KINDERGARTEN ENROLLMENT FORM

Rankin County School District
TRADITION OF EXCELLENCE

FOR OFFICE USE ONLY			
SCHOOL DOCUMENTATION	✓	**REQUIRED DOCUMENTATION FOR ENROLLMENT RECEIVED**	✓
Homeroom Teacher	☐	Withdrawal / Current Grades	☐
Student Scheduled	☐	Birth Certificate	☐
Record Requested	☐	Social Security Card	☐
Record Received	☐	(2) Proofs of Residency	☐
Township / Range		MS Immunization Form	☐
MSIS #		Legal Paperwork (if app.)	☐
Bus Number or Mode of Transportation AM PM			
ASSIGNED TEACHER			

HIGHLAND BLUFF ELEMENTARY SCHOOL

5970 HIGHWAY 25
BRANDON, MS 39047
601.992.5168

ALL ENROLLMENT FORMS MUST BE COMPLETED BY A LEGAL PARENT/GUARDIAN.

STUDENT DEMOGRAPHIC INFORMATION

Student's Name _____ _____ _____ _____
LAST FIRST MIDDLE NICKNAME

Physical Address _____ City _____ Zip Code _____
Mailing Address _____ City _____ Zip Code _____
Date of Birth _____ SSN _____ Ethnicity _____ Gender _____
A, B, H, NA, PI, W

*Birth Certificate # _____ *Immunization Date _____
Place of Birth _____ _____ _____
CITY COUNTY STATE

Parent / Guardian Name _____

Please provide a valid telephone number and email address for important updates and correspondence—as well as alerts.
Telephone _____ Email Address _____

Briefly list student's medications or special health problems

In case of emergency or serious illness, I request school officials to contact me. If the officials can not reach me, school officials may seek appropriate medical attention.

PREVIOUS EDUCATIONAL INFORMATION

Type of program your child participated in when they were 4 years old:
☐ Licensed Child Care Center ☐ Head Start ☐ Pre-K Public ☐ Pre-K Private ☐ Family/Friend Care ☐ Home

Program / Care Giver Name _____
Program / Care Giver Address _____
City _____ State _____ Zip _____

PLEASE CONTINUE TO PAGE 2

SPECIAL SERVICES

Was student receiving special services at previous school?

SPED: YES ☐ NO ☐ ELL: YES ☐ NO ☐

Speech: YES ☐ NO ☐ 504: YES ☐ NO ☐

DISCIPLINARY INFORMATION

Has the student been suspended / expelled from any school? YES ☐ NO ☐ Dates

Is the student a party to an expulsion proceeding from any school? YES ☐ NO ☐

If Yes to either question, give name/address/phone number of school

PARENT / GUARDIAN / STEP-PARENT / SIBLING INFORMATION

Student Living with (FIRST & LAST NAME) Relationship

If you are not the parent, do you currently have guardianship? YES ☐ NO ☐ (Documentation Attached)

MOTHER ☐ STEP-MOTHER ☐ GUARDIAN ☐ (PLEASE CHECK ONE)

Full Name (LAST) (FIRST) (MAIDEN)

Home Phone # Cell Phone # Email Address

Place of Employment Work Phone #

FATHER ☐ STEP-FATHER ☐ GUARDIAN ☐ (PLEASE CHECK ONE)

Full Name (LAST) (FIRST)

Home Phone # Cell Phone # Email Address

Place of Employment Work Phone #

NAME(S) AND AGE(S) OF BROTHERS AND SISTERS

PLEASE NOTE: Students are allowed access to BOTH parents unless there are copies of COURT documents in the student's cumulative records that state otherwise. If any legal actions that affect the child are still in process, current copies of legal documents must be in the child's cumulative folder until the process is completed. Please attach any court documents and explain restrictions concerning your child.

* A birth certificate may be obtained from the State Board of Health from the capital of the state where the child was born. An immunization record may be obtained from the county health department or private physician.

