



# ST. MARTIN HIGH SCHOOL

11300 Yellow Jacket Blvd  
Ocean Springs, MS 39564  
Phone – (228) 283-3420 Fax – (228) 283-3425



*Fred Williams*  
Assistant Principal

*Shea Scarborough*  
School Principal

*April Parkman*  
Assistant Principal

*Glenn Gehrman*  
Assistant Principal

*Mary Miller*  
Assistant Principal

## New Student Check List

Please read the following information. If you have the listed documentation, please give this completed checklist with the documentation to the registrar. If you do not have all documentation today, take this checklist with you and return to the school when all the information is available. We regret any inconvenience this may cause; however, we are required to follow state and school district policies and guidelines. Thank you for your understanding.

**Student's Full Name:** \_\_\_\_\_

Previous School: \_\_\_\_\_

Previous School City: \_\_\_\_\_ State: \_\_\_\_\_

Previous School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Student Lives With: \_\_\_\_\_

If the student **does not live with both biological parents**, please circle one of the following:

Divorced      Separated      Widowed      Parents Never Married      Guardianship Papers Apply

- \_\_\_\_\_ Mississippi Certificate of Immunization (MS 121 form)
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Residency Verification (2 current proofs needed)
- \_\_\_\_\_ Withdrawal from previous school with grades in progress or final report card
- \_\_\_\_\_ Previous school address
- \_\_\_\_\_ Transcript from previous school
- \_\_\_\_\_ Drivers license or state/government ID from parent/legal guardian
- \_\_\_\_\_ Custody papers if applicable

If any false information is provided, the registration is automatically invalidated and the student will be withdrawn from St Martin High School.

Signature of Parent/Guardian	Date	Phone
Debbie Rushing	Registrar	<a href="mailto:deborah.rushing@jcsd.ms">deborah.rushing@jcsd.ms</a>
Cindy McAllister	Secretary	<a href="mailto:cynthia.mcallister@jcsd.ms">cynthia.mcallister@jcsd.ms</a>
Casey Denton	Counselor (A-G)	<a href="mailto:cassandra.denton@jcsd.ms">cassandra.denton@jcsd.ms</a>
Nicole Baronich	Counselor (H-O)	<a href="mailto:nicole.baronich@jcsd.ms">nicole.baronich@jcsd.ms</a>
Missy Sherwood	Counselor (P-Z)	<a href="mailto:melissa.sherwood@jcsd.ms">melissa.sherwood@jcsd.ms</a>
Shelley Leyens	TST/Testing	<a href="mailto:shelley.levens@jcsd.ms">shelley.levens@jcsd.ms</a>

# JACKSON COUNTY

*School District*

## Residency Verification

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Legal Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
(Primary) (Work/Alternate)

I, the parent/legal guardian, do verify that the proofs of residency submitted to Jackson County School District are a true and accurate representation of my legal residence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

=====

**OFFICE USE ONLY:**

**Two Proofs of Residency**

- \_\_\_\_ Filed Homestead Application Form
- \_\_\_\_ Mortgage documents or property deed
- \_\_\_\_ Apartment or Home Lease
- \_\_\_\_ Current utility bills; ALL bills presented should be within 30 days of the date of registration.  
(NO car/home insurance statements; NO cell phone bills)
- \_\_\_\_ VALID Driver's License or MS State-Issued ID Card with current address
- \_\_\_\_ Automobile Registration (current; not expired)

I, the employee of Jackson County School District, do verify that I have seen and approved this student's residency documents as indicated on this form.

\_\_\_\_\_  
District Employee Signature

\_\_\_\_\_  
Date

**Registration Checklist**

- Yes  No -Updated Immunization Compliance (Form 121 or 122) (REQUIRED FOR INCOMING 7<sup>th</sup> Graders)
- Yes  No -Legal Paperwork (custody, adoption, name change, guardianship)

Returning Students

Parent/Guardian to complete top only



# HOME LANGUAGE SURVEY

FOR K-12 SCHOOL DISTRICTS

## STUDENT INFORMATION

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

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? \_\_\_\_\_

Parent / Guardian Signature

Date (MM/DD/YYYY)

### DISTRICT USE ONLY

Designated English Learner on the LAS Links Screener

### DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT

Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score



# Jackson County School District

## EDLA Responsible Use Student/Guardian Signature Form

The Jackson County School District has participated in the Equity in Distance Learning Act of 2020. This act requires students, parents or guardians, administrators and other staff to sign indicating they understand the following:

- Students, parents or guardians, and staff agree that they may be charged fees or fines for intentional loss or damage to devices assigned to them as a part of a 1:1 initiative.
- Jackson County School District shall assume control of ownership and liability for devices and other equipment purchased under the EDLA grant program until the devices and/or other equipment:
  - No longer serves the school or related school purposes for which it was acquired and is sold by public auction under Section 17-25-25;
  - Is sold to students in Grade 12 under the provisions of Section 37-7-459;
  - Is traded into a vendor as part of a subsequent purchase; or
  - Is discarded as allowed by district policy.

