



**MADISON COUNTY
SCHOOLS**

MARK OF EXCELLENCE

SUPERINTENDENT
Mr. Ted Poore

BOARD OF EDUCATION
Ken McCoy, President
Dr. Pollia Griffin, Secretary
William Grissett
Sam Kelly
Jonathan Tilman

Dear Future Kindergarten Parent,

Welcome, Class of 2039! We are so excited to begin this journey with you and your families. Our school community is built on kindness, respect, and the belief that every child is loved and valued.

We believe that learning thrives in a loving environment. Our staff is dedicated to creating a school and classroom where each child feels safe, cared for, and encouraged to grow not only academically but also emotionally and socially.

Inside this folder, you will find helpful items to guide you and your child as you prepare for the exciting adventure of Kindergarten. Please take a moment to review the information so you can use these ideas to support your child's success as they begin this important new chapter. The time and care you invest at home can make a significant difference in your child's school experience.

You'll find tips that foster your child's independence and confidence at school. Activities like practicing counting from 1 to 20 can be fun ways to build skills together over the summer. We encourage you to get connected with Madison County Schools. From Parent Teacher Organizations to Facebook, Instagram, Twitter, and our MCS app, there are many ways to stay involved and informed.

We are looking forward to an exciting year together. Thank you for trusting us with your child at the start of this important journey. Wishing you a wonderful summer—see you in July!

Sincerely,

Mr. Ted Poore,
Superintendent

Mr. Austin Brown,
Deputy Superintendent

Dr. Kim Brewer
Assistant Superintendent
Elementary

All items must be completed for registration:

- Affidavit (*owner of property; this form will need to be filled out at the school site, and we have notaries on each campus to verify the document*)
- Utility bill (1) with physical address (water, power, gas, internet, cable)
- Social Security Card (student)
- Certified Birth Certificate- original long form
- Mississippi Immunization Form 121 marked “Complete for School Entry” or Certificate of Medical/Religious Exemption Form 122
- Parent/ Guardian’s Driver’s License
- Madison County Schools Kindergarten Registration Packet
- Divorce and custody paper if applicable
- Guardianship paper if applicable



STUDENT REGISTRATION FORM

<i>Student Information</i>			
Last Name	First Name	Middle Name	
Preferred Name	Social Security Number	Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race/ Ethnicity (optional)	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

<i>Residential Information</i>			
Street Address	City	Subdivision/Apartment	Housing Status
			<input type="checkbox"/> Own <input type="checkbox"/> Lease If leasing, lease expires:
Mailing Address (if different from street address)			

<i>Parent/ Guardian Information</i>			
Parent/Guardian #1		Relationship to student	
Place of Employment	Occupation		
Cell Phone	Home Phone	Work Phone	
What Number Would You Like to Receive Automated Calling and Notifications From?		<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone	
Email Address			
Address, if different from student			

Parent/Guardian #2		Relationship to student	
Place of Employment	Occupation		
Cell Phone	Home Phone	Work Phone	
What Number Would You Like to Receive Automated Calling and Notifications From?		<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone	
Email Address			
Address, if different from student			
Student Lives with	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other:		

<i>Siblings</i>			
Name	Date of Birth	Grade	School

Emergency Contacts (Authorized to pick up student if parents/guardians are unavailable)		
Name	Relationship	Phone Number
Are there any legal or custody issues we need to be aware of?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Prior Educational Experience for Incoming Kindergartner Students Survey		
Did your child participate in a 4-year-old preschool program?		<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please complete the information below)
Preschool Name		Preschool Address
Type of Preschool Program	<input type="checkbox"/> Licensed Child Care Center	<input type="checkbox"/> Family/ Friend Care <input type="checkbox"/> Head Start <input type="checkbox"/> Home <input type="checkbox"/> Pre-K Public <input type="checkbox"/> Pre-K Private <small>(Private provider with a small group of students, not a licensed childcare center)</small>

Child Services Survey		
<input type="checkbox"/> My child has not received special services <input type="checkbox"/> My child received special services from our previous school <input type="checkbox"/> My child currently has an IEP from our previous school (Please attach a copy of the IEP to this page)		
<i>The ruling for my child is in the following area(s):</i>		
<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Speech <input type="checkbox"/> Resource <input type="checkbox"/> Specific Learning Disability _____ <input type="checkbox"/> Other (please specify) _____		
*If you do not have a copy of the IEP please fill out the information below		
Previous School Name	School Address	City, State
Contact Person at School		
Phone Number & Email		

