



COAHOMA AGRICULTURAL HIGH SCHOOL

2015-2016

Registration / Enrollment Packet

Please fill out completely

Student Information:

Date of Initial Enrollment: _____

Social Security Number: _____ MSIS# _____

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Home Phone: () _____ Guardian's Cell Phone: _____

Address 1: _____

Physical Street Address City Zip Code

Address 2: _____

Mailing address if different from above City Zip Code

Subdivision Name/Apartment Complex (if applicable) _____

Student lives with (Circle One): Both Parents, Parent and Step-Parent, Shared Custody, Mother Only,

Father Only, Both grandparents, Grandmother Only, Grandfather Only, Foster Home, other _____

Enrollment or Entering Grade: _____ Race (circle one): Black or African American (Not

Hispanic), White (Not Hispanic), Hispanic or Latino, Asian or Pacific Islander, Native American

Sex: M or F (circle one)

Background Information: _____ A.M. _____

Date of Birth: _____ Transportation (bus, parent, or car on campus) P.M. _____

Birth Certificate # _____

Mother's Maiden Name: _____

Student's Birthplace: _____

City County State

Last School Student Attended _____

Mailing address of last school _____

The following individuals have permission to pick up this child unless otherwise indicated.

PARENT/GUARDIAN PRIORITY #1

Name _____
Last First Middle

Street Address _____

Mailing Address _____
If different from above

City, Zip _____

Home Phone () _____

Cell Phone () _____

Relationship to Student _____

Email Address _____

PARENT/GUARDIAN PRIORITY #3

Name _____
Last First Middle

Street Address _____

Mailing Address _____
If different from above

City, Zip _____

Home Phone () _____

Cell Phone () _____

Relationship to Student _____

Email Address _____

EMERGENCY CONTACT PRIORITY #5

Name _____
Last First Middle

Street Address _____

Mailing Address _____
If different from above

City, Zip _____

Phone/Cell # () _____

Relationship to Student _____

Email Address _____

PARENT/GUARDIAN PRIORITY #2

Name _____
Last First Middle

Street Address _____

Mailing Address _____
If different from above

City, Zip _____

Home Phone () _____

Cell Phone () _____

Relationship to Student _____

Email Address _____

PARENT/GUARDIAN PRIORITY #4

Name _____
Last First Middle

Street Address _____

Mailing Address _____
If different from above

City, Zip _____

Home Phone () _____

Cell Phone () _____

Relationship to Student _____

Email Address _____

DOCTOR INFORMATION PRIORITY #6

Name _____
Last First Middle

Street/Mailing
Address _____

City, Zip _____

Phone/Cell# () _____

***Allergies/Medical
Conditions** _____

CHILD'S NAME (PRINTED): _____

1. Is this enrollment based upon an approved transfer from another school or district? Y or N
2. First language the child learned to speak _____ Language the child most often speaks _____
Language most often spoken in the child's home _____
3. Is your child currently enrolled in a Gifted program? Y or N
4. Has your child ever received speech therapy services? Y or N
If so, please explain:
5. Is your child currently participating in any early intervention or First Steps program? Y or N
If so, please explain:
6. Does your child have difficulty pronouncing sounds? Y or N
7. Do you have difficulty understanding your child's speech? Y or N
8. Do others have difficulty understanding your child's speech? Y or N
9. Has your child ever received special services to assist with any current physical challenges? *If so, please explain:* Y or N
10. Do you have any other concerns about your child's overall development? Y or N
If so, please explain:
11. Has your child ever received exceptional education service? Y or N

McKinney-Vento Homeless Assistance Act Information:

✓ Please **check any** of the following items that apply to this child. This information will help the district to identify students who may be eligible for special assistance.

- Family resides in substandard housing (Lacks or has inadequate utilities and /or facilities.)
- Parents/guardians are migrant workers

- Family resides in temporary shelter (Runaways, throwaways, domestic violence, substance abuse, etc.)

- Family resides with relatives or friends temporarily (i.e. Job or housing loss, income loss, "doubling up" families, etc.)
- Family resides in non/sub-standard domiciles or on the "streets" (Tents, vehicles, buses, abandoned buildings, condemned areas, etc.)

- Family has a primary nighttime residence in a supervised public/private operated shelter. (Shelters, transitional housing, transient/welfare hotels, etc.)

- Parent /guardian in placement of an institution (i.e., jail/prison, mentally ill facility, etc.)

- Child does not reside with a parent or legal guardian

Circle and Initial Your Choices

Internet Acceptable Use Policy: I hereby request and CONSENT / DO NOT CONSENT x _____ that my child may use Internet resources at school this year. The Coahoma Agricultural High School District's Acceptable Use Policy, which addresses student use of the Internet and all district technology resources, is also contained in the district's *Handbook for Parents and Students*. Please review this policy carefully with your child. Completion of this form will allow your child to use the educational technology resources available at his or her school. No student will be allowed to use these resources unless this section includes your consent.