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Guardian Name (Printed)

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

\_\_\_\_\_  
Date Signed (By Guardian)

*This form is to be placed in a three-ring binder labeled EDLA Signature Forms and maintained by the Principal at the school of the attending student.*



# Jackson County School District

## Information Technology Department

### Chromebook Care Agreement

We understand that students and parents share the responsibility to care for the Chromebook, an educational tool, issued by the Jackson County School District (JCSD). We understand and agree to the rules listed below. In the event of a damaged or stolen Chromebook, it is the student/parent's responsibility to pay cost of repair or replacement device. Once a school owned device has been reported as lost or stolen the device will be rendered inoperable by Chromebook. This means that the device is deactivated and will no longer function.

- I understand that a Chromebook assigned to me remains the property of JCSD; therefore, my device may be confiscated and is subject to inspection at any time without notice.
- I will be responsible for taking care of my assigned Chromebook, charging it with the cords provided to me, and I will be responsible for all fees associated with damage of my assigned device.
- I will use my Chromebook as an educational tool and in an appropriate manner.
- I will protect my Chromebook from damage.
- I will not disassemble any part of my Chromebook or attempt any repairs, and I will keep food and beverages away from my device.
- I will know where my Chromebook is at all times. I will never leave my Chromebook unattended or loan it to other individuals including adult staff, and/or student peers.
- I will not place decorations (such as stickers, markers, etc.) or deface the serial number or JCSD label on my Chromebook.
- I will notify the school of theft, vandalism, and other acts done to my Chromebook.
- I agree to return the Chromebook in good working condition.

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Guardian Name (Printed)

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

\_\_\_\_\_  
Date Signed (By Guardian)

For official use only:

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
JCSD Asset Number

\_\_\_\_\_  
Date Returned

\_\_\_\_\_  
Condition of Chromebook

**ST. MARTIN HIGH SCHOOL  
CELL PHONE/ELECTRONIC DEVICES POLICY 2023-2024**

My signature below confirms that I have been provided a copy of the cell phone/electronic devices policy of St. Martin High School. My signature also confirms that I have read and understand the policy.

\*Everyone must sign regardless of intent to bring/use cell phone on campus.

**STUDENT NAME: (PLEASE PRINT)**

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**STUDENT SIGNATURE:**

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**PARENT SIGNATURE:**

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**ST. MARTIN HIGH SCHOOL  
CELLPHONE/ELECTRONIC DEVICES POLICY 2023-2024**

**STUDENT EXPECTATIONS**

Students shall not use electronic devices in a manner that poses a threat to academic integrity, disrupts the learning environment, or violates the privacy of others.

Academic integrity is the moral code of ethics of being a student. This means not cheating, being honest about your work, not plagiarizing the work of others, and maintaining high academic standards.

➡ Students **MAY NOT** possess a cell phone or any electronic device during testing, even if the device is turned off.

Learning environment is the classroom, media center, laboratory, gym, etc. where the teacher provides instruction and/or where students are actively engaged in learning. The learning environment is disrupted when distractions and off-task activities take place.

➡ Maintaining the privacy of others is something St. Martin High School takes seriously. In order for all students on our campus to feel valued and safe at school, certain limits will be enforced to protect student and teacher privacy.

➡ Sending, sharing, viewing, or possessing text messages, e-mails, or other material depicting sexually explicit or offensive content in electronic form on a cell phone or any other electronic device while on a school bus or campus is prohibited. In addition to disciplinary consequences including possible loss of phone privileges for the remainder of the year, **this is against the law. You may face criminal charges as well.**

**ALLOWABLE USE OF CELL PHONES/OTHER ELECTRONIC DEVICES**

Personal use of cell phones and other devices for texting, listening to music, etc., is permitted in the cafeteria during breakfast and lunch, in the courtyard before school, break and after school, and in the classroom if allowed by teacher for instructional purposes. You **MAY NOT** have cell phones in the hallways and **MAY NOT** make or receive personal phone calls. **NO EARBUDS OR HEADPHONES!**

**CONSEQUENCES FOR POLICY VIOLATIONS**

Students who fail to follow these directions will have their device confiscated. Students who refuse to surrender their phone to a teacher/staff member will be referred immediately to administration.

➡ **FIRST OFFENSE:** The cell phone will be impounded and returned to the student at the end of the school day.

➡ **SECOND OFFENSE:** The cell phone/device will be impounded and returned only to the parent/guardian (or designee who is on the student's check out list) upon request; no sooner than the end of that school day.