I have read the above requirements. I understand that my child WILL NOT BE ENROLLED UNTIL I HAVE PROVIDED THE SCHOOL WITH ALL REQUIRED DOCUMENTATION.

Parent / Guardian Signature Date

PLEASE CONTINUE TO PAGE 3

PERMISSION FOR PUBLICATION OF STUDENT PHOTOGRAPHS, WORK, AND INFORMATION

I understand that from time-to-time the school or the Rankin County School District (RCSD) may wish to publish student names, photographs, vocal and video recordings, projects, and/or other student work in electronic (radio and TV), print (newspapers, magazines), digital or electronic publishing via the Internet/websites, including school and RCSD websites, and other media outlets for the purpose of gaining positive publicity for the RCSD.

The primary purpose of directory information is to allow the School or School District to include information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for football, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. We are committed to the security of all student and or staff data and take every measure to safeguard that information. Please let us know what you would like for us to do in regards to your child.

☐ YES, I give permission to have my child's work/project, name, personal information, vocal and video recordings, and photograph submitted to the media and posted on the Internet or on the District website for the purpose of gaining positive publicity for the school or school district.

☐ NO, I would prefer that my child's work/project, name, personal information, vocal and video recordings, and photograph not be submitted to any media nor posted on the Internet or on the District website for the purpose of gaining positive publicity for the school or school district.

ADDITIONAL INFORMATION

The following information would be helpful to the program evaluation conducted by the Mississippi Department of Education. Your response is optional. Thank you.

How often do you read to your child? ☐ Daily ☐ Weekly ☐ Monthly ☐ Seldom ☐ Never

Rankin County School District
TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT
PARENT VOLUNTEER FORM

INFORMATION

Name

Address

City State Zip

Home Phone Cell Phone

Date of Birth Employer

REFERENCES:

1 NAME ADDRESS PHONE

2 NAME ADDRESS PHONE

School / Student Phone

Have you ever been charged with or arrested or convicted of a civil or criminal sexual offence? Yes ☐ No ☐

I understand there is a possibility that a background check may be required if assigned as a volunteer / chaperon.

Volunteer's / Chaperone's Signature Date

Principal's Signature Date

Return this completed application to the school where you wish to volunteer/chaperon.

Rankin County School District
TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT
STUDENT HEALTH RECORD

STUDENT INFORMATION

Student Name _____ Grade _____ Male ☐ Female ☐
Date of Birth _____ Age _____ Height (Feet / Inches) _____ ′/ _____ ″ Weight (lbs) _____
Parent / Guardian _____ Address _____
Cell # _____ Home # _____ Work # _____ E-Mail _____
Medicaid # _____ Health Insurance _____
Student's Healthcare Provider _____ Provider's Phone # _____ Provider's Fax # _____

STUDENT'S MEDICAL HISTORY

ASTHMA

Does your child have asthma? Yes ☐ No ☐ If yes, mark one: Mild ☐ Moderate ☐ Severe ☐

An *Asthma Plan* is **REQUIRED** to be to be on file at the school for all students with asthma.

FOOD ALLERGIES

Does your child have food allergies? Yes ☐ No ☐ If yes, please list foods allergic to and reactions below.

LIFE THREATENING ALLERGIES TO INSECT BITES

Does your child have life threating allergies to insect bites? Yes ☐ No ☐ If yes, list insects:

All students with food and or insect allergies need an *Allergy Plan* on file at the school.

EPILEPSY / SEIZURES

Does your child have Epilepsy or seizures? Yes ☐ No ☐ If yes, your child needs an *Epilepsy / Seizure Plan* on file at the school.

CONTINUED ON NEXT PAGE

DIABETES

Does your child have Diabetes? Yes ☐ No ☐ If yes, your child needs a Diabetes plan on file at the school.

