

Instructions for Pre-K Registration

CENTRAL OFFICE 601-425-8500 BAY SPRINGS ELEMENTARY 601-425-8520 STRINGER ATTENDANCE CENTER 601-428-5508

Please fill out the packet completely. Be sure the Parent or Legal Guardian signs the packet (must have a copy of the court documents, **signed by a Judge**, proving custody attached for Custodial Parent or Legal Guardian).

Please make a COPY of the accepted proofs listed under Residency Verification on the packet. We must have 2 proofs dated within 60 days of registration, in the Parent or Legal Guardian's name, physical address and date of company letterhead. **(No PO Box will be accepted) (No affidavits may be used, Parent/Guardian name must be on the bill. If your last name is different from your child's, a copy of a Marriage License must be attached.)**

Proofs of Residency must be a water bill, electric bill, gas bill, official rental agreement (not handwritten on notebook paper), mortgage statement, cable/satellite bill or home insurance **BILL (not a copy of the policy) dated within 60 days of registration.**

Also needed to register is a copy of the Birth Certificate, a copy of the Social Security Card, and a copy of the MS Health Department Form 121. (If 4th birthday falls after registration date, you will still be able to register, but an updated form will be required within 2 weeks of the child's 4th birthday.)

No Incomplete Packets will be accepted

Registration for Stringer Attendance Center is April 11, 8 am till 12 noon.

Registration for Bay Springs Elementary is April 24th, 8 am till 12 noon.

Instructions for Pre-K Registration

CENTRAL OFFICE 601-425-8500 BAY SPRINGS ELEMENTARY 601-425-8520 STRINGER ATTENDANCE CENTER 601-428-5508

Please fill out the packet completely. Be sure the Parent or Legal Guardian signs the packet (must have a copy of the court documents, **signed by a Judge**, proving custody attached for Custodial Parent or Legal Guardian).

Please make a COPY of the accepted proofs listed under Residency Verification on the packet. We must have 2 proofs dated within 60 days of registration, in the Parent or Legal Guardian's name, physical address and date of company letterhead. **(No PO Box will be accepted) (No affidavits may be used, Parent/Guardian name must be on the bill. If your last name is different from your child's, a copy of a Marriage License must be attached.)**

Proofs of Residency must be a water bill, electric bill, gas bill, official rental agreement (not handwritten on notebook paper), mortgage statement, cable/satellite bill or home insurance **BILL (not a copy of the policy) dated within 60 days of registration.**

Also needed to register is a copy of the Birth Certificate, a copy of the Social Security Card, and a copy of the MS Health Department Form 121. (If 4th birthday falls after registration date, you will still be able to register, but an updated form will be required within 2 weeks of the child's 4th birthday.)

No Incomplete Packets will be accepted

Registration for Stringer Attendance Center is April 11, 8 am till 12 noon.

Registration for Bay Springs Elementary is April 24th, 8 am till 12 noon.

2023-2024

WJSD STUDENT PRE-K REGISTRATION

Bay Springs Elementary School

Stringer Attendance Center

STUDENT INFORMATION

Student Name _____ Grade _____
First Last Int.

Physical /911 Address _____
A P.O. Box is not acceptable/ must give physical/911 address.

P.O. Box _____ City _____ State _____ Zip _____ Phone (____) ____ - ____

WHAT COUNTY DO YOU LIVE IN _____

Birthdate _____ / _____ / _____ Place of Birth _____ / _____ / _____
Month Day Year Town County State

Social Security# _____ I decline to provide my child's SSN

Sex: Male ___ Female ___ Race: White ___ Black ___ Asian ___ Pacific Islander ___ Ethnicity: Hispanic/Latino ___

SPED/SPEECH/SPECIAL SERVICES _____

Parent/Guardian Email _____

If your child is transferring from another school, list name, address and phone of school:

School Name _____

Address _____ Phone _____

Has your child been EXPELLED from ANY school: Yes /No/If Yes, list school _____

Educational Experience of Incoming Pre-Kindergarten Students: Please check one of the following and list the Name/Location of program type your child participated in at 3 Yrs. of age.