➡ **THIRD OFFENSE:** The cell phone/device will be impounded for a time frame deemed appropriate by administration that could include loss of cell phone privilege for the remaining part of the school year.

➡ For cell phones/devices that have been impounded, it is the responsibility of the parent (or designee) to collect the item from the school. All items not collected by the end of the school year will be donated to charity. The school, administrators, faculty, and staff are not responsible for lost or stolen electronic devices. Students who bring electronic devices on campus assume the full risk of loss/theft.



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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," <b>STOP HERE</b> . If you answered "Yes," continue.)
2. Did you or anyone in your household find work in <b>agriculture</b> or <b>fishing</b> (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)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," <b>STOP HERE</b> . If you answered "Yes," continue.)
<b><i>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.</i></b>
What is the best time to get in touch with you? <input type="checkbox"/> During the day <input type="checkbox"/> Evening/night

<b><i>For School Use Only</i></b> 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 39750 (fax: 662-325-0864)

***For MMESC Use Only***

School District: \_\_\_\_\_ Date received from school: \_\_\_\_\_



**FOR SCHOOL USE ONLY: BUS # \_\_\_\_\_ AM \_\_\_\_\_ PM Date: \_\_\_\_\_**  
**[Route# \_\_\_\_\_ AM \_\_\_\_\_ PM]**

**ST. MARTIN TRANSPORTATION INFORMATION SHEET.** Please complete a separate form for each child. **ONE BUS ASSIGNMENT per CHILD** \*Bus passes for alternate arrangements cannot be made. Address changes must be made at the school.

Your child can have 1 bus assignment for morning & 1 bus assignment for afternoon. Please complete this form even if your child will not be a regular rider [in case of emergency].

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
A.M. Transportation: \_\_\_\_\_ Car \_\_\_\_\_ Bus \_\_\_\_\_ In the Zone \_\_\_\_\_ Walker  
P.M. Transportation: \_\_\_\_\_ Car \_\_\_\_\_ Bus \_\_\_\_\_ In the Zone \_\_\_\_\_ Walker

**MORNING INFORMATION**

Morning address student is riding FROM: \_\_\_\_\_

Contact at that address: \_\_\_\_\_ Phone: \_\_\_\_\_

**AFTERNOON INFORMATION**

Afternoon address student is riding TO: \_\_\_\_\_

Contact at that address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are either of the above listed addresses at an apartment complex? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, what is the name of the apartment complex? \_\_\_\_\_

**ADDITIONAL INFORMATION**

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

Parent/Guardian Phone # (s): \_\_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

**\*Emergency contact must be on your child's checkout list!\***

Please list all siblings and grade levels attending St. Martin Schools.

\_\_\_\_\_

Please list all medical information/allergies that your child's bus driver(s) should be aware of.

\_\_\_\_\_



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*Glenn Gehrman*  
Assistant Principal

*Mary Miller*  
Assistant Principal

## Records Request Form

Date: \_\_\_\_\_

Previous School: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

From:

Debbie Rushing	Registrar	<a href="mailto:deborah.rushing@jcsd.ms">deborah.rushing@jcsd.ms</a>
Casey Denton	Counselor (A-G)	<a href="mailto:cassandra.denton@jcsd.ms">cassandra.denton@jcsd.ms</a>
Nicole Baronich	Counselor (H-O)	<a href="mailto:nicole.baronich@jcsd.ms">nicole.baronich@jcsd.ms</a>
Missy Sherwood	Counselor (P-Z)	<a href="mailto:melissa.sherwood@jcsd.ms">melissa.sherwood@jcsd.ms</a>
Shelley Leyens	TST / Testing	<a href="mailto:shelley.leyens@jcsd.ms">shelley.leyens@jcsd.ms</a>
Angela Walker	PBIS	<a href="mailto:angela.walker@jcsd.ms">angela.walker@jcsd.ms</a>
Jamie Hogsten	SpEd / LSC	<a href="mailto:jamie.hogsten@jcsd.ms">jamie.hogsten@jcsd.ms</a>

The following student has applied for enrollment at St Martin High School. We request the transfer of the student's records, all grades up to the time of the withdrawal, discipline records and any psychological evaluations. As outlined in Section 99-31 of the Buckley Amendment, written consent is not necessary for the transfer of records between schools.

**Student:** \_\_\_\_\_

Grade \_\_\_\_\_ DOB \_\_\_\_\_ MSIS \_\_\_\_\_

In order to register the above-named student, we have an immediate need for the following information. Please fax or email the checked items. Fax – (228) 283-3425

Grades at time of withdrawal     Transcripts     Discipline  
 Birth Certificate     MS Compliance     Current IEP (if applicable)  
 English Language Learner Service Plan     English Language Proficiency Test     Initial English Language Placement Test  
 Other: \_\_\_\_\_

\_\_\_\_\_ Mail Records to – St Martin High School, 11300 Yellow Jacket Blvd, Ocean Springs, MS 39564

\_\_\_\_\_ Release in MSIS to St Martin High School (011) – Jackson County School District (3000)



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Assistant Principal

*Mary Miller*  
Assistant Principal

## Student Withdrawal Form

Student: \_\_\_\_\_ DOB \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ MSIS: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Student moving to: \_\_\_\_\_

For current grades and transcripts please send a records request to SMHS.

