

Hazlehurst City School District

Registration Packet

1. Complete Registration Form
2. Provide Two (2) Proofs of Residency (ex. Current utility receipt -electric bill, water bill, gas bill, vehicle registration, Rent/lease or mortgage agreement, driver's license, voter's precinct identification, property tax receipt, or filed Homestead Exemption Application Form)
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- Form 121 Immunization Shot 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 appointing you as guardian. If the petition for guardianship has been filed and the degree is pending, you must provide a certified copy of the filed petition for guardianship.
 - B. 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 Annotated Section 37-15-31.

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, for up to 10 days, 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.

Hazlehurst High _____

Hazlehurst PK-4 _____

Hazlehurst 5-8 _____

Proof of Residency for Enrollment Packet 2015-2016

Student Name _____ Age _____

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

Resident Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different from resident address)

City _____ State _____ Zip Code _____

Previous School _____

Whom does the child reside with? Both Parents, Mother, Father, Other (please list)

Parent Name _____ Legal Guardian _____

Mother's Name: _____ Phone Number _____

Place of Employment: _____ Phone Number _____

Father's Name: _____ Phone Number _____

Guardian's Name: _____ Phone Number _____

Place of Employment: _____ Phone Number _____

Is your child allergic to any medications/ foods: Yes/ No List (if any- please provide documentation)

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

Name/Relationship _____ Phone Number _____

Name/Relationship _____ Phone Number _____

List any individuals who **MAY NOT COME** in contact with your child.

Name/Relationship _____ Phone Number _____

Name/Relationship _____ Phone 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 Morning _____

Car Bus Walk Afternoon _____

Parent/ Guardian Signature _____ Date _____

Office Use Only

____ A. Document provided to me by Parent/Guardian/Other Adult or student: (Minimum of two required of all students) Only authorized district personnel may initial.

- 1. Filed Homestead Exemption Application _____
- 2. Mortgage Documents of Property Deeds _____
- 3. Apartment or Home Lease _____
- 4. Utility Bills _____
- 5. Driver's License _____
- 6. Voter's Registration _____
- 7. Automobile Registration _____
- 8. Affidavit of Residency _____
- 9. Other Documentation (Court Documents) _____

Pre K/ Kindergarten

- 1. Original Birth Certificate _____
- 2. Social Security Card _____
- 3. Form 121- Immunization Shot Record _____

____ 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.
- 3. Divorce Decree

*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

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: _____

STUDENT INTERNET USE CONTRACT

Grades PreK – 12

First Name: _____ Last Name: _____

Current Grade Level: _____ Date: _____

STUDENT CONTRACT AGREEMENT

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 district's 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 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 School's 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.

Student's Name (please print): _____

Student's Signature: _____

INTERNET USE PARENT OR GUARDIAN SIGNATURE FORM

Grades PreK - 12

(This is a legally binding document)

Student's 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 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 he/she 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, I accept responsibility for any/all expenses for any damages on the network 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 School District's network to access the Internet and I **DO NOT** want Internet services or any other computer or computer service available to my child. I realize that this will make enrollment in certain classes impossible. _____

Parent or Guardian (please print): _____

Signature: _____ Date: _____

To: Parents

From: School Nurse

Re: Regulation for the administration of medication to students by school personnel

Medication may be administered to a student by school personnel provided the regulations for the administration of medication have been satisfied. It is desirable for medication to be schedule at times other than school hours. We recognize that this is not always possible and will cooperate when necessary with the parent and physician for the student to be given prescribed medication. The guidelines for administrating medication required.

A student who is to be administered medication at school must have on file a physician's written order detailing the name of the drug, dosage, and time interval medication is to be taken and the parent 's written consent. The Medication Authorization form must be used for this purpose.

1. The form is to be completed each year and whenever there is a change in the medication, the dosage or the duration of the order expires.
2. A form must be completed for each medication to be administered by school personnel.
3. Medication must be delivered to school by the parent/guardian or another adult designated by the parent in a container properly labeled by the pharmacy or physician. Over-the-counter drugs must be received in the original unopened container.
4. Prescribed medication that has been discontinued by the physician must be picked up within two (2) weeks. The parent/guardian or another adult designated by the parent shall pick up all medication that has not been given at the end of the school year on or before the last day of school.
5. Parent may come to the school and administer medication to their child(ren) at the appropriate times if the above requirement are not suitable. All medication to be administered by a parent/guardian must be administered in the Nurses' station/Office.

School personnel will not administer medication to students unless they have received a properly completed "Permission to Give Medication At School" form. This form must be signed by the parent/guardian, the child's doctor, and received by the school nurse in the appropriate labeled container. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy.

Hazlehurst City School District
 Permission to Give Medication At School
 School Medication Prescriber/Parent Authorization

Student Name:		School Year:	
School:	Grade:	Homeroom Teacher:	
List any known allergies/reactions:		Height:	Weight:

**Prescriber Authorization
 (to be completed by child's physician)**

Name of Medication:		Reason for taking:	
Dosage:	Route:	Frequency/Time(s) to be taken:	
Date to begin medication:		Date to stop medication:	

Special Instruction(s)

Does medication require refrigeration?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is the medication a controlled substance?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is self-medication permitted and recommended for this student?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If asthma inhaler or emergency medication, do you recommend this medication be kept "on person" by "the student"?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Potential Side Effects/Contradictions/Adverse Reactions:

Treatment order in the event of an adverse reaction (attach additional sheet or use the back this form if necessary).