Does your child have an insulin pump? Yes ☐ No ☐

EMERGENCY MEDICATIONS

Epipen ☐ Rescue Inhaler ☐ Diastat ☐ Glucagon ☐ None of These ☐

DAILY MEDICATIONS

Is the student taking any daily prescription or OTC medication at home? Yes ☐ No ☐ If yes, please list below.

Will the student need to take medication daily at school? Yes ☐ No ☐

If your child has daily and / or emergency medications at school, each will need a Medication Consent Form (signed by a physician) to be on file in the school office. You are responsible for supplying the medication.

OTHER

Is there anything else related to a diagnosed medical condition that you feel the school should know about your child?

CONSENT

The undersigned parent or guardian understands, acknowledges and agrees that state or county employed Region 8 health care support service professionals / counselors will or may be providing counseling and / or health care services to all ages of RCSD students in addition to the health care / counseling services for students traditionally provided by employees, nurses and counselors of the Rankin County School District, and hereby consents to such proposed or provided services as may in the sole discretion of the school district or health care providers be necessary or desirable while my child (children) is in the care of the school district.

Yes ☐ No ☐

For Middle / High School Students Only: I give consent for my child to participate in suicide prevention screening conducted by Region 8.

View Screener Here

Yes ☐ No ☐

Parent's / Guardian's Signature

Date

Rankin County School District
TRADITION OF EXCELLENCE

CONSENT FOR MEDICATIONS AT SCHOOL

PARENT AUTHORIZATION-INDEMNITY AGREEMENT AND PHYSICIAN ORDER FOR ADMINISTRATION OF PRESCRIPTION OR OVER THE COUNTER MEDICATION{S) AT SCHOOL

STUDENT INFORMATION (TO BE COMPLETED BY THE PARENT):

First Name _____ Middle _____ Last _____
School _____ Grade _____ Homeroom Teacher _____
Height _____ Weight _____ Date of Birth _____ Age _____

PARENT(S)/GUARDIAN(S) EMERGENCY CONTACT NUMBERS:

Name _____ Home # _____ Cell _____ Work _____
Other _____ Relation _____

The undersigned parent(s) or guardian(s) of the student named above, a minor child, have requested personnel of the Rankin County School District or Region 8 Mental Health Services and their nurses , employees, directors, agents and volunteers to administer prescription and/or Over the Counter (OTC) medication to this student. This request has been made for my/our convenience as a substitute for parental administration of this medicine. If there is not a licensed and registered school based nurse available to administer medications at the school, it is understood that the school principal or his/her designee will assign unlicensed school personnel or employee/volunteer that does not have medical or nursing training but has completed the Mississippi Board of Nursing "Assisted Self Administration Curriculum" the task of assisting the child in taking the medication. I/We understand that additional parent/prescriber signed statements will be necessary if the medication or dosage of medication is changed. I/We also authorize the School based Nurse or employee to talk with the prescriber or pharmacist should a question come up about the medication. I/We understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, pharmacy, pharmacy number, date of prescription, name of medication, dosage, strength, time interval, rout of administration, and the date of drug's expiration when appropriate. If the medication is over the counter (non-prescription), then it must be registered with the school in the original container and the child's name must be written legibly on the bottle. All medication(s) must be registered by the principal or his/her assigned designee and approved by the school based nurse prior to administration of medication at school. I/We forever release, discharge and covenant to hold harmless the Rankin County School District, its personnel, its employees, agents, volunteers or nurses and Board of Trustees or Region 8 Mental Health Services and it's nurses , employees, directors, agents and volunteers from any and all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from the administration of the prescription medicine. The undersigned agree to repay the school district or Region 8, its personnel or Trustees any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to the minor child as a result of the administration of medicine. I have read the foregoing release and indemnity agreement and fully understand it. Executed this the _____ day of, 20_____.

