

MSIS # _____

Entered by _____



Lafayette County School District Registration Form (2018)

STUDENT INFORMATION (PLEASE PRINT)

Student's Legal Name Last Name _____ First Name _____ Middle Name _____ Suffix _____ Name student goes by _____	Social Security Number _____ - _____ - _____ Race _____ Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth _____ Age _____ Grade registering for _____	Home Phone Number _____ - _____ - _____ Student Cell Number _____ - _____ - _____
Mailing Address Physical Address	City City	Zip Code Zip Code
Are there any custody issues? If yes, please explain on the parent/guardian information sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation Method (please select one) <input type="checkbox"/> Car <input type="checkbox"/> Bus # _____	Early Dismissal Method <input type="checkbox"/> Car <input type="checkbox"/> Bus # _____

ADDITIONAL INFORMATION FOR NEW STUDENTS (PLEASE PRINT)

2018 NEW STUDENT INFORMATION The student named above is a 2018 new student to Lafayette County School District. <input type="checkbox"/> Yes <input type="checkbox"/> No If answered yes, please fill out all information below.				
Has the student named above ever registered in the Lafayette County School District? If yes , name the last Lafayette County School attended.				
		Last Grade Completed	School Withdrawal Date	
Previous School Attended (other than Lafayette)	City/State		MM	DD
Has the student ever been suspended/expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list grade and school year. Grade _____ Year _____				
Has the student ever participated in resource classes? (gifted, special education, speech, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____				
Does the student wish to play a school sport? <input type="checkbox"/> Yes <input type="checkbox"/> No Sport(s) played at previous school _____ (LMS and LHS students only)				

STUDENT NAME: _____ **SCHOOL:** _____

PARENT/GUARDIAN INFORMATION

***Legal Guardianship papers will need to be provided if you are not the parent.**

This information must be provided. Please provide a minimum of TWO emergency contacts.

1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Military <input type="checkbox"/> Yes <input type="checkbox"/> No Primary Language _____		
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian.		
First Name		Last Name
Address		
City	State	Zip Code
Home Phone Number	Employer	
Cellular Phone Number	Employer Phone Number	
Email		

2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Military <input type="checkbox"/> Yes <input type="checkbox"/> No Primary Language _____		
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian.		
First Name		Last Name
Address		
City	State	Zip Code
Home Phone Number	Employer	
Cellular Phone Number	Employer Phone Number	
Email		

CUSTODY OR GUARDIANSHIP INFORMATION

Student PRIMARILY lives with _____ Mother, Father, Legal Guardian, Stepmother, Stepfather, other (specify)
<i>If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy or the most recent custody document must be placed in the student record.</i>
Court Order Date: _____
Name and date of most current legal document _____ <i>Attach copy</i>
<small>NAME</small>
<small>MM/DD/YYYY</small>

EMERGENCY/CHECK OUT CONTACTS (PLEASE PROVIDE A MINIMUM OF TWO)

3 First/Last Name
Relationship to student
Phone Number
This person is an emergency/check out contact.

4 First/Last Name
Relationship to student
Phone Number
This person is an emergency/check out contact.

5 First/Last Name
Relationship to student
Phone Number
This person is an emergency/check out contact.

6 First/Last Name
Relationship to student
Phone Number
This person is an emergency/check out contact.

Residency Requirement Form

Name of Parent/Guardian: _____

Parent/Guardian Physical Address: _____
 (A post office box number is not acceptable)

LIST EACH STUDENT ATTENDING 2018 SCHOOL YEAR AT LAFAYETTE COUNTY SCHOOL DISTRICT.