Off Campus Educational Experiences: I hereby request and CONSENT / DO NOT CONSENT x _____ that my child or ward be permitted to participate in any and all field trips this year. (You will be notified prior to each trip) I understand that this trip is a part of the school's educational program and that my child or ward may be accompanied and transported by a teacher or other officials or volunteers of the school district. I agree that no teacher or other school district official or volunteer parent will be held responsible for any injuries or damages occurring on such trips. In the event a claim is made, I agree to limit such claim to my child's or ward's share of any insurance proceeds, if any, available on any policy held by the person against whom such claim is made.

Corporal Punishment: I CONSENT/ DO NOT CONSENT x _____ to my child or ward's being paddled or spanked as a consequence for misbehaving in school. If corporal punishment is not allowed, my child may receive either In or Out of School Suspension as a consequence for his/her behavior when sent to the office.

Student/Parent Handbook: I HAVE / HAVE NOT RECEIVED x _____ a copy of the CAHSD Student/Parent Handbook outlining the district's policies, discipline guidelines and code of conduct, and understand that it is my responsibility to read its contents and explain them to my child. I understand the attendance policy states that only doctor's excuses or legal excuses create an excused absence. I also understand that the district is not responsible for any medical bills or balances not covered under a student's insurance policy.

PARENT AUTHORIZATION AND INDEMNITY AGREEMENT EMERGENCY TREATMENT

I, the undersigned parent/s or guardian/s of _____, a minor child attending the CAHSD, who is diabetic or potentially at risk for seizures, coma, or other such medical emergency, request that the personnel of the Coahoma Agricultural High School District summon Emergency Medical Services ("EMS") personnel to treat my child and/or to transport said child to any medical facility in the event of such medical emergency. I/We forever release, discharge and covenant to hold harmless the Coahoma Agricultural High School District, its personnel, and Board of Education from any all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from the emergency treatment by said EMS or the transport of said child to any medical facility. The undersigned agree to repay the school district, its personnel, or Board of Education 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 the minor child as a result of the administration of emergency treatment. I/We have read the foregoing release and indemnity agreement and fully understand it. x _____

PARENT AUTHORIZATION AND INDEMNITY AGREEMENT PRESCRIPTION MEDICINES

I, the undersigned parent or guardian of _____, a minor child request that the personnel of the Coahoma Agricultural High School District administer prescription medicine to this student. This request has been made for my convenience as a substitute for parental administration of this medicine. It is understood that school personnel administering the medicine will not have to have medical or nursing training. I forever release, discharge, and covenant to hold harmless the Coahoma Agricultural High School District, its personnel and Board of Education from any and all claims, demands, damages, expenses, loss of services, and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss, or damages of any kind resulting from the administration of the prescription medicine. The undersigned agree to repay the school district, its personnel or Board of Education 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 the minor child as a result of the administration of medicine. I have read the foregoing release and indemnity agreement and fully understand it. x _____

Student Name: _____ **Date:** _____

Parent or Guardian Signature: _____

Parent or Guardian Witness: _____



Residency Registration Information

To All Parents:

The State of Mississippi requires all legal parents/guardians to prove they live in the attendance zone where their children attend school. To adequately fulfill this legality please supply Coahoma Agricultural High School with the following.

Step 1: Make copies from 1, 2, OR 3 (Do Not Send Originals)

___ 1. Filed Homestead Exemption for the current year.

Or

___ 2. Mortgage payment documentation or property deed of trust for the family's residence.

Or

___ 3. Apartment or home lease (Computer-generated lease from a family member is not accepted)

Step 2: Make a copy of a current utility bill (within 30 days)

Example: electric, water, gas, telephone, etc. This must have your name and physical address (cannot be a post office box)

Step 3: Submit these materials to the school where your child is attending. (Note: Copies will not be returned)

What if I can't supply this information? In that case, you will need to send copies of three (3) pieces of business or government mail addressed to you at your physical address. This cannot be junk mail, must be within the last thirty (30) days, and must have your physical address. Examples may include utility bills, credit cards bills, cell phone bills, insurance documentation, physicians invoice, employment verification, state or government benefit documentation, mail forward request form, and car tag payment receipts.

Please be aware, if it is necessary for you to use the three pieces of mail option, a home visit may be conducted or you may be asked to provide continuing proof during the year.

Thank you in advance for your prompt response to this necessary process. If you have questions, please contact the school.



