

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

DATE:	GRADE: 🖵 6th 🖵 7th 🖵 8th	TEACHER:			
STUDENT DEMOGRAPHIC INFORMATION					
Student's Name:		FIRST	MIDDLE		
Residence Address:					
Mailing Address:	_City:	Zip Code:			
Date of Birth:	_SSN:	Ethnicity:	Gender:		
*Birth Certificate #:		*Immunization Date:			
Place of Birth:	COUNTY		STATE		
Parent / Guardian Name:					
Briefly list student's medications or special health problems:					
Please provide a valid email address for important updates and correspondence.					
Email Address:					
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(Initial)					
	PREVIOUS EDUCATIONAL IN				
Last school attended:					
Grade: Mailing Address:					
Has student ever been enrolled in this district?	s 🖵 No Ifyes,	NAME OF SCHOOL	When?		
SPECIAL SERVICES					
Was student receiving special services at previous se	:hool?				
Gifted 🖵 Yes 🖬 No 🛛 SPED 🖵 Yes 🔲 No Speed	h 🛛 Yes 🔍 No 🛛 ELL 🔍 Yes 🔍 No	504 🖵 Yes 📮 No			

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Dates: _____

Has the student been suspended / expelled from any school? YES \square NO \square

Is the student a party to an expulsion proceeding from any school? YES \square ~ NO \square

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 Circle One)					
Full Name:	FIRST	MAIDEN			
Home Phone #:	_Cell Phone #:	_Email Address:			
Place of Employment:	Work Phone #:	-			
FATHER / STEP-FATHER / GUARDIAN (Please Circle One)					
Full Name:	FIRST	-			
Home Phone #:	_Cell Phone #:	_Email Address:			
Place of Employment:	Work Phone #:	_			
NAME(S) AND AGE(S) OF BROTHERS AND SISTERS	3:				
Students coming from a non-accredited school or home school will be temporarily placed upon completion of the registration requirements. Placement test(s) will be administered as soon as possible to determine permanent grade/class placement. * 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:					
Rankin County School District grants equal educational opportunities to all students regardless of race, creed, color, sex, national origin, marital status, religion, or disability.					
 I understand that from time-to-time the school or the Ra projects, and/or other student work in electronic (radio ai and RCSD websites, and other media outlets for the purp The primary purpose of directory information is to allow publications. Examples include: A playbill, showing your student's role in a drama production of the annual yearbook; Honor roll or other recognition lists; Graduation programs; and Directory information, which is information that is generally parent's prior written consent. We are committed to the section would like for us to do in regards to your child. YES, I give permission to have my child's work/project, name, District website for the purpose of gaining positive publicity for 	nd TV), print (newspapers, magazines), digital or electror ose of gaining positive publicity for the RCSD. the School or School District to include information from roduction; v not considered harmful or an invasion of privacy if released urity of all student and or staff data and take every measure , personal information, vocal and video recordings, and photogr the school or school district.	tudent names, photographs, vocal and video recordings, ic publishing via the Internet/websites, including school your child's education records in certain school , can also be disclosed to outside organizations without a to safeguard that information. Please let us know what you aph submitted to the media and posted on the Internet or on the			
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.					