

Choctaw County Student Enrollment / Registration Form p. 1

Please complete these sheets and then return them to your child's school as soon as possible.

Thank you for your cooperation.

Student Last Name		First	Middle	Current Grade
Physical 911 Address (NO P.O. BOX)			City	State
Mailing Address (if different)			City	State
Do you live out of district? YES NO				
Student Date of birth Month Day Year / /		Student Gender: _____ Male _____ Female		Race/Ethnicity: _____ Black _____ Asian _____ White _____ Other _____ Hispanic
Child lives with: parents mother only father only legal guardian				
PRIOR EDUCATIONAL EXPERIENCES:				
Last School Attended: _____				
Address: _____ City: _____ State: _____ Zip: _____				
1. Is the student currently expelled/suspended/in alternative school? YES NO				
2. Has the student ever been placed in Special Education classes? YES NO				
3. Does the student have a 504 plan? YES NO				
4. Has the student ever been placed in the Gifted Education Program? YES NO				
PARENT / LEGAL GUARDIAN INFORMATION:				
Name: _____				
Address: _____			City: _____	State: _____
Primary Phone: (emergencies)		2 nd phone number:	Email: _____	
Employer: _____			Work Phone: _____	
PARENT / LEGAL GUARDIAN INFORMATION:				
Name: _____				
Address: _____			City: _____	State: _____
Primary Phone:		2 nd phone number:	Email: _____	
Employer: _____			Work Phone: _____	
EMERGENCY CONTACT INFORMATION / SIGN OUT LIST: (NO MORE THAN FOUR) (No school personnel may be listed on student sign out unless they are the parent/guardian)				
Contact 1:		Contact 2:		
Name: _____		Name: _____		
Relationship: _____		Relationship: _____		
Phone: _____		Phone: _____		
Work Phone: _____		Work Phone: _____		
Contact 3:		Contact 4:		
Name: _____		Name: _____		
Relationship: _____		Relationship: _____		
Phone: _____		Phone: _____		
Work Phone: _____		Work Phone: _____		

Student Name: _____

Current Grade: _____

List any brothers/sisters attending school in this district:

- | | | |
|----------|--------------|---------------|
| 1. _____ | Grade: _____ | School: _____ |
| 2. _____ | Grade: _____ | School: _____ |
| 3. _____ | Grade: _____ | School: _____ |
| 4. _____ | Grade: _____ | School: _____ |

Does the student listed above have a parent that is Active Military at this time? YES NO

Home Language Survey:

Please check the appropriate answer:

1. What is the first language the student learned to speak? _____
2. What language does the student most often speak? _____
3. What language is most often spoken in the student's home? _____
4. In what language should communication be sent home? _____
5. Has the student been in the care of a person who speaks another language? _____
 **If yes, please list the language. _____

Migrant Eligibility:

If you have moved and/or changed jobs in the last 3 years, did you LOOK FOR or GET any of the following jobs listed below?

Check all that apply:

- _____ Farming (crops, catfish, chickens, Christmas trees, sod, etc.)
- _____ Trees (cutting, planning, and/or cultivating)
- _____ Commercial fishing
- _____ Processing crops (ginning, meat processing, meat packing, or canning in a plant)

Homeless Eligibility:

Please check the appropriate answer:

**Exclude from the definition of homeless: "any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law."*

1. Does the student lack a fixed, regular, and adequate residence, for example: agricultural migrant children, children living on the "streets" (i.e. tents, vehicles, etc.)? YES NO
2. Does the student live in a supervised or privately operated shelter as his/her primary nighttime residence, for example: Children who have been abused and/or neglected, children of domestic violence, welfare hotels, transitional housing? YES NO
3. Is the student temporarily staying with relatives or friends because of job loss, other income loss, housing loss, ("double up" families or affidavit)? YES NO

Immigrant Children and Youth Eligibility:

Do you have children ages 3 to 21 who were not born in the United States; and have not been attending school in any one or more States for more than 3 full academic years? YES NO

I certify that this form has been completed by the student's parent or legal guardian and that the information provided is true and current. I understand that I am to inform school officials any time legal custody, address, or phone numbers change.

Parent / Legal Guardian Signature

Date

Choctaw County Student Enrollment / Registration Form

STUDENTS NAME: (A sheet must be completed for EACH child.)

