Poplarville School District

Student Registration and Residency Verification Form

IMPORTANT: Please PRINT form entries clearly when filling out this form.

Student Information

Which School/Grade will this student be attending (check one)?

Lower Elementary ☐ Pre K ☐ K ☐ 1 ☐ 2

Upper Elementary ☐ 3 ☐ 4 ☐ 5

Middle School ☐ 6 ☐ 7 ☐ 8

High School ☐ 9 ☐ 10 ☐ 11 ☐ 12

Student's Last Name, First Name Middle Name (Example: Smith, John DeSaun)

Gender (check one): ☐ Male ☐ Female

Date of Birth

Place of Birth (City, County, State):

Verified Residence Address

Street Address

City

State

Zip Code

Primary Phone Number ☐ Home ☐ Mobile ☐ Work

Will this student be riding a bus? ☐ Yes ☐ No

Is this address within 1 mile of the school? ☐ Yes ☐ No

Ethnicity

Is this student of Hispanic, Latino, or Spanish culture or origin? ☐ Yes ☐ No

Primary Race (check one): ☐ White ☐ Black ☐ American Indian ☐ Pacific Islander ☐ Asian

Additional Race (optional): ☐ White ☐ Black ☐ American Indian ☐ Pacific Islander ☐ Asian

Does this student speak any language other than English? ☐ Yes ☐ No

If yes, please answer the following questions:

1. What was the first language that this student learned to speak?
2. What language does this student speak most often?
3. What language is most often spoken in your home?

Parents/Guardians: Please initial and Date all pages. Initials: Today's Date:

Special Services

Mark any special services for which this student has been ruled eligible (check all that apply):

☐ Gifted ☐ Speech ☐ Special Education ☐ 504 ☐ Other

Other medical information

Does your child have any medical problem(s) of which the school needs to be aware? ☐ Yes ☐ No

If yes, please explain:

New Students/Transfer Students/Incoming Kindergarten Students

Was this student expelled or due for a discipline hearing from the school he/she is transferring from within the last school year? ☐ Yes ☐ No

Name , Address, and Phone of previous school (pre-school information if an incoming kindergarten student)

If this student is an incoming kindergarten student, please check ONE of the following that best describes prior care facility:

☐ Childcare ☐ Head Start ☐ Pre-K Public

☐ Family Care ☐ Home ☐ Pre-K Private (ex. Church PreSchool)

Authorizing Signature

Form Authorization

I, the undersigned, state that all information in this form is correct to the best of my knowledge and I will contact the school regarding any changes including address, phone, contact, and custodial issues. Please initial here … > ☐

Internet/Network

As a parent or legal guardian of the minor student listed in this form, I grant permission for my daughter or son to access the networked computer services. I understand individuals may be held responsible for violations of district policies and restrictions. I understand and consent to Poplarville School District setting up email user accounts as well as online tools and storage for my student's school use. I understand that Poplarville School District will setup an email user account as well as online tools and storage for my student's school use. I understand that Poplarville School District follows FERPA / COPPA guidelines. Please refer to the district website for more information on the district's student information guidelines.

When, as a parent user of the Poplarville School District's Computer Internet System, I will communicate over the network in a responsible fashion and will honor all district policies, laws and restrictions.

Textbooks

I agree to take full responsibility for all textbooks issued to my child during the school year.

Publication

I agree to allow Poplarville School District to use my child's likeness and/or name (example: in honor roll listings and student of month listings) in local publications and the school website

_____ _____

Signature of Parent or Guardian Date

Name of ALL students that will use this information: _____

Parents/Guardians

The person/persons listed in the Parents/Guardians section must have legal custody/guardianship and live with the student.

Mother/Guardian 1

Last Name, First Name Middle Name (Example: Smith, Shawn Shae)

Street Address

City | State | Zip Code

Primary Phone Number
- ☐ Home
- ☐ Mobile
- ☐ Work

Secondary Phone Number (Optional)
- ☐ Home
- ☐ Mobile
- ☐ Work

Employer

Email Address

Relationship to Student (example: Mother)

Are there custody issues? ☐ Yes ☐ No

If yes, has paperwork been provided to the school? ☐ Yes ☐ No

Mark All That Apply
- ☐ Has **No Contact** with student
- ☐ Receives Mail from school
- ☐ Can Check In/Out Student
- ☐ Emergency Contact for Student
- ☐ Student Resides (Lives) with this person
- ☐ Receives Instant Phone Messages from school (AIM)
- ☐ Deceased

Father/Guardian 2

Last Name, First Name Middle Name (Example: Smith, Shawn Shae)

Street Address

City | State | Zip Code

Primary Phone Number
- ☐ Home
- ☐ Mobile
- ☐ Work

Secondary Phone Number (Optional)
- ☐ Home
- ☐ Mobile
- ☐ Work

Employer

Email Address

Relationship to Student (example: Mother)