Parent or Guardian Signature	Name Printed	Witness

PRESCRIBER AUTHORIZATION (TO BE COMPLETED BY A PHYSICIAN OR LICENSED PRACTITIONER)

Name of Medication (one per form} _____ Check Prescription ☐ or OTC ☐
Condition for which medication is needed (diagnosis) _____
Dosage _____ Route _____ Time(s)/Frequency to be given _____
If PRN, list Frequency _____ AND specific symptoms when to administer _____
(i.e. head or stomach ache, wheezing or other symptoms exhibited with the medical condition
If the medication is an asthma inhaler or epinephrine / epi-pen, this student is authorized for self carry and has been instructed on and demonstrated the proper technique in administering the medication? Yes ☐ No ☐
Physician Phone # _____ Fax # _____

Prescriber Name & Title (Print)	Prescriber Signature (or signature stamp)	Date

Rankin County School District
TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT
EMERGENCY CARD

INFORMATION

Student's Name _____ (LAST) _____ (FIRST) _____ (MIDDLE) _____ (PREFERRED)

Home Address _____ City _____ Zip _____

Mailing Address _____

Birthday _____ Age _____ Race _____ Gender _____

PARENT/GUARDIAN NAME	EMAIL ADDRESS	PLACE OF EMPLOYMENT & PHONE NUMBER	CELL PHONE / PAGER
MOTHER			
FATHER			

1. Do both parents have custody of the student? Yes ☐ No ☐
2. If no, are the most current court papers on file in the school office? Yes ☐ No ☐
3. Are both parents allowed to check the student out of school? Yes ☐ No ☐
4. I wish to receive text messages and/or emails from the school and district Yes ☐ No ☐

Please check your child's primary mode of transportation.

☐ Car Rider _____ am _____ pm ☐ Bus Rider Bus Number _____ _____ am _____ pm

☐ Walker _____ am _____ pm ☐ Daycare Daycare Name _____ _____ am _____ pm

☐ Frontiers _____ am _____ pm

I understand that transportation changes must be made in writing by a note sent with my child, brought to school by a parent, or faxed to the school office.

My child may be checked out of school or (in emergency medical situations or other situations involving my child's care) be left in the care of individuals listed below and only those individuals. I understand that only the individuals listed may check my child out of school.

NAME OF INDIVIDUAL	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE / PAGER

**You must have a minimum of three working telephone numbers on this emergency card at all times. Please contact the school if any of your telephone numbers change.

If I cannot be reached, the school has my permission to secure the most readily available medical services and, if necessary, have my child transported to the nearest emergency care facility. I understand that I will be responsible for any cost related to this action.

_____ _____

Parent's / Guardian's Signature Date

PLEASE CONTINUE TO PAGE 2

MEDICAL INFORMATION

Describe any health condition or medical problem that may restrict or limit your child's school activities:

Allergies

Please list the name and telephone number of local physician

DISCIPLINE PROCEDURES

School Name

Teacher Name Grade

Please initial **ONE** of the following regarding the **discipline procedures** involving my child.

I DO NOT OBJECT to my child being paddled/spanked.

OR

I prefer that paddling/spanking NOT be used as a consequence. I will PICK UP my child IMMEDIATELY if a severe problem is encountered.

STUDENT NAME				
	DATE	TIME	REASON	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

RANKIN COUNTY SCHOOL DISTRICT PERMISSION FORM FOR THE PUBLICATION OF STUDENT PHOTOGRAPHS AND WORK

Date

I understand that from time-to-time the school or the Rankin County School District (RCSD) may wish to publish student names, photographs, vocal and video recordings, projects, and/or other student work in electronic (radio and TV), print (newspapers, magazines), digital or electronic publishing via the Internet/websites, including school and RCSD websites, and other media outlets for the purpose of gaining positive publicity for the RCSD. Please let us know what you would like for us to do in regards to your child.

☐ YES, I give permission to have my child's work/project, name, vocal and video recordings, and photograph submitted to the media and posted on the Internet or on the District website for the purpose of gaining positive publicity for the school or school district.