Last	First	Middle	Current Grade
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****Indicate that you have read each statement listed below by signing in the provided blanks and at the bottom of the page.**

<p>Handbook</p> <p>_____</p> <p>Parent / Legal Guardian Signature</p>	<p>I have reviewed the 2023-2024 Choctaw County Schools Student Handbook at http://www.choctawsd.ms . I realize that I can obtain a copy of the handbook by contacting the school office and a paper copy of the handbook will be given to me.</p>
<p>School Violence & Safety Acts</p> <p>_____</p> <p>Parent / Legal Guardian Signature</p>	<p>I have read and understand the State of Mississippi Prevention of School Violence Act S.B.3349, and School Safety Act of 2001, Choctaw County School District Student Handbook Appendix C.</p>
<p>Acceptable Use Policy</p> <p>_____</p> <p>Parent / Legal Guardian Signature</p> <p>_____</p> <p>Student Signature (for students 3rd and up)</p>	<p>As the parent / legal guardian, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I have read and understand the rights and responsibilities of the Choctaw County Technology Acceptable Use Policy, Appendix D of the Choctaw County School District Student Handbook, and I accept responsibility for conveying these standards for my child to follow when selecting, sharing, or exploring information and for guidance of his or her Internet use.</p>
<p>Permission for Publication of Student Work/Photo</p> <p>_____</p> <p>Parent / Legal Guardian Signature</p> <p>_____ YES _____ NO</p>	<p>I understand that occasionally the school may wish to showcase examples of student projects, photographs of students, and other work on school website/school social media (Facebook/Twitter, etc.). Classes, groups or teams may be featured in the newspaper or on the local news.</p> <p>By marking Yes, I agree that my child may have his/her picture displayed in the media listed above.</p>
<p>Permission for Corporal Punishment (Paddling)</p> <p>_____ I DO want corporal punishment administered.</p> <p>_____ I DO NOT want corporal punishment administered.</p> <p>_____</p> <p>Parent/Legal Guardian SIGNATURE</p>	<p>I have read and understand the district discipline policy pertaining to my child in the Choctaw County School District Student Handbook and the district policy related to corporal punishment in the Choctaw County School District Handbook, Appendix E.</p> <p>**I understand that if I select the use of corporal punishment for my child, I <u>WILL NOT</u> be contacted <u>BEFORE</u> corporal punishment is administered.</p> <p>**Students who may not receive corporal punishment <u>WILL</u> receive an alternative disciplinary action. (ISD, ISS, or OSS)</p> <p>**A student with an IEP is not eligible for corporal punishment regardless of how this section is marked. MS-HB-1182</p>

I certify that this form has been completed by the student's parent / legal guardian.

Parent / Legal Guardian Signature

Date

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**Choctaw County School District
Residency Registration and Documentation Checklist**

STUDENTS NAME: (A separate form is required for each student)

Last:	First:	Middle:	Current grade:
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PARENT/LEGAL GUARDIAN INFORMATION:

Last:	First:	Middle:	
Physical Address (No P.O. Box)	City:	State:	Zip:

Please check the box if the residency address for the child listed above has not changed from the proofs that were previously turned in to the school. (Marking the box and signing below will certify this statement and proofs will not need to be turned in since the school has the residency verification on file.)

All proofs of residency must have the student's parent / legal guardian's name and the current address in which they and the student reside. P.O. Box cannot be accepted.

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the school district, I will promptly notify the appropriate officials of this school district. Furthermore, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent or guardian. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty or removal. **Also, a county ordinance was passed that makes falsification of residency information for school attendance purposes a misdemeanor punishable by imprisonment for not more than 90 days, or by a fine not to exceed one thousand (\$1,000), or by both such fine and imprisonment.** Furthermore, I understand and acknowledge that a representative of the school district may visit my home to verify residency for school attendance zone purposes.

Signature of Parent/Legal Guardian **Date** **Telephone Number**

(Please send 2 proofs of residency if you are a new student or your address has changed since the previous school year.)

*******SCHOOL USE ONLY*****
 TO BE COMPLETED BY SCHOOL PERSONNEL**

MSIS Number:	Homeroom Teacher:	Grade:
Social Security Card on File: YES NO	Immunization Form on File: YES NO	Birth Certificate on File: ___ YES ___ NO

RESIDENCY INFORMATION:

Option 'A':

At least **two (2) of the following documents** were provided to me by the Parent/Guardian

___ Electricity Bill	___ Water Bill	___ Gas Bill	___ Solid Waste Bill
___ Landline Phone (No Cell)	___ Homestead Exemption	___ Mortgage/Property Deed	___ Apartment/Home Lease
___ Valid Driver's License	___ Automobile Registration	___ Affidavit by School Official	

OR ___ Signed statement that residency has not changed since proofs were previously turned in to the school.

