

# COLUMBIA SCHOOL DISTRICT ENROLLMENT INFORMATION

Incoming students must provide the following:

- |                            |   |
|----------------------------|---|
| _____ Birth Certificate    | _____ Immunization Record (MS Form 121) |
| _____ Social Security Card | _____ Two (2) proofs of residency       |

**\*\*Transfer students must also provide withdrawal record from previous school.\*\***

<b>STUDENT INFORMATION PLEASE PRINT</b>
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<b>FIRST NAME</b>	
<b>MIDDLE NAME</b>	
<b>LAST NAME</b>	

<b>DATE OF BIRTH</b>		<b>GENDER</b>	
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<b>SOCIAL SECURITY NUMBER</b>		<b>GRADE LEVEL</b>	
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<b>PRIMARY PHONE NUMBER</b>	
<b>MOTHER'S FULL NAME</b>	
<b>FATHER'S FULL NAME</b>	
<b>RESIDENCE ADDRESS</b>	

**\*\* All other information will be submitted online through PowerSchool Registration.\*\***

**COLUMBIA SCHOOL DISTRICT  
RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST**

*(TO BE COMPLETED BY PARENT, GUARDIAN OR OTHER ADULT)*

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

*(A SEPARATE FORM IS REQUIRED FOR EACH STUDENT.)*

Name of Parent, Guardian, or Other Adult: \_\_\_\_\_

Parent/Guardian/Other Adult Address: \_\_\_\_\_

*(P.O. Box number is not acceptable for an address.)*

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 student is not legally enrolled until this form is completed and signed by the parent, guardian, or other adult with whom the student may be living. I understand that a student admitted under false information is not legally enrolled and is subject to penalty.

\_\_\_\_\_  
Signature of Parent, Guardian, or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**TO BE COMPLETED BY THE SCHOOL DISTRICT**

*(A minimum of two (2) proofs is required of ALL students. One document from Group 1 AND one document from Group 2 must be provided.)*

GROUP 1	GROUP 2
<input type="checkbox"/> Current Mortgage Documents or Property Deed (within the last 45 days)	<input type="checkbox"/> Utility Bill (within the last 45 days of registration)
<input type="checkbox"/> Filed Homestead Exemption Application Form	<input type="checkbox"/> Automobile Registration Receipt (valid in school year)
<input type="checkbox"/> Tax Receipt/Tax Display Document with Address	<input type="checkbox"/> Government Mailing Documentation (SSI, WIC, Economic Assistance, Medicaid, TANF, or CHIPS)
<input type="checkbox"/> Apartment/Home Lease or Rental Agreement (includes term dates and/or month to month clause)	<input type="checkbox"/> Any other proof deemed acceptable by CSD (Describe)

- \_\_\_\_ A. Student is living with parent residing within the Columbia School District boundaries.
- \_\_\_\_ B. Student is living with legal guardian, and a certified copy of the Court Decree, or petition if pending, was received declaring the district resident to be the legal guardian of the student and further declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance purposes.
- \_\_\_\_ C. Student is living with an adult other than parent or legal guardian, and the adult has provided a sworn affidavit stating his/her relationship to the student and that the student will be living in his/her home full time and fully explaining the reasons (other than school attendance zone or district preference) for this arrangement, and the School Board or its designee has made the necessary factual determination under II.1(c) (2) of the State Residency Verification Procedures. **The sworn affidavit with two (2) proofs of residency is only valid for thirty (30) days from date of enrollment/registration. After thirty (30) days, the parent or legal guardian must provide proofs of residency from Group 1 and Group 2 as indicated.**
- \_\_\_\_ D. Student's parent or legal guardian is an employee of the Columbia School District. (School Board approval required.) MS Code §37-15-29 & §37-15-31 (CSD Board Policy, JBCB Non Resident Students)
- \_\_\_\_ E. Student has been released from \_\_\_\_\_ School District to attend Columbia School District as a tuition student. (School Board approval required.) MS Code §37-15-31 (CSD Board Policy, JBCB Non Resident Students)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District Representative

**(Revised July 2018)**

## MCKINNEY-VENTO ACT QUESTIONNAIRE

(Must be completed annually)

Check one:       Columbia Primary School       Columbia Elementary School  
                   Jefferson Middle School       Columbia High School

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? **Check one Section A or Section B**

