

Hazlehurst City School District

Registration Packet 2019-2020

1. Complete Registration Form
2. Provide Two (2) Proofs of Residency (ex. Rent or mortgage receipt, property tax receipt, or current utility receipt) NO Telephone Bills
3. Provide a copy of entering student(s) Birth Certificate
4. Provide a copy of entering student(s) Social Security Card
5. Provide a copy of entering students(s) Health Record
6. Provide a Withdrawal Information from Last School Attended by Student (ex. Unofficial transcript)
7. Provide Verification of Most Recent Earned Grades (ex. Progress reports or Report Card)
8. Provide a copy of entering student(s) Discipline Record
9. Provide Proof of Identification for Parent or Guardian.
 - A. If you are the legal guardian of the student, you must provide us with documentation from the court stating that this child is in your custody.

All of the information must be provided in order for a student to have regular admittance. If there are any items missing, the student may receive a conditional admittance at the discretion of the administration. Hazlehurst City School District does not enroll students that have been expelled from other school districts in or out of state.

*****P.O. BOX CAN NOT BE USED FOR PROOF OF RESIDENCY.*****

Student Name: _____

Grade: _____

Hazlehurst City School District 2019-2020

Proof of Residency for Enrollment

Student _____

_____A. Document provided to me by Parent/Guardian/Other Adult or student: (Minimum of two required of all students)

1. Filed Homestead Exemption Application
2. Mortgage Documents of Property Deeds
3. Apartment or Home Lease
4. Utility Bills- Lights, Water, Gas
5. Driver's License
6. Voter's Registration
7. Automobile Registration
8. Affidavit of Residency
9. District Representative Personal
10. Other Documentation

_____B. If you are the legal guardian of the student you must also provide a copy of the court order appointing you as guardian. If a petition for guardianship has filed and the degree is pending, you must provide a certified copy of the filed petition for guardianship. NOTE: Any legal guardianship formed for the purpose of establishing residency for school district attendance purpose shall not be recognized by the affected board. Legal Reference: MS CODE Annotation Section 37-15-31.

_____C. Students living with adults other than parents of legal guardian must provide:

1. Two of the 10 items of verification as stated above.
2. A sworn affidavit stating the relationship of the adult to the student and that the students is living in the Affidavit's home full time and fully explaining the reasons (other than school attendance zone or district preference) for this arrangement.

*If parent/guardian fails to provide the necessary documentation, the child will not be allowed to attend school in the Hazlehurst City School District.

School Official Signature/Title

Date

Hazlehurst City School District 2019-2020 Enrollment Packet

Name _____ Grade: _____

Date of Birth _____ Sex: Male or Female Race: _____

Mailing Address: _____

Physical Address: _____

Mother's Name _____

Father's Name _____

Phone Number _____

Phone Number _____

Place of Employment:

Place of Employment

Work Phone
Number _____

Work Phone
Number _____

Circle Yes or No

Circle Yes or No

Receives Mail Yes/ No

Receives Mail Yes/ No

Check In/Out Allowed Yes/ No

Check In/Out Allowed Yes/ No

Emergency Contact Yes/ No

Emergency Contact Yes/ No

Resides With Yes/No

Resides With Yes/No

What contact number would you like the school
to use to call our automated system?

What contact number would you like the school
to use to call our automated system?

Legal Guardian Name, if not the parent _____ **Date of Court Order** _____

Circle Yes or No

Receives Mail Yes/ No

Check In/Out Allowed Yes/ No

Emergency Contact Yes/ No

Resides With Yes/No

What contact number would you like the school to use to call our automated system? _____

Who to contact in case in case of an emergency if parents cannot be reached?

This person will be emergency contact and check in/check out.

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

List any individuals who **may not come** in contact with your child?

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

Does this child have any other sisters or brothers attending this school? Yes No List name and grade.

Name _____ grade _____

Name _____ grade _____

Circle the type of transportation that will be used to transport to and from school? Car Bus Walk

Previous School Attended

(This is to be filled out for All Incoming Kindergarten Students and New Transfers)

If your child did not attend Hazlehurst City School District please provide us with the previous school Name, Address and Telephone Number.

Was your child receiving any special services such as Speech, Hearing or Special Education Classes at their last school? _____

Is your child ever been or is in the process of expulsion from his/her previous school? _____

Has your child been recommended for or is now in Alternative School? _____

***New Transfers-** Has your child **EVER** attended **ANY** school in Hazlehurst City School District? Yes or No

Parents Signature _____ Date: _____

Hazlehurst City School District Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Veto Act 42 USC 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Name of Student _____ Grade _____ Sex: _____

Date of Birth _____ Age: _____

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

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO to these questions, you may stop here.