__ Licensed Center- Name _____ Location _____

__ HeadStart- Name _____ Location _____

__ PreK Public- Name _____ Location _____

__ PreK Private- Name _____ Location _____

__ Family/Friend Care

__ Home Care

__ NONE

Is the Parent/Legal Guardian an Employee of the West Jasper School District? Yes or No

What School? _____

PARENT/GUARDIAN INFORMATION

If student is living with Legal Guardian: Court Document Required Signed by Judge

Who does the child live with: Mother__ Father__ Guardian __ Foster Care__

Mother's Name _____ Cell Phone (____)_____-_____
First Last

Employment _____ Work Phone (____)_____-_____-_____

Father's Name _____ Cell Phone (____)_____-_____
First Last

Employment _____ Work Phone (____)_____-_____-_____

Guardian's Name _____ Cell Phone (____)_____-_____
First Last

Employment _____ Work Phone (____)_____-_____-_____

Parent/Guardian Military Affiliation (circle one): NONE National Guard Active Duty

Does your child have brothers or sisters enrolled in this school district:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Emergency Contact/Checkout Other than Parent or Guardian:

Name	Relation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

If emergency medical treatment is necessary and I cannot be contacted, WJSD is hereby given permission to take such steps to provide treatment which will be paid for by us, as parents/guardians.

The Mississippi Department of Education requires 2 proofs to verify residency and **Must Be Dated Within 60 Days Of Registration**. Choose 2 proofs from the list below. **Parent/Guardian name must be the same on both proofs. Water, Rental Agreement, Electric, Gas, Mortgage Statement, Home Insurance Bill (not policy), Cable/Satellite.** A Home Visit Residency Verification Form may be used by the Principal or designee to document residency.

NO AFFIDAVITS WILL BE ACCEPTED FOR RESIDENCY

I certify that all information provided is true and correct. Should my legal residence change, I will notify the school district. **I understand that a pupil is not enrolled until this form is completed and signed by the parent/guardian with whom the pupil is living.** A pupil admitted under false information is not legally enrolled and is subject to penalty.

Parent/Guardian Signature _____ Date _____

West Jasper School District - Student Health History

Please return to the school nurse. This form will become CONFIDENTIAL once received by the nurse.

STUDENT'S Name _____

BIRTHDAY _____ SEX _____ Grade/Homeroom Teacher _____

MOTHER'S NAME _____

PHONE: HOME _____ WORK _____ CELL _____

FATHER'S NAME _____

PHONE: HOME _____ WORK _____ CELL _____

EMERGENCY CONTACT OTHER THAN PARENT'S/ GUARDIANS :

1. _____ PHONE: HOME _____ CELL _____

2. _____ PHONE: HOME _____ CELL _____

Name of child's primary doctor _____ Phone _____

Please list any Medication your child takes on a daily basis: _____

Does your child require any medications during school hours? Yes _____ No _____

IF YOU MARKED YES, YOU MUST COMPLETE THE MEDICATION ADMINISTRATION FORM AND BRING THE MEDICINE (WITH THE PRESCRIPTION LABEL ON IT) OR A PRESCRIPTION FROM THE DR. TO THE SCHOOL NURSEMEDICATION MUST BE IN THE ORIGINAL CONTAINER AND PROPERLY LABELED WITH STUDENT'S FIRST AND LAST NAME. THIS IS A STATE REQUIREMENT****

Is your child ALLERGIC to any MEDICINE? YES / NO

Please List _____

Describe Reaction _____

Is your child ALLERGIC to any of the following: (Please Circle)

Bee/Wasp Sting Ant /Other Insect Bites Fish/Seafood Peanuts or other nuts Milk Eggs

Describe type of reaction _____

In case of an Allergic Reaction Emergency:

Does your child require an EPIPEN YES / NO or Benadryl YES / NO Other: _____

If your child has a history of Anaphylactic Reaction (Severe Allergic Reaction), the parent/Guardian is responsible to bring an Epi-pen (in the box with the prescription label on it) or a Doctor's order to the nurse to leave at school. (See "Rules for medication at school" in handbook).