☐ NO, I would prefer that my child's work/project, name, vocal and video recordings, and photograph not be submitted to any media nor posted on the Internet or on the District website for the purpose of gaining positive publicity for the school or school district.

If you checked "NO," please sign your initials in this blank to indicate that your child's photograph may be used in your school's yearbook:

Student's Name (print)
Student's School (print) Student's Grade
Parent or Guardian's Name (print)

Parent's / Guardian's Signature Date

PRINCIPALS: PLEASE KEEP ALL ORIGINAL COPIES FOR YOUR FILES AND SUBMIT ONLY COPIES OF "NO" RESPONSES TO THE RCSD PUBLIC RELATIONS DEPARTMENT

Rankin County School District
TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT
HOME LANGUAGE SURVEY

SURVEY

The Office of Civil Rights (OCR) requires that LEAs identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Mississippi has selected the Home Language Survey (HLS) as the method for the identification. The HLS must be administered to all students at enrollment.

LEA Rankin County School District Date _____

School _____

Student's Name _____ Grade _____

1. What is/was the first language your child learned to speak? _____
2. Does the student speak a language(s) other than English? (*Check Yes or No, Do not include languages learned in school.*)
   YES ☐ NO ☐ If yes, specify the language(s) _____
3. What language does your child speak most often? _____
4. What language(s) is/are spoken in your home? _____
   (***If one or more of questions 1–4 indicate a language other than English, the student must be administered the W-APT***).
5. When did your child first enter school in the U.S.? Year _____

Name of School	State

6. Is the student attending the school as a foreign exchange student? YES ☐ NO ☐
7. Has the student ever been in a bilingual educational or an English as a Second Language (ESL) program in a school in the U.S.?
   YES ☐ NO ☐
8. Did the student exit the program? YES ☐ NO ☐ Exit Date _____

Parent/Guardian signature	Person completing this form (if other than parent/guardian)

MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child

Mississippi Department of Education
Employment Survey

Complete and Return to School

School Name:
Parent/Guardian Name(s):
Address:
Telephone Number(s):
Email:
1. Have you moved to a new town to find work within the last 3 years? ☐ Yes ☐ No **(If you answered "No," STOP HERE. If you answered "Yes," continue.)**
2. Did you or anyone in your household find work in **agriculture** or **fishing** (examples: planting or preparing fields for crops; harvesting crops; picking fruit or vegetables; processing fruit or vegetables; planting or cutting trees; greenhouse, cotton gin, poultry farm or dairy work; or farming/ harvesting/ processing chicken, catfish, beef, pork, shrimp, crab, crawfish, oysters, or other shellfish or fish)? ☐ Yes ☐ No **(If you answered "No," STOP HERE. If you answered "Yes," continue.)**
If you answered "Yes" to both questions above, a state education representative may contact you to find out whether your child is eligible for additional educational services.
What is the best time to get in touch with you? ☐ During the day ☐ Evening/night

For School Use Only Date received from family: _____

Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.

Or convey by regular mail, or fax to:

MMESC - P.O. Box 1575 Mississippi State, MS 39762 (fax: 662-325-0864)