VERIFIED BY: _____ **DATE:** _____

Option 'B':

Student is living with legal guardian and a certified copy of the Court Decree, or petition is 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 of school district attendance purposes.

VERIFIED BY: _____ **DATE:** _____

Choctaw County School District 7th-12th Grade Only:

Consent to testing of specimens and authorization for release of information:

STUDENTS NAME:

Last:

First:

Middle:

Grade Level:

Sports/Activities:

TO: Choctaw County School District Board of Education, Athletic Director, Band Director, Sponsors, Choral Director and Administrative Personnel

I hereby acknowledge that I have received a copy of the Choctaw County School District Drug and Alcohol Testing Policy. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program and agree to comply with the rules and regulations of the Choctaw County School District in this policy.

I hereby consent to have a sample of my blood, hair, breath, saliva or urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Choctaw county School District Drug and Alcohol Testing Policy and at other such times as is required pursuant to said policy.

I further authorize the Choctaw County School District or its designee to make confidential release to the school principal, district superintendent or his designee, athletic director, my parent(s)/legal guardian(s), the head coach of any interscholastic sport in which I am a member, band director, any club sponsor, the designated school district representative and/or the drug counseling program, all the information and record, including test results, you have relating to the screening or testing of my blood, hair, breath, saliva or urine samples in accordance with the provisions of the Choctaw County School District Drug and Alcohol Testing Policy. To the extent set forth in this document, I waive any privilege I have in connection with such information.

I understand that my blood, hair, breath, saliva or urine specimens may be sent to a laboratory designated by the Choctaw County School District for actual testing.

The Choctaw County School District Board of Education and its officers, administrators, employees and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

I certify that all information contained on this consent form is true and correct.

Student PRINTED Name

Student SIGNATURE

Date

We the parent(s)/legal guardian(s) of the above student:

(Initial) *Grant consent* for the above student to participate in random drug and alcohol testing.

(Initial) *Deny consent* for the above student to participate in random drug and alcohol testing.
** I realize that denying consent for testing will result in my child not being able to participate in any extracurricular activities.*

Parent/Guardian PRINTED Name

Parent/ Guardian SIGNATURE

Date

Student Form

Choctaw County School District
Acceptable Use Policy

Student Name _____

Grade _____

The Choctaw County School District is CIPA (Children’s Internet Protection Act) and COPPA (Children’s Online Privacy Protection Act) compliant. Employees/students may use the network to explore thousands of libraries, databases, and bulletin boards. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. There can be no assurances that students will not be exposed to unacceptable materials using on-line and telecommunication services. Choctaw County School District has implemented Internet filtering to minimize unacceptable material. Recognizing that no filtering solution can be 100% effective, it is understood that all technology protection measures do not and will not work perfectly. In complying with CIPA, schools are expected to engage in a “good faith effort” to abide by the requirements of CIPA. CIPA does not create a private right to action, meaning that the discovery of objectionable material on a computer cannot result in a lawsuit complaining that a school violated CIPA.

This policy sets forth the privileges and restrictions of users that wish to use the computing and telecommunication equipment owned by Choctaw County School District. This policy attempts to define and give examples of computer usage that are problematic and therefore are prohibited. This policy’s focus is to protect Choctaw County School District and its users from illegal or damaging actions by individuals, either knowingly or unknowingly; to educate minors about appropriate online behavior, including interacting with other individuals on social networking sites and in chat rooms; and to address cyberbullying awareness, reporting and response. All policies and procedures are intended for the current school year; however, the District reserves the right to make modifications as necessary. If changes are made, users will be notified through email or a posting on the district website.

Access to network resources and the Internet enables Choctaw County School District users to explore many resources for intellectual gain. These resources are intended for appropriate educational use. All users are held responsible for the behavior exhibited on District owned computers and the Internet.

Prohibited actions on Choctaw County School District Network:

- Installation of unlicensed software. (Request must be made to technology department)
- District computers, printers, or network equipment must not be moved without prior permission from the Technology Coordinator.
- Personal computing equipment must not be added to network. (Laptops, printers, network storage devices, etc...)
- Users must not try to repair District owned equipment.
- Users must not use District network resources for online gaming, chatting, or music.
- Users must not conduct personal business or vendor services (selling products or web developing, etc.)
- Users must not install instant messaging services or weather tracking software.