Does your child require a special kind of diet? YES / NO What type? _____

If your child has a special diet or food allergies, Please provide a Doctor's order for the cafeteria. A new Doctor's Order is required each school year. *PARENT IS RESPONSIBLE FOR INFORMING SCHOOL NURSE/TEACHER'S OF ANY AND ALL ALLERGIES*****

Does your child wear glasses or contacts? YES / NO

Please circle any health conditions your child has or has a history of:

Asthma	Stomach Problems	Seizures	Anxiety/Depression	Bone/Joint Problems
Anemia	Headaches	Nosebleeds	High Blood Pressure	Sickle Cell Trait/Disease
Autism	Hearing Loss	Scoliosis	Speech Problems	Vision Problems
Diabetes	Heart Murmur/Defects		Menstrual Cramps	Birth Defect/Physical Handicap
Attention Deficit Disorder (ADD) /Attention Deficit Hyperactivity Disorder (ADHD)				Other: _____

Does your child require an INHALER for ASTHMA at school? YES / NO **IF YOU MARKED YES, YOU MUST COMPLETE THE MEDICATION ADMINISTRATION FORM AND BRING THE INHALER BOX (WITH THE PRESCRIPTION LABEL ON IT) OR A PRESCRIPTION FROM THE DR. TO THE SCHOOL NURSE MEDICATION MUST BE IN THE ORIGINAL CONTAINER AND PROPERLY LABELED WITH STUDENT'S FIRST AND LAST NAME. THIS IS A STATE REQUIREMENT** **State Law: Senate Bill 2363 requires an Asthma Action Plan from your child's doctor if they require medication for asthma while at school**

West Jasper School District - Student Health History- (Part 2)

Please return to the school nurse. This form will become CONFIDENTIAL once received by the nurse

I UNDERSTAND THE FOLLOWING:

I am responsible to inform my child's teachers of any and all allergies and medical conditions that my child has, and/or routine medications that my child takes.

I understand that my child may not carry any medications on him/her UNLESS THE Doctor order specifies that it is necessary to do so.

If my child becomes ill or injured at school, I will be notified either in writing or by phone.

Any suspicious signs of physical or emotional abuse or neglect, by law, will be reported to the Department of Human Services, Child Welfare Division.

My child may be screened at school during the school year for scoliosis, vision, head lice, and illnesses.

I give my permission to the SCHOOL NURSE to share and receive information relevant to prescribed medications and medical condition as determined appropriate for my child's Health and Safety.

I give my permission for The SCHOOL NURSE to administer prescribed medication, assess and intervene for injury and illness, and administer "as needed" (PRN) medications as follows: Tylenol, Ibuprofen, Antibiotic Ointment, Tums, Chloraseptic Throat Spray, Cough drops, Anti-Itch Cream, Ora-gel, Benadryl, Saline eye drops, and emergency Albuterol and Epi-pens, in accordance to the West Jasper School District Standing Orders which have been approved and signed by Dr. Keith Lay Jr., the Voluntary Physician for the West Jasper School District ,in the event that my child becomes ill at school. The school nurse does not diagnose. Only a qualified physician or nurse practitioner can diagnose.

RELEASE AND INDEMNITY AGREEMENT

I/We forever release, discharge, and covenant to hold harmless the West Jasper School District, its personnel and board to trustees from any all claims, demands, damages, expense, loss of services and causes of action belonging to my/our child or to the undersigned arising out of any injury, sickness, disability, loss or damages of any kind resulting from administration of medication to my child by qualified school personnel.

I/We agree to repay the school district, its personnel or trustees any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to my/our child as a result of administration of medication to my child by qualified school personnel.

I/We have read the foregoing release and indemnity agreement and fully understand it.

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____

Mississippi Department of Education
Employment Survey

Complete and Return to School



School Name:
Parent/Guardian Name(s):
Address:
Telephone Number(s):
Email:
1. Have you moved to a new town to find work within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," STOP HERE . If you answered "Yes," continue.)
2. Did you or anyone in your household find work in agriculture or fishing (examples: planting or preparing fields for crops; harvesting crops; picking fruit or vegetables; processing fruit or vegetables; planting or cutting trees; greenhouse, cotton gin, poultry farm or dairy work; or farming/ harvesting/ processing chicken, catfish, beef, pork, shrimp, crab, crawfish, oysters, or other shellfish or fish)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," STOP HERE . If you answered "Yes," continue.)
<i>If you answered "Yes" to both questions above, a state education representative may contact you to find out whether your child is eligible for additional educational services.</i>
What is the best time to get in touch with you? <input type="checkbox"/> During the day <input type="checkbox"/> Evening/night

<i>For School Use Only</i>	Date received from family:
Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.	
Or convey by regular mail, or fax to:	
MMESC - P.O. Box 1575 Mississippi State, MS 39762 (fax: 662-325-0864)	