Are there custody issues? ☐ Yes ☐ No

If yes, has paperwork been provided to the school? ☐ Yes ☐ No

Mark All That Apply
- ☐ Has **No Contact** with student
- ☐ Receives Mail from school
- ☐ Can Check In/Out Student
- ☐ Emergency Contact for Student
- ☐ Student Resides (Lives) with this person
- ☐ Receives Instant Phone Messages from school (AIM)
- ☐ Deceased

Name of ALL students that will use this information: _____

Other Contacts (optional)

Please list "contact persons" that parents/guardians will allow to assume responsibility for checking this student out of school. All contact persons MUST be 21 years of age (18 is acceptable if the contact is an immediate family member). STUDENTS MAY NOT CHECK THEMSELVES OUT.

Contact 1 (optional)

Last Name, First Name Middle Name (Example: Smith, Shawn Shae)

Full Address Including City, State, and Zip Code

Primary Phone Number
- ☐ Home
- ☐ Mobile
- ☐ Work

Relationship to Student (example: Brother)

Mark All That Apply to this Contact
- ☐ Can Check In/Out Student
- ☐ Student Resides (Lives) with this person

Contact 2 (optional)

Last Name, First Name Middle Name (Example: Smith, Shawn Shae)

Full Address Including City, State, and Zip Code

Primary Phone Number
- ☐ Home
- ☐ Mobile
- ☐ Work

Relationship to Student (example: Brother)

Mark All That Apply to this Contact
- ☐ Can Check In/Out Student
- ☐ Student Resides (Lives) with this person

Contact 3 (optional)

Last Name, First Name Middle Name (Example: Smith, Shawn Shae)

Full Address Including City, State, and Zip Code

Primary Phone Number
- ☐ Home
- ☐ Mobile
- ☐ Work

Relationship to Student (example: Brother)

Mark All That Apply to this Contact
- ☐ Can Check In/Out Student
- ☐ Student Resides (Lives) with this person

If more contacts are needed than three (3), please use copies of this sheet as needed. Once filled out, these sheets may be copied and submitted for multiple students.

Parents/Guardians: Please initial and Date all pages. Initials: Today's Date:

Name of ALL students that will use this information: _____

Other Contacts (optional)

Please list "contact persons" that parents/guardians will allow to assume responsibility for checking this student out of school. All contact persons MUST be 21 years of age (18 is acceptable if the contact is an immediate family member). STUDENTS MAY NOT CHECK THEMSELVES OUT.

Contact 4 (optional)

Last Name, First Name Middle Name (Example: Smith, Shawn Shae)

Full Address Including City, State, and Zip Code

Primary Phone Number
- ☐ Home
- ☐ Mobile
- ☐ Work

Relationship to Student (example: Brother)

Mark All That Apply to this Contact
- ☐ Can Check In/Out Student
- ☐ Student Resides (Lives) with this person

Contact 5 (optional)

Last Name, First Name Middle Name (Example: Smith, Shawn Shae)

Full Address Including City, State, and Zip Code

Primary Phone Number
- ☐ Home
- ☐ Mobile
- ☐ Work

Relationship to Student (example: Brother)

Mark All That Apply to this Contact
- ☐ Can Check In/Out Student
- ☐ Student Resides (Lives) with this person

Contact 6 (optional)

Last Name, First Name Middle Name (Example: Smith, Shawn Shae)

Full Address Including City, State, and Zip Code

Primary Phone Number
- ☐ Home
- ☐ Mobile
- ☐ Work

Relationship to Student (example: Brother)

Mark All That Apply to this Contact
- ☐ Can Check In/Out Student
- ☐ Student Resides (Lives) with this person

If more contacts are needed than three (3), please use copies of this sheet as needed. Once filled out, these sheets may be copied and submitted for multiple students.

Parents/Guardians: Please initial and Date all pages. Initials: Today's Date:

THIS PAGE IS TO BE FILLED OUT BY OFFICE STAFF ONLY.

Verification Documentation

Two of the following must be presented for a residence to be verified.

- ☐ Filed Homestead Exemption Application form for the student's primary residence.
- ☐ Mortgage Documents or property deed for the student's primary residence.
- ☐ Notarized Apartment or Home Lease
- ☐ Utility Bills (Water, Electricity, Gas — **No Phone Bills**) Dated within one month of verification of residence.
- ☐ Current Driver's License
- ☐ Automobile Registration (within one year)
- ☐ Affidavit and/or personal visit by a designated school district official. (two proofs still needed)

Office Only. Authorization Signature —> ☐

- ☐ All pages initialized.
- ☐ Signature and date.
- ☐ Birth Certificate Information Checked
- ☐ Immunization Information Checked

- ☐ Copies of verification documents
- ☐ Parent Sheets Attached
- ☐ Contact Sheets Attached

☐ Staff Initials