

ELEMENTARY ENROLLMENT FORM



- ☐ Rouse Elementary
- ☐ Stonebridge Elementary
- ☐ Brandon Elementary
- ☐ Steen's Creek Elementary
- ☐ Florence Elementary
- ☐ McLaurin Elementary
- ☐ Flowood Elementary
- ☐ Northwest Rankin Elementary
- ☐ Northshore Elementary
- ☐ Oakdale Elementary
- ☐ Highland Bluff Elementary
- ☐ Pelahatchie Elementary
- ☐ Pisgah Elementary
- ☐ Puckett Elementary
- ☐ Richland Lower Elementary
- ☐ Richland Upper Elementary

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			
Third Grade Reading Gate: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			

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

DATE: _____ GRADE: _____ TEACHER: _____

STUDENT DEMOGRAPHIC INFORMATION

Student's Name: _____
LAST FIRST MIDDLE

Residence Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ SSN: _____ Ethnicity: A, B, H, NA, PI, W Gender: _____

*Birth Certificate #: _____ *Immunization Date: _____

Place of Birth: _____
CITY COUNTY STATE

Parent / Guardian Name: _____ Telephone: _____

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 INFORMATION

Last school attended: _____

Grade: _____ School Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Has student ever been enrolled in this district? ☐ Yes ☐ No If yes, _____
NAME OF SCHOOL YEAR

SPECIAL SERVICES

Was student receiving special services at previous school?

Gifted ☐ Yes ☐ No SPED ☐ Yes ☐ No Speech ☐ Yes ☐ No ELL ☐ 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: _____ Relationship: _____

FIRST & LAST NAME

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

MOTHER / STEP-MOTHER / GUARDIAN (Please Circle One)

Full Name: _____

LAST

FIRST

MAIDEN

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Place of Employment: _____ Work Phone #: _____

FATHER / STEP-FATHER / GUARDIAN (Please Circle 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.

Second through fifth grade 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.

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.



RANKIN COUNTY SCHOOL DISTRICT EMERGENCY CARD

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): _____ AM _____ PM
INCLUDE BUS NUMBER
☐ Walker: _____ AM _____ PM ☐ Daycare: _____ AM _____ PM
INCLUDE NAME
☐ Frontier: : _____ 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.

Signature: _____ Date: _____

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: _____



RANKIN COUNTY SCHOOL DISTRICT EMERGENCY CARD

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 HOME LANGUAGE 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 Migrant Education Service Center

Identification and Recruitment Parent Survey/Encuesta para Padres de Familia

Nombre de los padres: _____
(Name of the Parents)

Domicilio _____
(Address)

Números para llamar: _____, _____, _____
(Numbers to call)

Mejor hora para llamar: _____
(Best time to call)

¿Cuánto tiempo tienen de vivir en este domicilio? _____ años (years) _____ meses (months)
(How long has your family lived at your present address?)

¿En cuál condado vivió antes de que se cambiara a la dirección de ahora? _____
(What city/county did you live in before you moved to the address above?)

Por favor ponga en la lista a todos sus hijos menores de 22 años
(Please list all your children younger than 22 years of age)

Nombre Name	Primer Apellido Last name	Escuela School	Grado Grade	Fecha de Nacimiento Date of Birth

¿Alguien de su familia ha trabajado en algunos de los trabajos que están en esta lista durante los últimos tres años? ☐ Si (yes) ☐ No (No)
(Has anyone in your family worked at any of the jobs listed below within the last three years?)

Encierre en un círculo los trabajos que haya hecho usted o alguien de su familia, (Please circle the jobs a family member or you have done):



**Con el ganado,
Procesando,
Empacando**
*Feed Cattle,
Processing*



**En la Pollera,
Procesando, Empacando**
Poultry Processing, Packing



**Cultivando,
Preparando la tierra**
Cultivation, Preparation of Soil



**La Pesca,
Procesando Pescado**
Fishing, Processing Fish



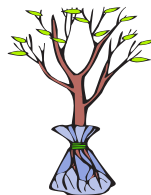
Verduras o camote
*Harvest of fruit and vegetables
or sweet potatoes*



Moliendo Algodón
Milling, Cotton Gin work



Lechería
Dairy



Plantando árboles o cortándolos
Tree planting or cutting



Viveros, plantando plantas, trabajando con la tierra
Tree Planting, or cutting. Greenhouse, Nursery, Sod



RANKIN COUNTY SCHOOL DISTRICT RACE / ETHNICITY 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)



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 Grade: _____

Student's School (print): _____

Parent or Guardian's Name (print): _____

Parent or Guardian's Signature: _____

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 STUDENT HEALTH RECORD

Student Name: _____ Grade: _____ Homeroom: _____
 Date of Birth: _____ Age: _____ Height (Feet / Inches): _____ / _____ " Weight (lbs): _____ Male ☐ Female ☐
 Father / Mother/Guardian: _____ Address: _____
 Cell #: _____ Home #: _____ Work#: _____ E-Mail: _____
 Emergency Contact Person: _____ (relationship) _____ Phone #: _____
 Social Security #: _____ Medicaid #: _____ Health Ins.: _____