For MMESC Use Only

School District:

Date received from school:

Departamento de Educación de Mississippi
Encuesta de Trabajo

Complete y retorne a la escuela



Escuela:
Nombre del padre o guardián:
Domicilio:
Número de teléfono(s):
Correo electrónico (email):
2. ¿Usted o alguien en su hogar que se ha mudado a un pueblo nuevo para encontrar trabajo en los últimos 3 años? <input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," PARE DE CONTESTAR AQUÍ. Si contestó "Si", continúe.)
3. ¿Usted o alguien en su hogar encontró trabajo en agricultura o la pesca ? (Por ejemplo: preparando la tierra para plantar y cultivar fruta o verdura como el camote, cortando o pizcando otra fruta o verdura; procesando la fruta o verdura; plantando pino; trabajando en un vivero; moliendo algodón; en una granja criando pollo/huevo o ganado, ordeñando vacas; o en la pollera procesando pollo, pescado, carne de res, puerco, camarón, langosta, ostión, o cualquier otro tipo de marisco). <input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," PARE DE CONTESTAR AQUÍ. Si contestó "Si", continúe.)
<i>Si usted contestó "Sí" a las dos preguntas de arriba, un representante de educación lo contactará para saber si su hijo/a es elegible para servicios educacionales adicionales.</i>
¿Cuál es la mejor hora para comunicarse con usted? <input type="checkbox"/> Durante el día <input type="checkbox"/> En la tarde/Noche

<i>For School Use Only</i>	Date received from family:
Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.	
Or convey by regular mail, or fax to:	
MMESC - P.O. Box 1575 Mississippi State, MS 39762	(fax: 662-325-0864)

For MMESC Use Only:

School District:

Date received from school:



HOME LANGUAGE SURVEY

FOR K-12 SCHOOL DISTRICTS

STUDENT INFORMATION

Student Name _____ Grade _____
First Middle Last

Date of Birth _____ Gender _____ School _____

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student?

3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes No
 If so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes No
 If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
MM/YYYY
7. In what country was the student born? _____

Parent / Guardian Signature

Date (MM/DD/YYYY)

DISTRICT USE ONLY

Designated English Learner on the LAS Links Screener

DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT					
Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score

Responsible Use of District Issued Technology Agreement User

I, _____, accept full responsibility for the safe and secure handling of the technology device(s) issued to me by the West Jasper School District. I accept full responsibility for the proper use of the technology device(s) under all school board policies and applicable handbooks. I understand that if there is found to be intentional loss or damage to my device(s) applicable fines may be issued.

User Name: _____ (Please Print)

User Signature: _____ Date: _____

Responsible Use of District Issued Technology Agreement Parent or Guardian

As the parent/guardian of the above student, I, _____, understand my child's responsibility in the use and care of the issued technology device(s) by the West Jasper School District. I accept full responsibility for the proper use of my child's technology device under all applicable school board policies and the applicable handbooks. I understand that if I or my child is found to be the intentional cause of damage to the equipment, I will be responsible for all fines that may be issued.

Parent/Guardian Name: _____ (Please Print)

Parent/Guardian Signature: _____ Date: _____

**WEST JASPER SCHOOL DISTRICT
Parent/Guardian Chromebook Responsibility Form**

Student Name: _____

Student School: _____ MSIS: _____

The Chromebook Check-Out Program is a partnership between the West Jasper School District (WJSD) and families (family, parent(s), guardian(s), children or student).

I understand that WJSD will allow each student the opportunity to check out a Chromebook to use during the school year with the understanding that the students and the parents will assume responsibility for the device that is entrusted to them. Any damage to the device, while it is in your care, will be your responsibility to pay for as determined by the WJSD Technology Department.

The Chromebook will be restricted to student accounts. Accounts other than the student accounts will not be able to log into the device. Chromebooks will have filtered internet access regardless of the connected network.

WJSD strives to provide opportunities for all students to experience success in a safe and healthy learning environment. With this in mind, teachers will provide online instruction during the school year. Students are expected to participate in these instructional activities and complete any lessons assigned to them.

If a Chromebook is issued, the student and parent/guardian agree below that they assume responsibility for the device and agree to pay for any damages that occur to the device while in their care.

Items Received:

Item	Asset Number	Received: Mark w/check mark
Laptop		
Power Supply and Cable		
Protective Case		

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____