STUDENT NAME	GRADE (2018)	STUDENT NAME	GRADE (2018)	STUDENT NAME	GRADE (2018)

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should any legal residence change while the above listed students are enrolled in Lafayette County 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 and signed by the parent, guardian, or other adult 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/GUARDIAN

DATE

TELEPHONE NUMBER

***** **BOTTOM TO BE COMPLETED BY THE SCHOOL DISTRICT** *****

- A. Documents provided to me by Parent/Guardian/Other Adult/or Student: (Minimum of 2 required)
 - 1. _____ Filed Homestead Exemption Application Form/Land Tax Receipt (Must be from current year)
 - 2. _____ Mortgage Documents/Property Deed (mortgage documents must indicate current year, if property deed used, physical address must appear on the deed)
 - 3. _____ Apartment or Home Lease (cannot be handwritten receipt and must be in current year)
 - 4. _____ Utility Bills (must be within the last two months prior to registration – no cell phone bills)
 - 5. _____ Automobile Registration (for current vehicle tag- not car title)
 - 6. _____ Any other documentation that will objectively and unequivocally establish that the parent or legal guardian resides within the school district as determined by the registration coordinator, superintendent or designee (no cell phone bill or car insurance statement)
- B. _____ Affidavit of Residency – two of the six items above must be in the homeowner’s name. The parent or legal guardian must provide one proof of residency that ties him/her to the residence.
- C. _____ Student is living with legal guardian – a copy of the court order appointing the guardian must be provided to the district. If a petition of guardianship has been filed and the decree is pending, the student or guardian must provide a certified copy of the filed petition for guardianship.
- D. _____ Student is living with an adult other than parent or legal guardian – must meet the same criteria as that of parents or legal guardians as stated in Part A. The adult must provide the school with legal guardianship or custodial papers and provide documentation fully explaining the reason(s)(other than school attendance zone or district preference) for this arrangement. The superintendent or his/her designee will make the necessary factual determinations. Any person who has assumed responsibility for the care and custody of the child shall be expected to begin the process of seeking legal guardianship before enrollment of the child and an approximate completion date must be given. Any legal guardianship formed for the purpose of establishing residency for school district attendance purposes shall not be recognized by the Lafayette County School District.

Date

Representative – School District

Lafayette 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 1131 and Tittle X under ESEA/NCLB).

1. Is your address a temporary living arrangement? Yes No

2. Is your living arrangements 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 student is to be enrolled immediately.

Lafayette County School District

HOME LANGUAGE SURVEY

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

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language is spoken by you and your family most of the time at home? _____

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 English language development program. You will be notified about the results of this testing.

4. If available, in what language would you prefer to receive information from the school? _____

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID#	Date Distributed	Date Received	

Lafayette County School District
Student Health Information Form 2018-2019

Student's Full Name _____ **Grade** _____

Age _____ Birthdate _____ Social Security # _____

Parent/Guardian Name _____ **Home Phone #** _____

Home Address _____

Place of Employment _____ **Work Phone #** _____

Cell Phone # _____ **Email Address** _____

Parent/Guardian Name _____ **Home Phone #** _____

Home Address _____

Place of Employment _____ **Work Phone #** _____

Cell Phone # _____ **Email Address** _____

Name/Grade of brothers and/or sisters attending Lafayette County Schools _____

Family Physician _____ **Office Phone #** _____

If your child wears glasses, name of eye doctor _____ **Phone #** _____

Emergency Contacts:

Name: _____ **Phone #** _____ **Relationship to Student** _____

Name: _____ **Phone #** _____ **Relationship to Student** _____

ALLERGIES: Please list any allergies that your son/daughter has and the type of reaction they will get when exposed to the allergen. Include food, medicines, insects.

Example: Milk - rash and vomiting Penicillin - difficulty breathing **Requires Epi-Pen** Yes _____ No _____

MEDICAL HISTORY: Check any/all of the items listed below if they apply to your son/daughter ONLY

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Blackouts/Fainting Spells | <input type="checkbox"/> Difficulty Controlling Bladders/Bowels |
| <input type="checkbox"/> Heart Problems (what type? _____) | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Hearing Loss (Which Ear _____) | <input type="checkbox"/> Stomach (ulcers/frequent indigestion) |
| <input type="checkbox"/> Wears Glasses/Contacts | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Blood Disorders (example: leukemia/ITP/anemia) | <input type="checkbox"/> Requires Inhalation Therapy (Breathing Treatments) |
| <input type="checkbox"/> Seizures (type _____ date of last seizure _____) | |
| <input type="checkbox"/> Other medical problems (please list) _____ | |