Problem	Yes	No	Problem	Yes	No
Has Allergies to MEDICATION(S) List medication(s) & type of reaction on back of this form)			Emotional/Psychological disorder		
Has Allergies to food(s) List food(s) & type of reaction on back of this form			Headaches (frequent or takes medicine)		
Has Allergies to insects bites or stings List type of reaction on back of this form)			Heart problem (murmur or defects-list on back of this form)		
Carries or has Emergency Medications List medications on back			Hypertension (high blood pressure)		
Asthma (Circle: Mild/ Moderate/Severe) If yes, An Asthma Action Plan is REQUIRED from a physician & is to be provided to the school			Lice (Recent or currently known problem)		
Attention deficit (ADD, ADHD) list medications on back of this form			Nose bleeds (List frequency on back of this form)		
Birth defect/physical handicap			Sinus problems		
Bone or joint problems			Speech and/or Hearing problems		
Convulsions (seizure/epilepsy-List Type, symptoms, routine/emergency med's on back)			Vision (seeing) problems: Glasses or contacts? Date Last seen by ophthalmologist?		
Diabetes (Note on back if requires insulin pump?)			Surgery (List types and dates on back of this form)		
Earaches List frequency/Tubes-Date:			Stomach or digestive problems		

Describe any handicaps or special needs of student: _____

Is the student taking any daily prescription or OTC medication at home? Yes ☐ No ☐ If yes, please list on back.
 Do you plan for your child to receive the influenza (Flu) vaccine this year? Yes ☐ No ☐ If yes, are you interested in receiving more information about the RCSD Immunization Program? Yes ☐ No ☐ If yes, indicate which type vaccine you would be interested in your child receiving: Flu "Shot" ☐ or FluMist (Nasal Spray) ☐

Student's Healthcare Provider(s): _____ Phone #: _____ Fax: _____
 _____ Phone #: _____ Fax: _____

CONSENT

I/We give permission for my/our child to participate in the school's health program which includes health education and health basic screenings (Vision, Hearing, Scoliosis, Lice, Height, Weight, Body Mass Index etc). I hereby give permission for my child to receive medical treatment for first aid or emergency care or examination and treatment by the school nurse practitioner, collaborative physician, nurse, or a trained and approved staff member delegated by the school principal as needed per Rankin County School District Policy or as recommended by the nurse practitioner or collaborative physician.

YES ☐ NO ☐

I/We give my/our consent for pertinent medical information to be shared between the student's medical provider or pharmacist and the school nurse/nurse practitioner and/or any other school personnel directly involved with my child at school.

YES ☐ NO ☐

I/We give my/our consent for release of pertinent medical records from the student's Healthcare provider(s) listed above to the school nurse/nurse practitioner and/or any other RCSD school personnel directly involved with my child at school.

YES ☐ NO ☐

Parent/Guardian Signature(s) _____ Date: _____



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 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 nurse available to administer medications at the school, it is understood that the school principal or his/her designee will assign unlicensed school personnel 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 Nurse/Nurse Practitioner 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, route 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 nurse/nurse practitioner prior to administration of medication at school. I/We forever release, discharge and covenant to hold harmless the Rankin County School District, its personnel and Board of Trustees 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, 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____.

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 #:** _____



RANKIN COUNTY SCHOOL DISTRICT VOLUNTEER / CHAPERONE REGISTRATION FORM

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 / chaperone.

Volunteer's / Chaperone's: _____
SIGNATURE DATE

Principal's Signature: _____
SIGNATURE DATE

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



RANKIN COUNTY SCHOOL DISTRICT RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST

Name of Student (1): _____ Grade: _____

Student (2): _____ Grade: _____

Student (3): _____ Grade: _____

Student (4): _____ Grade: _____

Name of Parent / Guardian (circle one): _____

Parent / Guardian Address: _____

A P.O. BOX IS NOT ACCEPTABLE FOR AN ADDRESS

☐ Please check if your address has changed since the previous school year.

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the above-cited school district, I will promptly notify the appropriate officials of this school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent, or guardian with whom the student may be living. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

Signature of Parent, or Guardian

Date

Telephone #

TO BE COMPLETED BY SCHOOL DISTRICT

Check one in Group I and Group II and if applicable check a or b in Group III.

Group I (one from this list)

- ☐ Filed Homestead Exemption Application Form ☐ Mortgage Documents or Property Deed
- ☐ Apartment or Home Lease/Rental Agreement

Note: Any unofficial lease/rental agreement (handwritten/computer generated must be notarized)

Group II (one from this list) Current utility bill (dated within thirty days of verification of residence). Acceptable bills:

- ☐ Electricity ☐ Gas ☐ Landline telephone ☐ Cable TV or Dish TV ☐ Water

A DRIVER'S LICENSE OR VOTER IDENTIFICATION ARE NOT ACCEPTABLE.

Group III/Affidavits

Custodial parent(s) residing with an adult in a home not owned or rented by the custodial parent(s) will present documents to show legal custody. The non-custodial adult in the home must prove residency through Group I and Group II (above) and provide a notarized affidavit. In addition, the custodial parent(s) will present one item from Section A (below) and one item from Section B (below). Items from Section A and B must show residency property address.

Section A

- ☐ Valid Mississippi Driver's License or ☐ State Issued Photo Identification.

Section B

- ☐ Automobile license receipt ☐ Bank statement ☐ Credit card statement ☐ Cell phone bill
- ☐ Insurance policy ☐ State or Federal benefit check ☐ Salary check stub ☐ IRS Documentation

Date: _____

SCHOOL DISTRICT REPRESENTATIVE