Section A	Section B
<input type="checkbox"/> in a homeless shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family member (Other than parent/guardian) <u>CONTINUE:</u> If you checked a box in Section A, complete #2 and the remainder of this form.	<input type="checkbox"/> Choices in Section A do not apply  <b>STOP:</b> If you checked this section, you do <b>not</b> need to complete the remainder of this form. <b>Submit to school personnel.</b>

2. The student lives with:

- 1 parent  
 2 parents  
 1 parent and another adult  
 Relative, friend(s) or other adult(s)  
 alone with no adults  
 an adult who is **not** the parent or the legal guardian

- REASON:  Personal choice  
 Lack of affordable housing  
 Poverty  
 Health problems  
 Domestic violence  
 Natural and other disasters  
 Abuse/neglect/abandonment  
 None of the above (**Explain below**)\*

\*Explanation: \_\_\_\_\_

**Please Print**

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

Male  Female    Birth Date: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL USE ONLY**

If the parent has check Section B above, completion of form is **not** required. For any choices in Section A, this form must be completed and faxed (or delivered) to the Attendance Clerk, the Guidance and Counseling Office, and the Federal Programs Office immediately after completion. All campuses must keep original forms separately **from** the Student Permanent Record for audit purposes during the year. Any parent enrolling a child at any time during the school year must complete this form. **Name and phone number of a School Contact person who may know of the family's situation:**

Date faxed/Delivered: \_\_\_\_\_



**HOME LANGUAGE SURVEY FOR K-12 SCHOOL DISTRICTS**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
                             Last Name                      First Name                      Middle Name

Date of Birth: \_\_\_\_\_ School (Check one): \_\_\_ CPS \_\_\_ CES \_\_\_ JMS \_\_\_ CHS Gender: \_\_\_

1. What is the dominant language **most often** spoken by the student?  
 \_\_\_\_\_
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student?  
 \_\_\_\_\_
3. What language was **first** learned by the student? \_\_\_\_\_
4. Does the parent/guardian need **interpretation** services? Yes \_\_\_ No \_\_\_  
 If so, what language?  
 \_\_\_\_\_
5. Does the parent/guardian need **translated** materials? Yes \_\_\_ No \_\_\_  
 If so, what language?  
 \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
 MM/YYYY
7. In what country was the student born?  
 \_\_\_\_\_

Date (MM/DD/YYYY)

Parent/Guardian Signature

**DISTRICT USE ONLY**

Designated English Learner on the Las Links Screener

**DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT**

<i>Date of LAS Links Screener</i>	<i>Speaking Score</i>	<i>Listening Score</i>	<i>Reading Score</i>	<i>Writing Score</i>	<i>Composite Score</i>

*The Home Language Survey must be completed by each new student and must be kept in the cumulative folder.*



Mississippi Migrant Education Service Center Family Survey

Dear Parents or Guardians,

In order to better serve your children, the school district is collaborating with the Migrant Program to identify students who may qualify to receive additional educational services. Please answer the following questions and return the form to your child's school as soon as possible. The information provided below will be kept confidential.










Name of the student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

In the last three years, have you, or anyone in your family worked at any of the jobs in the pictures? YES or NO If you marked YES, please mark (X) all the jobs that apply.

 Preparing the land for planting and cultivating vegetables, fruit, sweet potatoes, etc. <input type="checkbox"/>	 Cutting or picking fruit or vegetables <input type="checkbox"/>	 Processing fruit or vegetables <input type="checkbox"/>	 Planting trees, or plants. Working at a Green house <input type="checkbox"/>	 Working at a dairy farm or at a ranch <input type="checkbox"/>
 Fishing work <input type="checkbox"/>	 Working at a poultry farm <input type="checkbox"/>	 Processing meat at a poultry or any meat processing plant <input type="checkbox"/>	 Cotton Gin work <input type="checkbox"/>	<p><b>Another similar type of work.</b>  <b>Please explain:</b></p> <hr/> <hr/> <hr/>

Name of parent/guardian: \_\_\_\_\_

Phone numbers to be reached: \_\_\_\_\_

Best times to call: \_\_\_\_\_

Please list all your children living with you who are younger than 22 years.

Name	Last name(s)	School (If they are enrolled)	Grade	Date of Birth

Mississippi Migrant Education Service Center  
Encuesta para Padres de Familia

Estimados padres de familia,

Para mejorar los servicios de sus hijos, el distrito escolar está colaborando con el programa para migrantes para identificar a los estudiantes que pudieran calificar para recibir servicios educacionales adicionales. Toda la información proporcionada será mantenida totalmente confidencial. Por favor responda las siguientes preguntas y regrese esta forma a la escuela de su hijo/hija lo más pronto posible.