Person Who Completed Form

Print Parent/Guardian Name _____ Signature _____

Date Signed _____

CHILD CUSTODY FORM

**The completion of this form is needed if you marked that your child is living with only one parent, or is shared jointly between both parents.*

Mother's Information			
Last Name	First Name	Middle/Maiden Name	
Street Address (if known)	City	Zip	State
Telephone (if known)	Custody		
	<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> None <input type="checkbox"/> Deceased		

Father's Information			
Last Name	First Name	Middle/Maiden Name	
Street Address (if known)	City	Zip	State
Telephone (if known)	Custody		
	<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> None <input type="checkbox"/> Deceased		

Custody Arrangement:	
Select which best fits	
<input type="checkbox"/> Custody/visitation arrangement decided between parents (no court order)	
<input type="checkbox"/> Custody/visitation arrangement determined by court order (provide copy)	
If there is a court order, does it prevent the student to be released to the non-custodial parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is a court order, does it prevent the non-custodial parent from accessing school records?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please detail the custody/visitation schedule or attach copy:

I attest that the information I have provided is true to the best of my knowledge. If the above information changes, I, as the registering guardian, will inform the school by providing the office with a copy of the revised court order, agreement, and/or custody schedule.

Signature of Registering Guardian: _____

Printed Name of Registering Guardian: _____ Relationship: _____

Kindergarten Information Sheet

The following questions are aligned with the Mississippi Department of Education Pre-Kindergarten standards. Please mark yes or no next to each skill.

Student's Name	
Student's Date of Birth	

Foundational Skills	
Knows his/her name	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognize his/her name in print	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can refer to self by first and last name	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows parent(s)/guardian(s) name(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognizes some upper and lower-case letters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify colors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forming Relationships and Managing Emotions	
Separates easily from caregivers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares and takes turns	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uses words to express feelings during conflict	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognizes basic emotions in self and others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demonstrates empathy/kindness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plays cooperatively with others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication and Approach to Learning	
Speaks in complete sentences (4-6 words)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expresses needs and wants verbally	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understands and follows two-step directions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech is understood by most listeners	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asks and answers questions appropriately and on topic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transitions easily from one activity to the next	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Comments:

Is there anything else you'd like us to know about your child? (Personality, strengths, challenges, special interests, favorite activities, etc.):

HOME LANGUAGE SURVEY

Student Name _____ Grade _____
First Middle Last

Date of Birth _____ Gender _____ School _____

What is the dominant language **most often** spoken by the student? _____

What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____

What language was **first** learned by the student? _____

If a language other than English is indicated, 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. Refusing English Language services does not exempt a student from mandatory yearly English proficiency testing.

- Does the parent/guardian need interpretation services? Yes No
- Does the parent/guardian need translated materials? Yes No
- If so, what language? _____
- What was the date the student first enrolled in a school in the United States? _____
- In what country was the student first born? _____

Parent/Guardian Signature

Date (MM/DD/YYYY)

To be completed by school district

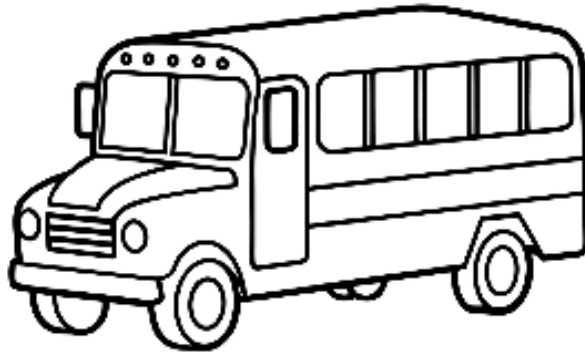
Designated English Learner on the ELPA21 Screener Student ID #: _____

DOCUMENTATION OF ELPA21 SCREENER

Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score

Transportation for the 2026-2027 School Year

Please scan the QR code below to help us determine your upcoming transportation needs.



This form is being used for planning purposes only as we review bus routes for the 2026–2027 school year.

We understand that it is still early and that your plans for the upcoming school year may change. Submitting this form does not commit you to any final transportation decisions.

