

**Affidavit of Residence
Madison County Schools**

**State of Mississippi
County of Madison**

I, _____, of lawful age, being first duly sworn on oath, state that:
(Print name of affiant)

1. I presently and permanently reside at: _____

(Physical street address is required. Post office box is not acceptable)

which is my legal residence and is located within the attendance boundaries of Madison County Schools.

2. As verification of my residence, I attach to this affidavit and include by reference the following:
- a. A copy of one major utility bill (water, electricity, natural gas, cable/internet)
 - b. One of the following documents containing my current physical street address (no post office box)
 - i. Mortgage document, filed Homestead Exemption application, Warranty Deed, property tax notice or closing statement
 - ii. Original, current apartment or home lease signed by the owner. In the case of apartment lease, the name of all occupants must be listed on the lease.

3. I am the _____ of _____
(Parent or Guardian) (Full name of child or ward)
who permanently resides with me at my residence at the address provided above.

4. If I move or change my residence, I will notify my child's school within thirty days.
5. I understand that Madison County Schools may refuse to enroll or dismiss from school the child named in paragraph 3 if it is determined the child does not reside with me within its attendance boundaries at the address provided in paragraph 1.
6. By signing this affidavit, I understand that I am making a sworn statement that the information given in this affidavit is true and correct. I understand that lying or giving false information in the affidavit is a felony and is a violation of Miss. Code Ann. Sections 97-7-35 and 97-9-19, which may subject me to criminal penalties, including a fine of up to \$1,000 and/or up to five years in the county jail.

This the _____ day of _____, 20____.

Signature of Affiant

Personally appeared before me, the undersigned authority in and for the county of Madison and state of Mississippi, the Affiant listed above, who on oath states the matters and facts contained in the above Affidavit of Residence are true and correct.

Sworn to and subscribed before me, this the _____ day of _____, 20____.

Notary Public

My commission Expires: _____

MAUE REGISTRATION FORM

Student Name: _____

Last

First

Middle

Preferred Name: _____ Social Security Number: _____ - _____ - _____

Race (circle): B W A H Native American Other: _____ Gender (circle): M F

Date of Birth: _____ Entering Grade: _____ Primary Phone Number: _____

Street Address: _____ City: _____ Zip: _____

Subdivision: _____ (circle): Own/Lease Lease Expires: _____

Student lives with (check all that apply): _____Mother _____Father _____Stepfather _____Stepmother _____Other

Mother/Guardian Name: _____

Address if different from child: _____

Primary Phone: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

E-mail address: _____

Father/Guardian Name: _____

Address if different from child: _____

Primary Phone: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

E-mail address: _____

Siblings: _____ / _____ / _____

Name

Grade

DOB

School

_____ / _____ / _____

Name

Grade

DOB

School

_____ / _____ / _____

Name

Grade

DOB

School

Special Services (circle): Gifted SPED-IEP Speech-IEP ELL

Emergency numbers and individuals authorized to check out:

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

3. _____
Name Relationship Phone

*****DO NOT RELEASE CHILD TO:** _____ (Please provide legal documentation).

MAUE STUDENT INFORMATION FORM

(Please use black or blue ink)

Student's Name: _____ DOB: _____

Address: _____

Grade: _____ Homeroom: _____

Bus #: _____ Car Rider #: _____ Lunch #: _____

Mother: _____ Father: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Please list **ALL** people who are **ALLOWED** to check your child out:

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

3. Name: _____ Relationship: _____

Phone: _____

4. Name: _____ Relationship: _____

Phone: _____

5. Name: _____ Relationship: _____

Phone: _____

Please list **ALL** people who are **NOT ALLOWED** to check your child out:

1. Name: _____

2. Name: _____

3. Name: _____

Parent/Guardian Signature: Name: _____ Date: _____

Madison County Schools HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: ☐ Male ☐ Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? ☐ Yes ☐ No
If yes, in which state? _____ If no, in what other country? _____
2. Has your child attended any school in the United States for any three years during their lifetime? ☐ Yes ☐ No
If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates _____
 Name of School _____ State _____ Dates _____
 Name of School _____ State _____ Dates _____
3. What language is spoken by you and your family most of the time at home? _____
4. If available, in what language would you prefer to receive communication from the school? _____
5. Please check if your child is:

A. ☐ Native American Indian
 B. ☐ Alaska Native

C. ☐ Native Pacific Islander
 D. ☐ Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English? ☐ Yes ☐ No
If you responded "Yes" to question number 6 above, please answer the following questions:
7. What language did your child learn when he/she first began to talk? _____
8. What language does your child most frequently speak at home? _____
9. What language do you most frequently speak to your child? (Father) _____ (Mother) _____
If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing and have the option to accept or refuse services.
10. Please describe the language understood by your child. (Check only one)

A. ☐ Understands only the home language and no English.
 B. ☐ Understands mostly the home language and some English.
 C. ☐ Understands the home language and English equally.
 D. ☐ Understands mostly English and some of the home language.
 E. ☐ Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY		
Student ID#	Date Distributed	Date Received



MADISON COUNTY
SCHOOLS

Student Health Form

(Formulario de salud del estudiante)

School Year
(Año escolar)

School (Escuela):	Grade (Grado):	Teacher/Nurse: (Maestro/Enfermero):
Student's Name (Nombre del estudiante):	Date of Birth (Fecha de nacimiento):	Gender (Genero): ☐ Male (Masculino) ☐ Female (Femenino)
Parent/Guardian Name(s)-(Nombre de padres o guardián):	Work Phone(s)-(Teléfono de trabajo):	Cell Phone(s)-(Teléfono celular):
Transportation (Transporte a la escuela): ☐ CAR (en carro) ☐ BUS (en autobús)		
Local Physician / Healthcare Provider (Su doctor o clinica local):	Phone (Teléfono):	

STUDENT'S HEALTH HISTORY (HISTORIAL MÉDICO DEL ESTUDIANTE)

CONDITION (CONDICIÓN)	NO	YES (SI)	LIST SYMPTOMS- MEDICATIONS NEEDED-COMMENTS (Síntomas - medicamentos - comentarios)
ALLERGY (life threatening) - (Alergias (que arriesgan la vida))			
To food (a la comida)			
To medication (a medicinas)			
To insects (a insectos)			
Asthma (Asma)			
Seizure (Convulsiones)			
Diabetes -Must have DMMP from physician. (Diabetes - Debe tener plan de acción médico de diabetes)			
Attention Deficit (ADD, ADHD)-(Déficit de atención)			
Birth Defect/Physical Handicap (Defecto de nacimiento o impedimento físico)			
Bone/Joint Conditions (Desorden de huesos/articulaciones)			
Emotional/Psychological Disorder (Desorden emocional o psicológico)			
Headaches Migraine (Dolores de cabeza/migraña)			
Cardiac Conditions (Condiciones cardíacas)			
Hypertension (High Blood Pressure) - (Hipertension (Presión alta))			
Blood Disorder/Sickle Cell (Anemia faciforme/desorden de la sangre)			
Speech/Hearing Problems (Problemas del habla/auditivos)			
Gastrointestinal Conditions (Condiciones gastrointestinales)			
Surgery (Cirugía)			
Vision Problems (Problemas de visión)			Glasses? (Anteojos) ☐ Yes/Sí ☐ No Contacts (lentes de contacto)? ☐ Yes/Sí ☐ No
Handicaps, special needs, or other medical concerns not listed (Discapacidades, necesidades especiales, u otros problemas médicos)			
Is the student taking daily medication? (¿El estudiante toma medicación diaria?)			If YES, Please list (Proveer nombre de medicamentos):

ACTION PLAN REQUIRED
(available in school office & on-line)
PLANEACIÓN
(disponible en la oficina, en línea)

I give my permission for my child to participate in the school's health program which may include health education and basic screening (vision, hearing, scoliosis, etc.). I give my permission for my child to receive standing orders/first aid care as needed. I give my consent for medical information to be shared between my child's medical provider and the school nurse. I consent that medical information may be shared with personnel who are directly involved with my child at school. It is the parent/guardian responsibility to notify the school of any medication or medical condition changes.

Yo doy permiso que mi hijo/hija participe en el programa de salud escolar que puede incluir educación en la salud y exámenes de salud básicos (visión, auditivos, escoliosis, etc.). Yo doy permiso que mi hijo/hija reciba primeros auxilios o cuidados de salud fijos que sean ordenados o que sean necesarios. Doy permiso que la información medica sea compartida entre el médico de mi hijo/hija y la enfermera de la escuela. Doy permiso que se comparta información médica con el personal que está directamente involucrado con mi hijo/hija. Es la responsabilidad de los padres/guardianes de notificar a la escuela de cualquier cambio en medicamento o en su condición médica.

Parent/Guardian Signature:
(Firma de los padres/guardian)

Date
(Fecha):

Health forms and medical action plans are required each school year.
(Formulario de la salud del estudiante se requiere cada año.)