

**** This form should be completed by school personnel after all registration information is received. ****

MARSHALL ELEMENTARY SCHOOL
Post Office Box 130
North Carrollton, MS 38947
662-237-6840, Telephone
662-237-0080, Fax
2017- 2018

CHECK OFF LIST FOR REGISTRATION

Student's Name _____

New Student

- _____ Report Card or Withdrawal from previous school (Must show Promotion or Retention Status)
- _____ Birth Certificate
- _____ Social Security Card
- _____ Immunization Form (Form 121) *Must be in compliance**
- _____ Residency Verification (2 proofs)-within 30 days of registration date

Returning Student

- _____ Residency Verification (2 proofs)-within 30 days of registration date

School Personnel Signature and Date: _____

Incomplete Registration due to the following

- _____ Report Card or Withdrawal from previous school
- _____ Birth Certificate
- _____ Social Security Card
- _____ Immunization Form (Form 121) *Must be in compliance**
- _____ Residency Verification (2 proofs)

School Personnel Signature and Date: _____

Marshall Elementary School

2017- 2018

RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST

TO BE COMPLETED BY PARENT or GUARDIAN

Name of Student: _____

Name of Parent or Guardian: _____

Parent/Guardian Physical Address: _____

If renting, full name of property owner: _____

I hereby certify that the information given above on this form is true and a 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 the school district. Further, I understand that a pupil is not legally enrolled until this form is completed by the parent or guardian with whom the student may be living. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

Signature of Parent or Guardian _____ Date _____ Phone Number _____

TO BE COMPLETED BY THE SCHOOL DISTRICT

____ A. Documents provided to school by Parent/Guardian. (Minimum of two required) (All of the following items must show the physical address, not PO Box, with the parent's/guardian's name.)

____ 1. Utility Bill(s) (Electric, Gas, Water, Garbage, Cable)

____ 2. Property tax receipt indicating school district taxes included.

____ 3. Car tag receipt indicating school district.

____ 4. Rent receipt or Lease or Rental Agreement showing correct address and current date.

(Handwritten receipts will not be accepted.)

____ 5. Mortgage Statement with current address

____ B. Driver's License of Parent or Guardian with current address

____ C. 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. Copy of appropriate documents must be provided to the school.

____ E. Employee of Carroll County School District.

____ F. Affidavit of Residency

____ School District Representative Signature _____ Date _____

AFFIDAVIT

This will certify that _____ (name of student) resides in my house on a full-time basis and is under my parental control and authority for the following reasons:

I further certify that the student's parent or parents whose names are: _____

_____ have either:

- a. Voluntarily consented to my exercise of parental control and authority over the student;
- b. Have abandoned the student.
- c. Other _____

I certify that I have the right to make all decisions regarding the education of the student and voluntarily assume that responsibility for making such decisions for all school purposes, and further certify that the above-named student is not presently under suspension or expulsion by any other school system.

I authorize the school to deliver any and all notices, reports or other correspondence required to be furnished to the parent or guardian of the student to me.

This _____ day of _____, 2017

Signature

Notary

Carroll County School District: Pupil Data Sheet

_____ Marshall Elementary School

_____ J.Z. George High School

If NEW to this school, give name of the last school attended _____

Address of school _____ Date Withdrawn _____

Student Information

Name _____ SS # _____ Grade _____

Physical Address _____

Mailing Address _____

Date of Birth _____ Race _____ Sex: Male Female

Home Phone _____ Cell Phone _____

Transportation Bus Car Walk List any Siblings in this District: _____

Parent/Guardian Information

Living with: Both Parents Mother Father Legal Guardian Foster Parent

Parent/Guardian Name _____ Phone Number _____

Address _____ E-mail address _____

Place of Employment _____ Work Number _____

Parent/Guardian Name _____ Phone Number _____

Address _____ E-mail address _____

Place of Employment _____ Work Number _____

List names, relationship, and phone numbers of people allowed to be contacted in case of an emergency or to check your child out of school.

EMERGENCY CONTACTS

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

NO CONTACT WITH STUDENT

First Name	Last Name	First Name	Last Name

**** If you are not currently enrolled in Active Parent and would like to be, please see a school district representative.****

Carroll County School District: Pupil Data Sheet

_____ Marshall Elementary School

_____ L.Z. George High School

Student Name: _____ Grade: _____

Placement

Please check all that apply.