MEDICATION INFORMATION: Does your son/daughter take any medication on a daily or regular basis? If YES, please list the name, amount, time taken _____

PERMISSION TO ADMINISTER MEDICATIONS: I give permission for the administration of the following medication to be given to my son/daughter to treat minor medical problems: TYLENOL/IBUPROFEN/TUMS/MYLANTA/BENADRYL/IMMODIUM/NEOSPORIN OINTMENT/ORAGEL/CHLORASEPTIC SPRAY/VISINE EYE DROPS/COUGH SYRUP/COUGH DROPS

Parent's Signature _____ Date _____

PERMISSION TO CONTACT CHILD'S PHYSICIAN: I give permission to the school nurse to call my child's physician, _____ (doctor's name) regarding health problems or medications.

Parent's Signature _____ Date _____

PERMISSION TO TRANSPORT TO HOSPITAL FOR MEDICAL EMERGENCIES:

My child has permission to be treated/transported to the hospital for medical emergencies. YES _____ NO _____

Parent's Signature _____ Date _____

INSURANCE INFORMATION: Medicaid number: _____

Name of insurance company _____ Policy Number _____

Name of insured _____ Employed by _____

Signature Page 2018-2019

Student/Parent Agreement

Student Name: _____

I, the parent/guardian of the above named student understand that the LMS/LHS student/parent handbook is available on the school's website at www.gocommodores.org. I take responsibility for reading those policies/procedures as well as the responsibility for the textbooks issued to my child during the 2018-2019 school year. If any book is lost, damaged or destroyed, I, by this signature, agree to pay for such loss.

Parent/Guardian's Initials: _____

Internet Acceptable Use Policy

By signing this policy I acknowledge that I:

- understand the rules and regulations of the Acceptable Use Policy in the 2018-2019 Student Handbook, and
- understand that applicable discipline measures will be taken for violations, including: payment for damages, denial of access to technology, detention, suspension, expulsion or other remedies applicable under school policy, and/or state and federal law.

I have read the Lafayette County School District (LCSD) Internet Acceptable Use Policy. This constitutes my permission for my child to utilize LCSD computers and internet resources. I understand that the LCSD is not liable for any misuse of computer resources by my child.

Parent/Guardian's Initials: _____

Corporal Punishment

I understand that the Lafayette County School District may use corporal punishment as a means to correct behavior, as stated in the 2018-2019 Student Handbook. (Please choose ONE):

Lafayette Middle/High School Administration has my permission to use corporal punishment as a means to correct behavior. Prior to issuing corporal punishment, a phone call will be made to the parent/guardian.

Lafayette Middle/High School Administration **does NOT** have permission to use corporal punishment as a means to correct behavior.

Parent/Guardian's Initials: _____

Image Publishing Parental Permission

In order to abide by the parent/guardian desires for privacy, we are requiring your consent before publishing student photographs and or student work on the Lafayette County School District Website and/or local newspapers and television stations. (Please choose ONE):

I give permission for my child's photograph, work, and name to be used for newspapers and other communications as stated above.

I **do NOT** want my child's photography, work or name published in any communications as stated above.

Parent/Guardian's Initials: _____

Random Suspicionless Drug Testing Policy Agreement

By signing this agreement I agree that I will abide by the policy and procedures stated under the Random Suspicionless Drug Testing Policy listed in the 2018-2019 Lafayette County Student Handbook.

I understand that at any time during the school day, I could be requested to take a drug test under the direction of an independent testing service. I am aware of the consequences stated under the Random Suspicionless Drug Testing Policy. I also understand that my refusal to take a drug test will be treated the same as if I were tested positive for drugs.

I understand that should I test positive for drug use and feel that the result was either in error or due to the influence of medication or another legal substance, I have the opportunity to re-test at my own expense. I understand that this testing will be conducted by a service that has been agreed upon by the school administration.

I understand that by signing this agreement I will be held accountable to the policy and procedures listed in the Random Suspicionless Drug Testing Policy.

Student (Print) Name

Student Signature

Parent Signature

Date