

# South Tippah School District Pre-Kindergarten

Pine Grove  
3510A CR 600  
Ripley, MS 38663  
(662) 837-7789

Ripley  
100 CR 817  
Ripley, MS 38663  
(662) 837-3030

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Gender: Male Female Race: B H W BiR Other: \_\_\_\_\_ Age: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Directions to home: \_\_\_\_\_  
\_\_\_\_\_

Child lives with: Father Mother Both Parents Other: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Known Health Problems/Allergies/Meds taken: \_\_\_\_\_  
\_\_\_\_\_

Persons to notify if parents cannot be reached: The persons listed will also have permission to pick up your child:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Any other information that will help us know your child better....  
\_\_\_\_\_  
\_\_\_\_\_

RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST

TO BE COMPLETED BY PARENT, GUARDIAN OR OTHER ADULT

SOUTH TIPPAH SCHOOLS School District

Name of Student: \_\_\_\_\_  
(A separate Form Is Required For Each Pupil)

Name of Parent, Guardian,  
or Other Adult: \_\_\_\_\_

Parent/Guardian/Other Adult Address: \_\_\_\_\_  
(A P.O. Box number is not acceptable for an address)

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the above cited school district, I will promptly notify the appropriate officials of this school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent, guardian, or other adult with whom the student may be living. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

Signature of Parent, Guardian or Other Adult \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

TO BE COMPLETED BY THE SCHOOL DISTRICT

- A. Documents provided to me by Parent/Guardian/Other Adult/or Student:  
(Minimum of two required of all students)
- \_\_\_\_\_ 1. Filed homestead Exemption Application Form
  - \_\_\_\_\_ 2. Mortgage Documents of Property Deed
  - \_\_\_\_\_ 3. Apartment or Home Lease
  - \_\_\_\_\_ 4. Utility Bills
  - \_\_\_\_\_ 5. Driver's License
  - \_\_\_\_\_ 6. Voter Precinct Identification
  - \_\_\_\_\_ 7. Automobile Registration
  - \_\_\_\_\_ 8. a. Affidavit of Residency  
b. District Representative Personal Visit
  - \_\_\_\_\_ 9. Other Documentation \_\_\_\_\_
- B. Student is living with legal guardian and a certified copy of the Court Decree, or petition if pending, was declaring the district resident to be the legal guardian of the student and further declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance purposes.
- C. Student is living with an adult other than parent or legal guardian and the adult has provided a sworn Affidavit stating his/her relationship to the student, and that the student will be living in his/her home full time and fully explaining the reasons (other than school attendance zone or district preference) for this arrangement and the School Board or its designee has made the necessary factual determination under II.1(c)(2) of the State Residency Verification Procedures.

Date \_\_\_\_\_

\_\_\_\_\_  
Representative - School District

# South Tippah School District

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No  
If yes, in which state? \_\_\_\_\_  
If no, in what other country? \_\_\_\_\_
2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No  
If yes, please provide school name(s), state, and dates attended:  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_
4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_
5. Please check if your child is:  
A.  Native American Indian C.  Native Pacific Islander  
B.  Alaska Native D.  Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English?  Yes  No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_
8. What language does your child most frequently speak at home? \_\_\_\_\_
9. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_
10. Please describe the language understood by your child. (Check only one)  
A.  Understands only the home language and no English.  
B.  Understands mostly the home language and some English.  
C.  Understands the home language and English equally.  
D.  Understands mostly English and some of the home language.  
E.  Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

Por favor responda  
en inglés

# South Tippah School District

## ENCUESTA DE IDIOMA DOMESTICO

Spanish  
Home Language Survey

Nombre del alumno: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ Sexo:  Masculino  Femenino

Nombre de los padres/apoderado: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de la casa: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Fecha: \_\_\_\_\_

1. ¿Nació su hijo/a en Estados Unidos?  Sí  No  
De ser así, ¿en qué estado? \_\_\_\_\_  
De no ser así, ¿en qué país? \_\_\_\_\_

