

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

Date: _____

Student Name: _____ Date of Birth _____ SSN: _____

Gender: Male Female Race: B H W BiR Other: _____ Age: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

Address: _____ City: _____ Zip: _____

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 IL.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
 B. Alaska Native
 C. Native Pacific Islander
 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
B. Nativo de Alaska
C. Nativo de las islas del Pacífico
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 Schools

Initial ELL Form

Upon entering our school district, each student must have a Home Language Survey completed and placed in his/her cumulative file. In the event that the results of the HLS indicate that English is NOT the child's first language, this form must be completed by school personnel and returned to the District Office within five (5) days of enrollment.

Student's Full Name: _____

MSIS # _____ DOB: _____

Gender: M F Date of Enrollment: _____

Primary Language: _____

School: _____ Grade: _____

Has the student ever been retained? YES NO If so, please explain:

Number of Years Student has received ELL services: _____
(If unknown, list all previous schools attended with as much contact information as possible.)

According to Title III of the No Child Left Behind Act of 2001, an immigrant child is an individual who:
(A) is aged 3-21;
(B) was not born in any State; and
(C) has not been attending one or more schools in any one or more States for more than three (3) full academic years.

Is this student an immigrant? YES NO

A Migrant Child is a child who is, or whose parent, spouse, or guardian is, a migratory agricultural worker or migratory fisher and who in the preceding thirty-six months, has moved from one school district to another to obtain or accompany such parent, spouse or guardian in order to obtain temporary or seasonal employment in agricultural or fishing industry as a principal means of livelihood.

Is this student a migrant? YES NO

Signature/Title of personnel completing form

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

[Empty box for Preferred Name]

Date of Birth
(mm/dd/yyyy)

[Empty box for Date of Birth]

Language(s) spoken
by child

[Empty box for Language(s) spoken]

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

APPROACHES TO LEARNING

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

South Tippah School District Pre-K

2023-2024

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

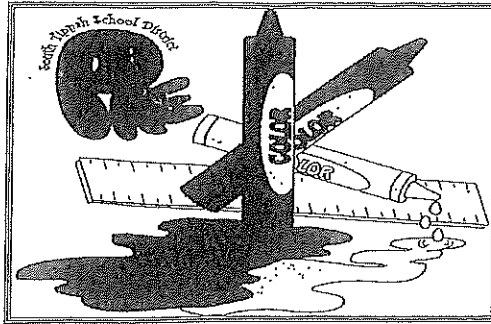
Student Name _____

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 TIPPAH SCHOOL DISTRICT PRE-K

Ruby Bennett, Director

100 CR 817

Ripley, MS 38663

(662) 837-3030

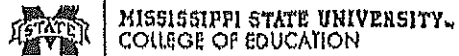
Consent Form for Publication of Student Photographs

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: _____



**Mississippi Migrant Education Service Center
Family Survey**










Dear parents or guardians,
In order to better serve your children, the school district is collaborating with the Migrant Program to identify students who may qualify to receive additional educational services. Please answer the following questions and return the form to your child's school as soon as possible. The information provided below will be kept confidential.

Name of the student: _____ Date: _____

Address _____ County: _____

School: _____ Grade: _____

How long have you lived at this address? _____ years _____ months
In the last three years, have you, or anyone in your family worked at any of the jobs in the pictures? YES or NO
If you marked YES, please mark (X) all the jobs that apply.

 Preparing the land for planting and cultivating vegetables, fruit, sweet potatoes, etc.	 Cutting or picking fruit or vegetables	 Processing fruit or vegetables <input type="checkbox"/>	 Planting trees, or plants. Working at a Green house	 Working at a dairy farm or at a ranch
 Fishing work	 Working at a poultry farm	 Processing meat at a poultry or any meat processing plant <input type="checkbox"/>	 Cotton gin work	Another similar type of work. Please explain: _____ _____ _____

Name of parent/guardian: _____

Phone numbers to be reached: _____

Best times to call: _____

Please list all your children living with you who are younger than 22 years.

Name	Last name(s)	School (If they are enrolled)	Grade	Date of Birth