✓ **Registration/Enrollment Checklist**

- Application Packet (first 4 pages)**
- Copy of Birth Certificate**
- Copy of Social Security Card**
- Updated Immunization Form 121**
- Proofs of Residency**

Note:

- ✓ *Registration/Enrollment will not be complete without the proper documentation. If proper documentation is not turned in it can delay your enrollment process at Coahoma Agricultural High School.*

CHILD'S NAME (PRINTED): _____

1. Is this enrollment based upon an approved transfer from another school or district? Y or N
2. First language the child learned to speak _____ Language the child most often speaks _____
Language most often spoken in the child's home _____
3. Is your child currently enrolled in a Gifted program? Y or N
4. Has your child ever received speech therapy services? Y or N
If so, please explain:
5. Is your child currently participating in any early intervention or First Steps program? Y or N
If so, please explain:
6. Does your child have difficulty pronouncing sounds? Y or N
7. Do you have difficulty understanding your child's speech? Y or N
8. Do others have difficulty understanding your child's speech? Y or N
9. Has your child ever received special services to assist with any current physical challenges? *If so, please explain:* Y or N
10. Do you have any other concerns about your child's overall development? Y or N
If so, please explain:
11. Has your child ever received exceptional education service? Y or N

McKinney-Vento Homeless Assistance Act Information:

✓ Please **check any** of the following items that apply to this child. This information will help the district to identify students who may be eligible for special assistance.

- Family resides in substandard housing (Lacks or has inadequate utilities and /or facilities.)
- Parents/guardians are migrant workers

- Family resides in temporary shelter (Runaways, throwaways, domestic violence, substance abuse, etc.)

- Family resides with relatives or friends temporarily (i.e. Job or housing loss, income loss, "doubling up" families, etc.)
- Family resides in non/sub-standard domiciles or on the "streets" (Tents, vehicles, buses, abandoned buildings, condemned areas, etc.)

- Family has a primary nighttime residence in a supervised public/private operated shelter. (Shelters, transitional housing, transient/welfare hotels, etc.)

- Parent /guardian in placement of an institution (i.e., jail/prison, mentally ill facility, etc.)

- Child does not reside with a parent or legal guardian

Circle and Initial Your Choices

Internet Acceptable Use Policy: I hereby request and CONSENT / DO NOT CONSENT x _____ that my child may use Internet resources at school this year. The Coahoma Agricultural High School District's Acceptable Use Policy, which addresses student use of the Internet and all district technology resources, is also contained in the district's *Handbook for Parents and Students*. Please review this policy carefully with your child. Completion of this form will allow your child to use the educational technology resources available at his or her school. No student will be allowed to use these resources unless this section includes your consent.

Off Campus Educational Experiences: I hereby request and CONSENT / DO NOT CONSENT x _____ that my child or ward be permitted to participate in any and all field trips this year. (You will be notified prior to each trip) I understand that this trip is a part of the school's educational program and that my child or ward may be accompanied and transported by a teacher or other officials or volunteers of the school district. I agree that no teacher or other school district official or volunteer parent will be held responsible for any injuries or damages occurring on such trips. In the event a claim is made, I agree to limit such claim to my child's or ward's share of any insurance proceeds, if any, available on any policy held by the person against whom such claim is made.

Corporal Punishment: I CONSENT/ DO NOT CONSENT x _____ to my child or ward's being paddled or spanked as a consequence for misbehaving in school. If corporal punishment is not allowed, my child may receive either In or Out of School Suspension as a consequence for his/her behavior when sent to the office.

Student/Parent Handbook: I HAVE / HAVE NOT RECEIVED x _____ a copy of the CAHSD Student/Parent Handbook outlining the district's policies, discipline guidelines and code of conduct, and understand that it is my responsibility to read its contents and explain them to my child. I understand the attendance policy states that only doctor's excuses or legal excuses create an excused absence. I also understand that the district is not responsible for any medical bills or balances not covered under a student's insurance policy.

PARENT AUTHORIZATION AND INDEMNITY AGREEMENT EMERGENCY TREATMENT

I, the undersigned parent/s or guardian/s of _____, a minor child attending the CAHSD, who is diabetic or potentially at risk for seizures, coma, or other such medical emergency, request that the personnel of the Coahoma Agricultural High School District summon Emergency Medical Services ("EMS") personnel to treat my child and/or to transport said child to any medical facility in the event of such medical emergency. I/We forever release, discharge and covenant to hold harmless the Coahoma Agricultural High School District, its personnel, and Board of Education from any all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from the emergency treatment by said EMS or the transport of said child to any medical facility. The undersigned agree to repay the school district, its personnel, or Board of Education 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 the minor child as a result of the administration of emergency treatment. I/We have read the foregoing release and indemnity agreement and fully understand it. x _____

PARENT AUTHORIZATION AND INDEMNITY AGREEMENT PRESCRIPTION MEDICINES

I, the undersigned parent or guardian of _____, a minor child request that the personnel of the Coahoma Agricultural High School District administer prescription medicine to this student. This request has been made for my convenience as a substitute for parental administration of this medicine. It is understood that school personnel administering the medicine will not have to have medical or nursing training. I forever release, discharge, and covenant to hold harmless the Coahoma Agricultural High School District, its personnel and Board of Education from any and all claims, demands, damages, expenses, loss of services, and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss, or damages of any kind resulting from the administration of the prescription medicine. The undersigned agree to repay the school district, its personnel or Board of Education 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 the minor child as a result of the administration of medicine. I have read the foregoing release and indemnity agreement and fully understand it. x _____

Student Name: _____ **Date:** _____

Parent or Guardian Signature: _____

Parent or Guardian Witness: _____