Itawamba County School District
Student Registration

FOR OFFICE USE ONLY

Year: _____

MSIS ID: _____

Grade: _____

Teacher: _____

Date: _____ ICSD School: _____ Grade: _____ ☐ New Student ☐ Returning Student

A. Student Information

Legal Name: _____ Preferred Name: _____

DOB: _____ SSN: _____ Gender: ☐ Male ☐ Female

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

Physical Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Transportation (select one): ☐ Bus Rider ☐ Car Rider

Race (Reporting)

☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander

Race (Additional):

☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander

B. Student History (New Student Only)

(Kindergarten Registration Only) Did the student attend Pre-K? ☐ Yes ☐ No

If yes, where? _____

Last School Attended (Name & Address): _____ ☐ Public ☐ Private ☐ Homeschool

Has the student ever attended ICSD? ☐ Yes ☐ No If yes, when/where? _____

Has the student ever repeated a grade? ☐ Yes ☐ No If yes, which grade(s)? _____

Has the student ever been expelled? ☐ Yes ☐ No

If yes, list dates and district: _____

Has the student been referred to an alternative program? ☐ Yes ☐ No If yes, where? _____

C. Special Services (New Student Only):

Does the student currently receive services? ☐ Yes ☐ No

If yes, select all that apply:

☐ Individualized Education Plan(IEP)/Speech ☐ 504 Plan ☐ English Learner ☐ Gifted

Other: _____

D. Student Permissions

☐ I give Itawamba County School District permission to use photos and videos of my student for the following platforms. (Check all that apply)

☐ Web Publicity Allowed ☐ Newspaper Publicity Allowed ☐ Network Use Allowed ☐ Yearbook Appearance Allowed

☐ I do not give Itawamba County School District permission to use photos and videos of my student.

E. Parent/Guardian Information:

It is the parent/guardian's responsibility to ensure a copy of all applicable custody agreements is on file with the school district.

With whom does the child live? ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Parent/Guardian Name: _____ Relationship to student: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Employer: _____ Work Number: _____

Parent/Guardian Name: _____ Relationship to student: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Employer: _____ Work Number: _____

Names of siblings at the same school/grade: _____

F. Authorized Contacts (not parent/guardian)

F. 1 Emergency Contacts: *Please list two additional emergency contacts in case parent/guardian cannot be contacted. These persons should be adults, over the age of 18, who could pick up your child from school if you are unable to do so.*

Name: _____ Relationship to student: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship to student: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

F. 1. In case of an emergency, the individuals listed above have permission to pick up my child. I understand that anyone not listed must be approved by contacting the school prior to pick up _____ **Parent Initial**

F.2 Authorized Pickup List

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

F. 2 The individuals listed are authorized to check my student in/out and pick them up; I will keep this list current. If someone not listed or an early checkout is needed, I will notify the school in advance (by 2:00 p.m. for same-day pickup). _____ **Parent Initial**

G. No Contact List

Name: _____ Type of Documentation Provided: _____

Name: _____ Type of Documentation Provided: _____

Name: _____ Type of Documentation Provided: _____

Name: _____ Type of Documentation Provided: _____

G. The Individuals listed are not authorized to check my student out or pick them up, and I will keep this list current with required legal documentation. I understand the school cannot restrict a parent listed on the birth certificate without legal documentation.

_____ Parent Initial

I. Parent Signature and Release:

I certify that the information provided is accurate and true to the best of my knowledge. I understand that I am to inform school officials of any changes to child custody, address of residency, and/or my phone number.

Signature of Parent/Guardian: _____ **Date**: _____

H. Parent Authorization and Indemnity Agreement

All prescription medication dispensed at school, including students who carry and self-administer inhalers / epi-pens, must have written instructions signed by the practitioner and the parent/guardian.

Parent/Guardian Name: _____ Daytime phone: _____ Insurance: _____

I/We, the parent(s)/guardian(s) of _____; _____
Student's Name Date of Birth

I/We request and authorize school personnel to administer medication to the above-named student according to directions provided by a licensed prescriber. This request is made for our convenience as a substitute for parental administration.

I/We:

- Give consent for medication administration as prescribed and for communication between school personnel and the licensed prescriber.
- Understand school personnel may not have medical training.
- Agree to provided medication in the original labeled container with student name, dosage, time/frequency, and prescriber.
- Agree to notify the school in writing of any changes or termination.
- Understand unused medication must be picked up by the last day of school or will be disposed of.
- Understand this authorization is valid for the current school year (and summer school, if applicable).

I/We forever release, discharge, and agree to hold harmless the Itawamba County School District, its personnel, and the Board of Education from any claims, damages, or liability arising from administration of this medication, and agree to reimburse any related costs, included legal fees.

Signature of Parent/Guardian: _____ **Date**: _____

Does your child have allergies? ☐ Yes ☐ No
If yes, please explain:

_____

_____

_____

_____

Food Allergy Notice: Physician order required for cafeteria

Does your child have any of the following medical conditions:
(Check all that apply)

☐ Asthma (Inhaler: ☐ Yes ☐ No)

☐ Diabetes ☐ Seizure Disorder ☐ Heart Condition

☐ ADHD ☐ Hearing Problems ☐ Vision Problems

☐ Wears Glasses/Contacts

Other: _____

Does your student take daily medications? ☐ Yes ☐ No
If yes, please list:

Medication: _____ Dosage: _____ Reason: _____ Time: _____

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Medication: _____ Dosage: _____ Reason: _____ Time: _____

Select which medications the school nurse may administer during school hours. By signing, you authorize the nurse to give approved medications for minor aches, pains, or fever in your absence. A signed Parent Authorization and Indemnity Agreement (Section H) is required. Medications will follow manufacturer dosing guidelines for age/weight and must be in the original container, delivered by a parent/guardian.

☐ Ibuprofen ☐ Tylenol ☐ Tums ☐ Saline Eye Drops ☐ Cough Drops/Throat Drops ☐ Hydrocortisone Cream

☐ Children's Ibuprofen ☐ Children's Tylenol ☐ Antibiotic Cream Other _____

Signature of Parent/Guardian: _____ **Date**: _____

Office Use Only

New Student Checklist

_____ Completed Registration Form

_____Birth Certificate

_____121 Immunization Form

_____Health Information

_____Handbook Signature Page

_____Housing Questionnaire

_____Parent Compact

_____Home Language Survey

Residency Proofs (Check 2)

_____Filed Homestead Exemption

_____Mortgage Documents

_____Apartment of Home Lease

_____Utility Bills

_____Driver's License

_____Voter Precinct ID

_____Automobile Registration

_____ Affidavit and/or personal visi designated school official

_____Certified Copy of Filed Petitio guardianship if pending if per final decree when granted

Other: _____

Returning Student Checklist

_____Completed Registration Form

_____Birth Certificate

_____121 Immunization Form

_____Health Information

_____Handbook Signature Page

_____Housing Questionnaire

_____Parent Compact

_____Home Language Survey

Residency Proofs (Check 2)

_____Filed Homestead Exemption

_____Mortgage Documents

_____Apartment of Home Lease

_____Utility Bills

_____Driver's License

_____Voter Precinct ID

_____Automobile Registration

_____Affidavit and/or personal visit by a designated school official

_____Certified Copy of Filed Petition for guardianship if pending if pending and final decree when granted

Other: _____

9th – 12th ONLY

_____ Access to Student Information

Registration Completed and Entered in SAMs:	
_____ Initial	_____ Date

Registration Completed and Updated in SAMs:	
_____ Initial	_____ Date