey

Fairview

IAC

IAHS

Mantachie

Tremont

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

BUS NUMBER \_\_\_\_\_

**STUDENT INFORMATION**

Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Registration Grade Level \_\_\_\_\_ Gender (Circle One) Male or Female Race \_\_\_\_\_

Last School Attended and Address \_\_\_\_\_

Has this student previously attended a School in Itawamba County? Yes or No If yes, which school? \_\_\_\_\_

AT THE LAST SCHOOL ATTENDED, THIS STUDENT PARTICIPATED IN (Check Blanks That Apply)

Special Education \_\_\_\_ Title I \_\_\_\_ Speech Therapy \_\_\_\_ Gifted/Talented \_\_\_\_ Other \_\_\_\_

Has the student been expelled or is he/she a party to an expulsion proceeding from a public or private school? \_\_\_\_\_

**PARENT INFORMATION** (Note: Guardians or Divorce Parents must present the School with a copy of Custody Papers)

Father's Name Last \_\_\_\_\_, First \_\_\_\_\_ Middle \_\_\_\_\_

Mother's Name Last \_\_\_\_\_, First \_\_\_\_\_ Maiden \_\_\_\_\_

Or Guardian Last \_\_\_\_\_, First \_\_\_\_\_ Middle \_\_\_\_\_

Parent/Guardian Home Street Address \_\_\_\_\_

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

Home Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (During School Hours)

Emergency Contact Last Name \_\_\_\_\_, First \_\_\_\_\_

Emergency Contact Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (During School Hours)

Relationship to the Student \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian (A student is temporarily enrolled until all paperwork and records have been received from school previously attended.)

Below this line is for school use only

Social Security # \_\_\_\_\_ MSIS # \_\_\_\_\_ Transferring from \_\_\_\_\_

Grade Level \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_ City/County/State of Birth \_\_\_\_\_

Birth Certificate File # \_\_\_\_\_ Immunization date \_\_\_\_/\_\_\_\_/\_\_\_\_ Verified by \_\_\_\_\_

2 Proofs of Residency (Ex: Electric Bill, deposit receipt, etc) Can't use P.O. Box as one proof of residency. Must have Birth Certificate, Social Security Card, Shot Record, and 2 proofs of residency to enroll a child. If parents are divorced, a copy of CUSTODY PAPERS must be presented at registration.

**PERMISSION FORM**

I hereby give permission to the Itawamba County School District to use for publication or in brochures, any photograph, films, and/or videotapes in which my child, **(name)** \_\_\_\_\_, is featured during the school year. I further agree to the use of such photographs, films and videotapes without liability to the Itawamba County School District.

Please Check One:

\_\_\_\_\_ **YES**, you have my permission to photograph, film, and/or videotape my child.

\_\_\_\_\_ **NO**, you do NOT have my permission to photograph, film, and/or videotape my child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL INFORMATION**

Please list any allergies or medical problems your child has (If none, write none in the blank.) \_\_\_\_\_

\_\_\_\_\_  
Please list any medications your child is taking: \_\_\_\_\_

Will any medications be taken while child is at school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, send medicines to school in a prescription bottle with the child's name and directions.

Student's Doctor \_\_\_\_\_ Doctor's Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please list any other information that you feel the school should know concerning your child.

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

**HOME LANGUAGE SURVEY**

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

Does your child speak any language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please answer the following questions:*

What is the first language your child learned to speak? \_\_\_\_\_

What language does your child speak most often? \_\_\_\_\_

What language is most often spoken at home? \_\_\_\_\_

Signature of parent completing this form: \_\_\_\_\_

**The above information on this registration form is true to the best of my knowledge.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date