2. ¿Ha asistido su hijo/a a alguna escuela de Estados Unidos durante tres años cualesquiera de su vida?  Sí  No  
Si la respuesta es afirmativa, indique el nombre de la escuela (o escuelas), estado, y fechas de asistencia:  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_

3. ¿Qué idioma habla usted y su familia con más frecuencia en el hogar? \_\_\_\_\_

4. Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela? \_\_\_\_\_

5. Marque si su hijo(a) es:  
A.  Indio americano nativo C.  Nativo de las islas del Pacífico  
B.  Nativo de Alaska D.  Nativo de las Islas Vírgenes de EE.UU.

6. ¿Es el idioma primario de su hijo(a) o el que se habla en el hogar distinto al inglés?  Sí  No

Si su respuesta a la pregunta 6 es "Sí", responda las siguientes preguntas:

7. ¿Qué idioma aprendió su hijo cuando recién comenzó a hablar? \_\_\_\_\_

8. ¿Qué idioma habla en casa su hijo(a) con más frecuencia? \_\_\_\_\_

9. ¿En qué idioma le habla con más frecuencia a su hijo(a)? (Padre) \_\_\_\_\_

(Madre) \_\_\_\_\_

10. Describa el idioma que su hijo(a) entiende. (Marque sólo uno)  
A.  Entiende solamente el idioma del hogar y no inglés.  
B.  Entiende mayormente el idioma del hogar y algo de inglés.  
C.  Entiende el idioma del hogar y el inglés por igual.  
D.  Entiende inglés mayormente y algo del idioma del hogar.  
E.  Entiende inglés solamente.

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

### OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

# South Tippah School District Pre-K

2024-2025

Dear South Tippah Parents,

The South Tippah School District has a program called AIM 2.0, a rapid alert and notification system. The intent of the program is to be able to alert you concerning early releases, school closings and related issues. The system will have additional features that can be used at the school by the principal.

You as a parent play a vital role in making this call system effective. We need to know if we have the phone number stored in the program at the schools that will best allow us to communicate with you in times of emergency, cancellation, absence, or athletic notices. **YOU ONLY WANT TO FILL THIS OUT IF YOU HAVE NEW CONTACT INFORMATION.**

We are excited about being able to offer this feature for our district. We are always looking for ways to assist parents and students.

Sincerely,

Tony Elliott  
Superintendent

## South Tippah School District AIM 2.0 Call System Information

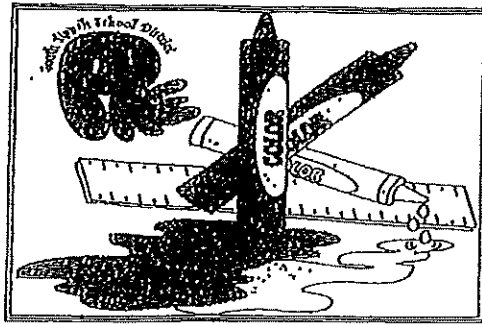
Student Name \_\_\_\_\_

Grade Level \_\_\_\_\_ School \_\_\_\_\_

Parent Name \_\_\_\_\_

What phone number would you like AIM to use to contact you? \_\_\_\_\_

If this is a cell number, would you prefer text or voice: \_\_\_\_\_



**SOUTH TIPPANH SCHOOL DISTRICT PRE-K**

**Ruby Bennett, Director**

**100 CR 817**

**Ripley, MS 38663**

**(662) 837-3030**

**Consent Form for Publication of Student Photographs**

I agree to the taking of photographs of my child during school activities. I also agree to the publication of photographs of my child. I will notify the school if I decide to withdraw this consent.