Signature of Prescriber:	Date:	Phone:	Fax:
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**Parent/Guardian Authorization
 (to be completed by child's Legal guardians)**

I authorize the School Principal or his designee to assign unlicensed school personnel who has completed the Mississippi Board of Nursing Assisted Self Administration Curriculum the task of assisting my child in taking the above medication. I understand that addition parent/prescriber signed statements will be necessary if the dosage of the medication change. I also authorize the School Nurse, School Principal, or his designee to talk with the prescriber or pharmacist should a question come up about medication.

Medication must be registered by the school nurse. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

Date: _____ Signature of Parent or Guardian: _____
 Or (DO NOT SIGN IN THE ABOVE SPACE IF YOU SIGN BELOW)

Before any medication is administered to my child by non-nursing personnel, I request that I be called to come to the school to administer the above medications to my child.

Date: _____ Signature of Parent or Guardian: _____

If any question or problem arise, call me at (H) _____ (Work) _____ (Cell) _____

HAZLEHURST CITY SCHOOL DISTRICT

Student Health Record

Student's Name: _____ Date of Birth: _____
 Address: _____ Home Ph: _____ Cell Ph: _____
 School: _____ Grade: _____ Homeroom: _____ Male: Female: Age: _____
 Father/Mother/Guardian: _____ Work Ph: _____
 Emergency Contact Person: _____ (relationship) _____ Phone: _____
 Social Security No.: _____ Medicaid No.: _____ Health Ins.: _____

Students Medical History

Problem	No	Yes	Past &/ or current problem (explanation of severity)
Allergies to drugs and food	<input type="checkbox"/>	<input type="checkbox"/>	
.....insect bite or stings	<input type="checkbox"/>	<input type="checkbox"/>	
.....other	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Attention deficit/ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	
Birth defect/physical handicap	<input type="checkbox"/>	<input type="checkbox"/>	
Bone or joint problems	<input type="checkbox"/>	<input type="checkbox"/>	
Convulsions (seizure/epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes (high blood sugar)	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional/Psychological disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches (frequent or on medication)	<input type="checkbox"/>	<input type="checkbox"/>	
Heart problem	<input type="checkbox"/>	<input type="checkbox"/>	
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Nose bleeds	<input type="checkbox"/>	<input type="checkbox"/>	
Sinus problem	<input type="checkbox"/>	<input type="checkbox"/>	
Speech and/or Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	
Stomach or digestive problems	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Vision (seeing) problems	<input type="checkbox"/>	<input type="checkbox"/>	Glasses? <input type="checkbox"/> yes <input type="checkbox"/> no Contacts <input type="checkbox"/> yes <input type="checkbox"/> no

Describe any handicap or special needs of student: _____

Student's Doctor or primary Care Provider: _____ Phone No: _____

Is the student taking daily medication? No Yes Name: _____

I give my permission for my child to participate in the schools health program and to receive first aid care and health education from the school nurse (or from school personnel as designated by the principal). This may include basic vision, hearing, and scoliosis screening, body and vital measurements, and school health education programs.

I give my consent for medical information to be shared between the medical provider and the school nurse and/or school personnel who would be directly involved in my child's medical care.

Parent/Guardian Signature: _____ Date: _____

Health Form For Children Diagnosed with Asthma

If your child has asthma, please fill out the information below (If you have filled out this information on a previous form, please do so again):

1. Has your child ever been diagnosed with Asthma? yes no

If yes, when was he or she diagnosed? _____

2. Has your child been seen in the emergency room for asthma this pass year? yes no

3. Does your child have any quick relief/rescue medication related to Asthma? yes no

If yes, please list the medications _____

4. Does your child take daily/routine medication for Asthma? yes no

If yes, list daily/routine medications are being taken and how often (example: once/day, twice/day...) _____

5. What triggers your child's asthma? _____

Emergency Contact Information

1. Doctors name and phone number _____

If applicable, Specialist's name and number _____

2. Guardians Contact Information (name, phone number and relation to child)

OFFICE USE ONLY	Date Received _____	MSIS _____
School _____	Grade _____	Homeroom Teacher _____

HAZLEHURST CITY SCHOOL DISTRICT

Home Language Survey

119 ROBERT MCDANIEL DRIVE
 HAZLEHURST, MS 39083
 (601) 894-1152

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.

- Does your child speak a language other than English? Yes No
 If so, what language? _____
 - What language did your child learn when he/she first began to talk? _____
 - What language does your child speak most often? _____
 - What language(s) are spoken in your home? _____
 - 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? _____

**HAZLEHURST CITY SCHOOL DISTRICT
CORPORAL PUNISHMENT CONSENT FORM**

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

In addition, your signature on this form indicates that you and your child are aware of the district's 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:** _____

Student's Signature: _____

Parent's Name: _____ **Daytime Phone:** _____

Parent's Signature: _____ **Date:** _____

YOU HAVE MY PERMISSION TO ADMINISTER CORPORAL PUNISHMENT TO MY CHILD.

Parent's Signature

Date

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.