Nombre del estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Domicilio: \_\_\_\_\_ Condado: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

¿Cuánto tiempo tienen de vivir en este domicilio? \_\_\_\_\_ años \_\_\_\_\_ meses

En los últimos 3 años, ¿usted o alguien de su familia ha trabajado en alguno de los trabajos en las fotos? SÍ o NO Si eligió SÍ, por favor marque (X) en todos los trabajos de abajo que apliquen.

 Preparando la tierra para plantar y cultivar verdura, fruta, camote, etc. <input type="checkbox"/>	 Cortando o pizcando fruta o verdura <input type="checkbox"/>	 Procesando fruta o verdura <input type="checkbox"/>	 Plantando árboles o plantas o trabajando en un vivero <input type="checkbox"/>	 Trabajando en una lechería o en un rancho <input type="checkbox"/>
 Trabajando en la pesca <input type="checkbox"/>	 Trabajando en granjas de aves <input type="checkbox"/>	 Procesando carne en pollerías o en una planta de matanza <input type="checkbox"/>	 Moliendo algodón <input type="checkbox"/>	<b>Otro trabajo similar.</b> Favor de explicar: _____ _____ _____

Nombre del padre/guardián: \_\_\_\_\_

Números de teléfono para poder llamarle: \_\_\_\_\_

Mejor hora para comunicarnos con usted: \_\_\_\_\_

Por favor anote todos los niños que residen en el hogar y que son menores de 22 años

<i>Nombre</i>	<i>Apellido(s)</i>	<i>Escuela (si están matriculados)</i>	<i>Grado</i>	<i>Fecha de Nacimiento</i>

**COLUMBIA SCHOOL DISTRICT**  
**Student Health Record**

School \_\_\_\_\_  
 Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

(Confidential: Information shared with teaching staff as needed) Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
 Parent(s)/Guardian: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Health Ins: \_\_\_\_\_

**Student's Medical History**

Problem	No	Yes	List medicines needed and/or symptoms
Allergies to food			
...to medication			
...to insect bites or stings			
...other (including seasonal)			
Asthma *			
Attention deficit (ADD, ADHD)			
Birth defect/physical handicap			
Bone or joint problems			
Convulsions (seizure/epilepsy)			
Daily Medications (home? School) *			Home? <u>yes</u> <u>no</u> School? <u>yes</u> <u>no</u>
Names of Medications	---	---	
Dental			
Diabetes (high blood sugar)			
Dizziness or fainting			
Earaches (frequent? tubes?)			
Emotional/Psychological disorder			
Headaches ( frequent or takes medicine)			
Heart problem			
Hypertension (high blood pressure)			
Nose bleeds			
Sinus problems			
Skin problems (itching, rashes, acne)			
Sickle cell (anemia, trait)			
Speech and/or hearing problems			
Stomach or digestion problems			
Surgery			
Vision (seeing) problems			Glasses: <u>yes</u> <u>no</u> Contacts: <u>yes</u> <u>no</u>
Other			

\*Contact School Administrator for form.

Student's Doctor or Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission for my child to participate in the school's health program, which includes health education and basic screenings (vision, hearing, scoliosis, etc.) and to receive first aid as needed.

I give my consent for pertinent medical information to be shared between the medical provider and the school nurse and/or school personnel directly involved with my child at school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INTERNET USE STUDENT CONTRACT

(This is a legally binding document.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School Year (20xx – 20xx) \_\_\_\_\_

## STUDENT CONTRACT AGREEMENT and APPLICATION FOR COLUMBIA SCHOOL DISTRICT INTERNET ACCOUNT

### Directions

Carefully read the Columbia School District Computer Network Acceptable Use Policy (IFBDAA). If you have any questions as to what will be expected of you when you are using the district's internet access, ask a teacher, your librarian or someone in the office to help you with anything you do not understand.

When you feel that you understand the policy, sign the contract below so that you will be able to get an account on your school's network and a district email.

### CONTRACT

I have read both the Columbia School District Computer Network Acceptable Use Policy (IFBDAA) and have asked an adult to help me with any part I did not understand. I now understand the policy that I am to follow while using the internet at school.

I understand that if I violate the policy, action will be taken by my school administration, The Columbia School District administration or the appropriate law enforcement officials.

Student's Name (please print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_