Student's name: \_\_\_\_\_

Signature of parent/caregiver: \_\_\_\_\_

Date: \_\_\_\_\_

# South Tippah School District Pre-Kindergarten Registration Screener

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you noticed your child having any speech problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you understand what your child says? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can others understand your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child's speech ever been evaluated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you noticed any delays in development in comparison to other children of same age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child ever been tested for developmental delays? \_\_\_\_\_ Yes \_\_\_\_\_ No

# Child Information Sheet

**CHILD'S PHOTO**

Name \_\_\_\_\_  
First Last

Caregiver \_\_\_\_\_

Relationship to child \_\_\_\_\_

Caregiver \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred method of contact  Phone  Email

Preferred contact time \_\_\_\_\_

**Preferred Name**

**Date of Birth**  
 (mm/dd/yyyy)

**Language(s) spoken  
 by child**

FAVORITES	Activity/Learning Material	Center	Other (food, color, etc.)



APPROPRIATE BEHAVIORS	Reference the Developmental Checklist for 4-year-old Students	Well	Somewhat	Emerging	Notes
	Plays with friends				
	Follows directions				
	Listens				
	Participates in whole Group activities				
	Completes independent Activities				
	Independently completes Transitions				
	Independently completes routines				

PERSONALITY	Play Style (Please circle all that apply)		Notes	
	Active	Quiet		
	Messy	Clean		
	Leader	Follower		
	Independent	Cooperative		
	Learning Style (Please circle all that apply)		Notes	
	Auditory	Visual	Kinesthetic	
	Completes Activities/Tasks Style (Please circle)		Notes	
	Freely	Seeks guidance/support		
	Temperament (Please circle)		Notes	
	Easy	Complex	Slow to Warm up	
	Personality (Please circle)		Notes	
	Outgoing	Sensitive	Cautious	
Moves/Works (Please circle)		Notes		
Quickly	Slowly	Average Speed		

**SKILLS AND PROFICIENCIES**

**AREAS OF GROWTH AND WHAT HE/SHE DOES NOT LIKE TO DO**

**OTHER USEFUL INFORMATION**



MISSISSIPPI  
DEPARTMENT OF  
EDUCATION

Ensuring a bright future for every child

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," <b>STOP HERE</b> . 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," <b>STOP HERE</b> . 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

<b>For School Use Only</b>	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: \_\_\_\_\_



MISSISSIPPI  
DEPARTMENT OF  
EDUCATION

Ensuring a bright future for every child

Departamento de Educación de Mississippi  
Encuesta de Trabajo

Complete y retorne a la escuela

Nombre de la Escuela:
Nombre del padre, madre o guardián:
Domicilio/Dirección:
Número de teléfono(s):
Correo electrónico (email):
1. ¿Usted o alguien en su familia 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," <u>PARE DE CONTESTAR AQUÍ</u> . Si contestó "Si", continúe.)
2. ¿Usted o alguien en su familia encontró trabajo en <b>agricultura</b> o la <b>pesca</b> ? (Por ejemplo: preparando la tierra para plantar y cultivar frutas o verduras, tales como el camote, cortando o pizcando otras frutas o verduras; procesando la fruta o verdura; plantando pino; trabajando en un vivero; moliendo algodón; en una granja criando pollos/huevos o ganado, ordeñando vacas; o en la pollera procesando pollo, pescado, carne de res, puerco, camarón, langosta, ostión, o cualquier otro tipo de comida del mar). <input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," <u>PARE DE CONTESTAR AQUÍ</u> . Si contestó "Si", continúe.)
<i>Si usted contestó "Sí" a las dos preguntas de arriba, un representante del departamento de educación lo contactará para saber si su hijo/a es elegible para servicios educacionales adicionales.</i>
¿Cuál es el mejor tiempo para comunicarse con usted? <input type="checkbox"/> Durante el día <input type="checkbox"/> En la tarde/Noche

**For School Use Only**

Date received from family: \_\_\_\_\_

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MMESC - P.O. Box 1575 Mississippi State, MS 39762 (fax: 662-325-0864)

**For MMESC Use Only:**

School District: \_\_\_\_\_ Date received from school: \_\_\_\_\_