_____ My child is currently receiving Language/Speech therapy.

_____ My child currently has an IEP and is receiving Special Education Services.

_____ My child is currently enrolled in Gifted Education.

_____ My child speaks a language other than English. Language spoken: _____

Medical History

Allergies (check all that apply): _____ Strawberries _____ Peanuts _____ Fish _____ Insect Stings
_____ Dairy Products _____ Other: _____

Medical Conditions: _____ Diabetes _____ Heart Problems _____ ADD/ADHD _____ Seizures
_____ Asthma _____ Other: _____

Medications Currently Taking: _____

Will these medications need to be given at school: yes no

Primary Physician and Phone Number: _____

Permission

Please sign and date each line that you agree with:

_____ I give permission for the forenamed student to receive corporal punishment for violation of school rules from the principal, teacher(s), or the principal's designee. The school will not contact parents before administering corporal punishment.

In the event that a student refuses to take the punishment or if the parents of a child object to corporal punishment, then the school principal may suspend the student for a period of time not to exceed three (3) days; however, it is understood that the three (3) days suspension is for refusal to take the punishment by either the student or by the objections of the parent and in no way limits the principal from suspending a student for a period of time greater than three (3) days. This can be found in the student handbook section regarding corporal punishment.

_____ My child has permission to have photos taken and appear in media publications (annual, brochures, newspaper, television, etc) when representing Carroll County Schools.

_____ I hereby give permission for my child to use the internet in accordance with guidelines outlined in the Carroll County School District Acceptable Usage Policy. This policy is found in the student handbook.

** If you are not currently enrolled in Active Parent and would like to be, please see a school district representative. **

Carroll County School District
McKinney-Vento Act
Student Residency Questionnaire

Name of Student: _____ Date of Birth: _____

Name of School: _____ Age: _____ Grade: _____

Please answer the questions below concerning your residency. The information you provide is confidential. The purpose of this information is to ensure the rights of your child and youth under the McKinney-Vento Law (42 US code 11431 and Title X under ESEA/NCLB).

1. Is your address a temporary living arrangement? Yes No
2. Is your living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to either of the above questions, please complete the remainder of this form. If you answered No to both questions, you may stop here.

Where is the student currently living? (Please check one)

- In a motel/hotel
- In a shelter
- With another family in a house or apartment due to loss of housing or economic hardship
- In a car, park, campground, street, or abandoned building
- Moving from place to place
- Temporary or emergency foster care
- Other: _____

Last school student attended:

School: _____ District: _____

City: _____ State: _____

Name of Parent/Guardian(s):

Name: _____ Signature: _____

Name: _____ Signature: _____

OR

Student (unaccompanied homeless youth):

Name: _____ Signature: _____

Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the students is to be enrolled immediately.

Teachers: If this survey is completed, refer it to your principal.

CARROLL COUNTY SCHOOLS - HOME LANGUAGE SURVEY-ENGLISH

Student's Name _____

Grade _____

- What is the first language (English, Spanish, Arabic, other) your child learned to speak? _____
- Does your child speak a language (Spanish, Arabic, other) other than English?
_____ Yes _____ No
- If the answer is yes, specify the language(s) _____
- What language (English, Spanish, Arabic, other) does your child speak most often? _____
- What language(s) are spoken in your home? _____

If at least one of the answers given above indicates that a language other than English is spoken either by the student or in the student's home, the rest of this document should be completed. If English is the only language spoken by the student or in the student's home, the remainder of the survey does not have to be completed.

When did your child first enter school in the USA? _____

In what state? _____

Please give the names(s) of the schools that he/she has attended and the dates.

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been in a bilingual educational or an English as a Second Language (ESL/ELL) program in a school in the USA? _____

Did he/she exit the program? _____ Yes _____ No If yes, give the exit date. _____

Parent/Guardian Signature _____

Person completing this form (if other than parent/guardian) _____

**Marshall Elementary School
802 Marshall Road
N. Carrollton, MS 38947
662-237-6840 Telephone
662-237-0080 Fax**

Carroll County Schools' Active Parent

Carroll County School District has an excellent means for parents and guardians to view their children's grades, homework, attendance, and discipline. This is called Active Parent and it is available to all parents of our students.

If you are interested in signing up for this informational program, and have not already signed up in prior years, please complete the bottom of this form and return it to your child's school. **If you have children who attend more than one of our schools, you can add them to your account on this form as well. Just list each child's name.**

If you have signed up for this in a prior year, you still have an active account. As long as your children attend our schools, your account will remain active.

After you have been set up in the system by our Administrator, you will receive an email notifying you of such. Your username and password will be set up as your first and last names, all together and lower case. The website for this program is: <https://ms0800.activeparent.net>. It is recommended that you change your password upon first logging in, in order to have a more secure password.

NOTE: If your child is a returning student and you have already completed one of these forms, it is not necessary to complete another one.

STUDENT NAME(S): _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____