Please check only one box that best describes where the student is presently living:

____ Double up- in the home of a friend or relative because I lost my housing (ex. Fire, flood, hurricane, lost job, divorce, domestic violence, kicked out by parents, parents incarcerated etc.)

____ In shelter because I do not have permanent housing (living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)

____ In a hotel or motel (because Of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)

____ In a tent, car, van abandoned building, on the streets, at a Campgroup, in the park or other unsheltered location.

Name of Parent _____

Address _____ Phone _____

Please provide the following information for school age sibling (brothers and or sisters) of the students:

Name	Grade Level	School	Date of Birth

Signature of Parent/Legal Guardian _____

Date: _____

HAZLEHURST CITY SCHOOL DISTRICT

Home Language Survey

Full Name of Student _____
Last First Middle

(Circle the name the child goes by.)

Gender: ↑ Male ↑ Female Date of Birth _____ Place of Birth _____

Parent/Guardian's Name(s) _____
Father Mother

Parent/Guardian's Address _____
Street City Zip Code

Parent/Guardian's Phone _____
Home Phone Mother's Cell Phone Father's Cell Phone

Emergency Contact _____
Name Relationship Phone

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. Does your child speak a language other than English? Yes No If so, what language? _____

2. What language did your child learn when he/she first began to talk? _____

3. What language does your child speak most often? _____

4. What language(s) are spoken in your home? _____

5. Has your child attended any school in the United States for any three years during their lifetime?

↑ Yes ↑ No

IF AVAILABLE, in what language would you prefer to receive information from the school?

STUDENT INTERNET USE CONTRACT

GRADES PREK-12

First Name _____ Last Name _____

Grade Level _____ Date _____

Carefully read the attached Hazlehurst School District Acceptable Use Policy. IF you have any questions as to what will be expected of you when you are using the districts Internet access or school network or computer equipment, ask a teacher, your librarian or someone in the office to help you with anything you do not understand.

When you feel that you understand the rules, sign the contract below so that you will be able to access the school's network and utilize the available technology.

Contract

I have read the Hazlehurst City School District Acceptable Use Policy. I understand the rules that I am to follow while using the Internet at school.

I understand that if I break the rules, I will be punished based on the type of rule I break. If I break a rule the punishment will be determined by the respective Hazlehurst Schools administration or faculty. If I break a law, however, I understand that the courts and law enforcement officials who enforce the law that I break will determine the punishment I receive.

Students Name _____

Students Signature _____

Internet Use Parent or Guardian Signature Form

Grades PreK-12

Student Full Name (Please Print) _____

Current Grade Level _____ Date _____

As the parent or guardian of this student I have read the Acceptable Use Policy of the Hazlehurst City School District and understand the rules and regulations that my child is to follow while using the Internet and/or school network while at school. I understand that the school's internet access is available for educational purposes only and have discussed the proper use of the Internet at school with my child.

I understand that if my child breaks the rules he/she will be punished based on the type of rule broken just as it is with any other school activity. If he/she breaks a rule made by the Hazlehurst School District, the punishment will be determined by the building Principal or the Assistant Principal. If she/he breaks a law, however, I understand that the courts and law enforcement officials who enforce the broken law will determine the punishment received by my child.

I understand that the Hazlehurst School District has taken available electronic precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and will not hold them responsible for materials this student may acquire on the network. Further, I accept full responsibility for supervision of my child's Internet if and when my child's use is not in a school setting. Further accept responsibility for any/all expenses for any damages on the networks caused by my child. I hereby certify that the information that I have entered onto this form is correct.

Initial One:

My child has my permission to use the Hazlehurst School District's network to access the Internet. _____

My child DOES NOT have my permission to use the Hazlehurst City School District network to access the Internet and I DO NOT want Internet services or any other computer or computer services available to my child. I realize that this will make enrollment in certain class impossible.

Parent or Guardian (please print) _____

Signature: _____ Date: _____

Hazlehurst City School District

CORPORAL PUNISHMENT CONSENT FORM

Signing this form and returning it to your child's school indicated that you have received and read the Hazlehurst City School District Handbook. The guidelines for student conduct and the Code of Conduct are explained in this document.

In addition, your signature on this form indicated that you and your child are aware of the districts Corporal Punishment Policy.

If clarification or explanation of any of these policies or procedures is needed, please contact the building principal at your child's school.

Student's Name _____ Grade _____

Students Signature _____

Parent's Name _____

Parent's Signature _____

() You have my permission to administer corporal punishment to my child.

() You do not have my permission to administer corporal punishment to my child.

Parent's Signature

Date

Please complete this form and return it to the school office.