For MMESC Use Only

School District:_____ Date received from school: _____

Departamento de Educación de Mississippi
Encuesta de Trabajo

Complete y retorne a la escuela

Escuela:
Nombre del padre o guardián:
Domicilio:
Número de teléfono(s):
Correo electrónico (email):
1. ¿Usted o alguien en su hogar que se ha mudado a un pueblo nuevo para encontrar trabajo en los últimos 3 años? ☐ Sí ☐ NO **(Si contestó "NO," PARE DE CONTESTAR AQUÍ. Si contestó "Si", continúe.)**
2. ¿Usted o alguien en su hogar encontró trabajo en **agricultura** o la **pesca**? (Por ejemplo: preparando la tierra para plantar y cultivar fruta o verdura como el camote, cortando o pizcando otra fruta o verdura; procesando la fruta o verdura; plantando pino; trabajando en un vivero; moliendo algodón; en una granja criando pollo/huevo o ganado, ordeñando vacas; o en la pollera procesando pollo, pescado, carne de res, puerco, camarón, langosta, ostión, o cualquier otro tipo de marisco). ☐ Sí ☐ NO **(Si contestó "NO," PARE DE CONTESTAR AQUÍ. Si contestó "Si", continúe.)**
Si usted contestó "Sí" a las dos preguntas de arriba, un representante de educación lo contactará para saber si su hijo/a es elegible para servicios educacionales adicionales.
¿Cuál es la mejor hora para comunicarse con usted? ☐ Durante el día ☐ En la tarde/Noche

For School Use Only Date received from family: _____

Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.

Or convey by regular mail, or fax to:

MMESC - P.O. Box 1575 Mississippi State, MS 39762 (fax: 662-325-0864)

For MMESC Use Only:

School District:_____Date received from school: _____

RANKIN COUNTY SCHOOL DISTRICT
RACE / ETHNICITY SURVEY

SURVEY

School Name _____ Date _____

Student Name _____ Grade _____

Is the student of Latino / Hispanic heritage? YES ☐ NO ☐

Please select the appropriate race from list. More than one may be selected.

☐ Asian ☐ Native American ☐ Black ☐ Pacific Islander ☐ Hispanic ☐ White

INFORMATION IS NECESSARY TO IMPLEMENT THE OFFICE OF MANAGEMENT & BUDGET'S (OMB) STANDARDS FOR MAINTAINING, COLLECTING AND PRESENTING FEDERAL DATA ON RACE AND ETHNICITY. (1997 STANDARDS)

Updated 1/26/2024

Exhibit 6.1. Medical Statement for a Disabled Child

Mississippi Department of Education
Office of Child Nutrition
Medical Statement for a Disabled Child

PART I (to be completed by school district/organization/sponsor)

Date: _____

Name of School District/School/Organization/Sponsor _____

Name of Student/Individual _____

Address _____

Date of Birth _____

School/Provider/Center Name _____

School/Provider/Center Address _____

PART II (to be completed by a physician)

Patients Name_____ Age _____

Diagnosis _____

Describe the individual's disability and the major life activity affected by the disablility

Does the disability restrict the individual's diet? ◯ Yes ◯ No

If yes, list the food(s) to be omitted from the child's diet and food(s) that may be substituted

Special equipment needed

Date _____ Signature of Physician _____

Exhibit 6.1. Medical Statement for a Non-Disabled Child

Mississippi Department of Education
Office of Child Nutrition
Medical Statement for a Non-Disabled Child

PART I (to be completed by school district/organization/sponsor)

Date: _____

Name of School District/School/Organization/Sponsor _____

Name of Student/Individual _____

Address _____

Date of Birth _____

School/Provider/Center Name _____

School/Provider/Center Address _____

PART II (to be completed by a medical authority)

Patients Name_____ Age _____

Diagnosis _____

Describe the medical or other special dietary needs that restricts the child's diet

List the food(s) that should be omitted from the child's diet and food(s) that may be substituted based on the answer given above

Special equipment needed

Date _____

Signature of Medical Authority _____

Exhibit 6.4. Religious Statement for a Child or Children

Mississippi Department of Education
Office of Child Nutrition
Religious Statement for a Child/Children

PART I (to be completed by school district/organization/sponsor)

Date: _____

Name of School District/School/Organization/Sponsor _____

Name of Student/Individual _____

Address _____

Date of Birth _____

School/Provider/Center Name _____

School/Provider/Center Address _____

PART II (to be completed by a minister or head authority in religious denomination)

Name of Student/Individual _____ Age _____

Quote or list the religious belief or church law or canon that restricts the student's/individual's diet

List the food(s) that should be omitted from the child's diet and food(s) that may be substituted based on the answer given above

Date _____

Signature of religious authority _____