### Grading Scale

A 100-90	B 89-80	C 79-70	D 69-60	F 59 - Below
-------------	------------	------------	------------	-----------------

### Email

Counselor (A-G)	Casey Denton	<a href="mailto:cassandra.denton@jcsd.ms">cassandra.denton@jcsd.ms</a>
Counselor (H-O)	Nicole Baronich	<a href="mailto:nicole.baronich@jcsd.ms">nicole.baronich@jcsd.ms</a>
Counselor (P-Z)	Missy Sherwood	<a href="mailto:melissa.sherwood@jcsd.ms">melissa.sherwood@jcsd.ms</a>
Records/Registrar	Deborah Rushing	<a href="mailto:deborah.rushing@jcsd.ms">deborah.rushing@jcsd.ms</a>
SpEd LSC	Jamie Hogsten	<a href="mailto:jamie.hogsten@jcsd.ms">jamie.hogsten@jcsd.ms</a>
TST/Testing	Shelley Leyens	<a href="mailto:shelley.leyens@jcsd.ms">shelley.leyens@jcsd.ms</a>
PBIS	Anglea Walker	<a href="mailto:angela.walker@jcsd.ms">angela.walker@jcsd.ms</a>

Guardian's ID checked and verified with student record. \_\_\_\_\_(int.)

I am withdrawing my child from St. Martin High School on \_\_\_\_\_(date).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
School Official Signature



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*Glenn Gehrman*  
Assistant Principal

## School Information

*Mary Miller*  
Assistant Principal

Counselor (A-G)	Casey Denton	<a href="mailto:cassandra.denton@jcsd.ms">cassandra.denton@jcsd.ms</a>
Counselor (H-O)	Nicole Baronich	<a href="mailto:nicole.baronich@jcsd.ms">nicole.baronich@jcsd.ms</a>
Counselor (P-Z)	Missy Sherwood	<a href="mailto:melissa.sherwood@jcsd.ms">melissa.sherwood@jcsd.ms</a>

Lunch # \_\_\_\_\_ Lunch Wave \_\_\_\_\_

REMIND (text 81010)

Seniors: @2024smgrad

Mrs. Denton: @denton609

Juniors: @25smgrad

Mrs. Baronich: @mrsbaronic

Sophomores: @26smgrad

Mrs. Sherwood: @smhsp-z

Freshman: @27smgrad

**Student Emails** – Your teachers can let you know your email address approximately 2 days after your registration. Your password will be your birthday in the following format: mm/dd/yyyy. **Please check your email regularly.**

**Active Student:** Your counselor will set up your active student account. This is a great way to keep up with your grades and attendance.

### Dress Code

Shirts - Blue, yellow, white or gray polo style

Pants - Navy or khaki shorts/pants/skirts

### Clubs

Avidium – Baronich	Chess – Lince	Gaming - Ford	Spanish – Spanish Teachers
Art – Wegner	Dungeons & Dragons - King	Mu Alpha Theta - Kuehn	Student Counsel - Barber
Bass – Rivers	FBLA –	Prom – Harkleroad	
Beta – Barrett	JROTC –Chouest & Dizon	Robotics – Humphreys	
Biophilia – Banks	Key – Ahern	SAVE – McComas	

**My School Bucks** – Your lunch number is your student number. This is a convenient way to pay for lunch and select fees throughout the school year.

Like us on Facebook – St Martin High School Counselors  
Instagram - @smhs\_counselors





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Assistant Principal

## Truancy Officer

Tonya Viverette  
[tviverette@mdek12.org](mailto:tviverette@mdek12.org)  
228-475-5721

Teresa Anderson  
[anderson@mdek12.org](mailto:anderson@mdek12.org)  
228-769-1241



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Assistant Principal

## MSIS Release Request

Date: \_\_\_\_\_

Previous School: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**District: Jackson County School District - # 3000**

**School: St Martin High School - # 011**

Please release the following student(s). Please return this form to (228) 283-3425 or email [deborah.rushing@jcsd.ms](mailto:deborah.rushing@jcsd.ms) upon completion of the release.

Student Name	MSIS Number

Thank you,  
Deborah Rushing  
Registrar/MSIS Coordinator  
[deborah.rushing@jcsd.ms](mailto:deborah.rushing@jcsd.ms)  
(228) 283-3420

**JACKSON COUNTY**  
*School District*

“Raising the Standard”