- Users must not install peer to peer applications (Kazaa, Gnutella, LimeWire, Blubster, etc.) These applications provide the ability to violate copyright laws, steal intellectual property, download pornography, etc...
- Users must not hack or try to hack other user’s information or confidential information in possession of the Choctaw County School District.
- Users must not practice unsafe behavior on the Internet
- Users must not practice inappropriate behavior while online, on social networking websites, and in chat rooms
- Users must not participate in cyberbullying and must report such behavior if they are aware of it

Users that violate any of these prohibited actions are subject to the following:

- **Revocation of computer use in the district.**
- **Litigation depending on offense.**
- **Suspension or expulsion depending on offense.**

As a user of Choctaw County School District technology, I have read and agree to comply with the technology acceptable use policy. I agree that inappropriate use or behavior may result in loss of use, disciplinary and/or legal action. I agree that Choctaw County School District is not responsible for any damages that may result from my misuse of technology throughout the school.

Student Signature (only 3rd grade – 12th grade required)

Date

Parent/Guardian Signature

Date

Choctaw County School District
Student Health Record

Grade _____

Circle School---AES CCHS FCES WES

(Please complete: Information to be shared with teaching staff as needed.)

Student's Name: _____ Date of Birth: _____ Age _____ Male Female

Parent/Guardian: _____ Phone: _____

Other Contact: _____ Relationship: _____ Phone: _____

Transportation (circle one) BUS CAR WALKER

Student's Medical History

Problem	No	Yes	**AUTHORIZATION FOR MEDICATION FORM AND ACTION PLAN COMPLETED BY MEDICAL PROVIDER AND SIGNED BY PARENT REQUIRED IF "YES" IS SELECTED FOR THE FOLLOWING: - ALLERGY TO FOOD, INSECT BITES OR STINGS - ASTHMA - SEIZURES - DIABETES
Allergies to: FOOD		List:	
INSECT BITE/STING		List:	
MEDICATION		List:	
OTHER		List:	
Asthma			
Seizures			
Diabetes			
Attention deficit (ADD, ADHD)			
Headaches (migraine)			
Heart problem			
Hypertension (high blood pressure)			
Nose bleeds			
Speech and/or Hearing problems			
Stomach or digestive problems			
Vision-eyeglasses or contacts			

I authorize/give permission for the school nurse or school staff personnel to administer the following first aid (if available) to my child:

- *Benadryl (for symptoms of an allergic reaction only) *eye wash / artificial tears *burn cream / spray
- *hydrocortisone cream / anti-itch relief cream *peroxide / wound wash *calamine lotion
- *Antibiotic ointment / triple antibiotic ointment *cough drop / throat spray

Student's Healthcare Provider: _____ Phone No.: _____

Is the student taking daily medication? No Yes If yes, please name medication, dosage, and frequency.

1. _____ 3. _____

2. _____ 4. _____

Will any of the medication listed be required to be given at school? No Yes *If yes, please list medication.*

(Medication authorization form required for all school medication)

I give my permission for my child to participate in the school's health program which includes health education and basic screenings (vision, hearing, scoliosis, etc). I also give my permission for my child to receive first aid care listed above as needed. I also authorize /give permission for my child to be transported to a medical facility in case of an emergency either by ambulance or by school staff personnel. I give my consent for pertinent medical information to be shared between the medical provider and the school nurse and/or school personnel directly involved with my child at school. I also agree to hold school personnel harmless in all claims arising from the administration of the above first aid at school or school-related events.

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

Choctaw County School District
School Based Telehealth Program Consent Form

The Choctaw County School District is pleased to announce a partnership with the Mississippi Department of Education and University of Mississippi Medical Center. Through this partnership, students will now be eligible to receive telehealth visits during school hours with licensed healthcare providers, free of charge. The program is fully funded through a grant, so there is no cost to families and no insurance is required.

When a school nurse determines that a child would benefit from a telehealth visit, they will contact the parent/guardian for permission. Parents will be allowed to join the telehealth visit remotely via a link emailed from UMMC. The nurse will use a laptop and special equipment such as an electronic stethoscope and camera to help the provider hear a student's heart or look inside their ears. If prescription medication is needed, the telehealth provider will send this into your preferred pharmacy. Parents will only be responsible for the cost of prescriptions.

By signing below, I acknowledge that I have read and understand the above information and that this consent allows your child to participate in the UMMC School-based Telehealth program. This consent is valid for 1 school year.

Student Name: _____

Student Grade: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Contact Number: _____

Date: _____