



2021 - 2022

Student's Grade: _____

Today's Date: _____

PLEASE PRINT CLEARLY

Student Information	Office Use Only
Legal Name Last _____ First _____ Middle _____ SS#: _____ Birth Date: _____ Birth Information: City: _____ County: _____ State: _____ Country: _____ Is Student in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No Ethnicity: Student is of Hispanic, Latino, or Spanish culture or origin? <input type="checkbox"/> Yes <input type="checkbox"/> No Race: (Circle) W B AI A PI Gender: (Circle) M F Mailing Address _____ Street/911 Address _____ County: (Circle) Lee Prentiss City, State, ZIP _____ Home Phone _____	Date Enrolled: _____ School: _____ Grade: _____ Student ID: _____ MSIS ID: _____ Entry Code: _____ HR Teacher: _____ Birth Cert. No: _____ <input type="checkbox"/> VERIFIED FOR RECORDS Other Information <input type="checkbox"/> BSD Bus # _____ <input type="checkbox"/> Car Rider <input type="checkbox"/> Walk Transfer Records Ordered From _____ Ordered By _____ Recs Rec'd: Y N Date: _____
Last School Attended _____ Address _____ City, State, Zip _____ Student <i>EVER</i> attended Baldwyn School District? Y N If so, grade _____ Student Enrolled or <i>EVER</i> enrolled in Special Ed at Last School atnd? <input type="checkbox"/> Yes <input type="checkbox"/> No Student Enrolled in Speech ? <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in Gifted ? <input type="checkbox"/> Yes <input type="checkbox"/> No	STUDENT INFORMATION CONTINUED: Medications / Allergies: _____ _____ Special Medical/Emotional/Educational information that might help teachers: _____ _____ List any Physical limitations or restrictions of child: _____ _____ Siblings attending Baldwyn School District: (Name / Grade) _____ _____
Parent/Guardian Name _____ Relationship _____ Employer _____ Occupation: _____ Home Phone _____ Work Phone _____ Cell Phone _____ Military Status: Active Duty _____ National Guard _____ Other _____ Email Address _____ With whom does student live? _____	BUS # _____ WALK Y N _____ CAR RIDER (Circle): Y N

Home Language Survey

Please check the appropriate answer:

1. What is the first language the student learned to speak?
English _____ Other _____
2. What language does the student most often speak?
English _____ Other _____
3. What language is most often spoken in the student's home?
English _____ Other _____
4. In what language do parents prefer that communication comes home?
English _____ Other _____
5. Has the student been in the care of a person that speaks another language?
Yes _____ No _____

Migrant Eligibility

If you have moved and/or changed jobs in the last 3 years, did you **LOOK FOR** or **GET** any of the following jobs listed below?

Check **ALL** that apply.

- FARMING (crops, catfish, chickens, Christmas trees, sod, etc.)
- TREES (cutting, planting, and/or cultivating)
- COMMERCIAL FISHING
- PROCESSING CROPS (ginning, meat processing, meat packing, or canning in a plant)

Immigrant Children and Youth Eligibility

Do you have children ages 3 through 21 who were not born in any State; and have not been attending one or more schools in any one or more States for more than 3 full academic years?

- Yes No

Homeless Eligibility

Please check the appropriate answer:

1. Does the student lack a fixed, regular and adequate residence, for example: children living on the streets, cars, motel, shelter?
 Yes No
2. Does the student have a primary nighttime residence in a supervised or privately operated shelter, for example: children who have been abused and/or neglected, children of domestic violence, welfare hotels, transitional housing?
 Yes No
3. Is the student temporarily staying with relatives or friends because of loss of job, other income loss, housing loss ("double up" families or affidavit)?
 Yes No

Excluded from the definition of homeless: "any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law."

EMERGENCY CONTACTS

Please list any additional Emergency Contacts (Other than Parent / Guardian)

1. Name _____
Relationship to Student _____
Home Phone _____ Wk. Phone _____
Cell Phone _____
2. Name _____
Relationship to Student _____
Home Phone _____ Wk. Phone _____
Cell Phone _____

3. Name _____
Relationship to Student _____
Home Phone _____ Wk. Phone _____
Cell Phone _____
4. Name _____
Relationship to Student _____
Home Phone _____ Wk. Phone _____
Cell Phone _____

The information above is true and current. I understand that I am to inform school officials any time legal custody, address, or phone numbers change.

Student Signature _____

Date _____

Parent / Guardian Signature _____

Date _____



BALDWYN ELEMENTARY

515 Bender Circle
Baldwyn, MS 38824

Phone: (662)-365-1010
Fax: (662) 365-1034



REQUEST FOR EMERGENCY INFORMATION

Parents: Occasionally children become ill or have accidents while they are in school. It is necessary for the school to have on file certain information which can be used should this need arise. Please supply the following information to be used in an emergency.

Student's Name _____

Birthday _____ Medical History _____

Grade _____ Homeroom Teacher _____

Address _____

Home Phone _____

Emergency Contact and Phone _____

Employer and Phone Number of Parent/Guardian

In the event that we are unable to reach you at the above numbers, please give the name and number of a relative or neighbor who could be reached.

Parent/Guardian Signature

Parent/Guardian Name - Printed



BALDWIN ELEMENTARY SCHOOL



2021-2022

515 BENDER CIRCLE
BALDWIN, MS 38824

Phone: (662) 365-1010
Fax: (662) 365-1034

Principal: Blake Howell

For security reasons, Baldwyn Elementary School must have a list of people that has permission to pick up your child. **NO ONE WILL BE ALLOWED TO PICK HIM/HER UP UNLESS THEIR NAME IS LISTED BELOW**, unless it is a parent on the birth certificate and there is no court documentation stating otherwise.

Thanks for your help and understanding in this matter.

Student Name: _____

The following people may pick up my child:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Parent/Guardian Signature: _____

Parent's Printed Name: _____

Date: _____

BALDWIN SCHOOL DISTRICT
RESIDENCY REGISTRATION CHECKLIST
2021-2022

*The Residency Registration Checklist and two (2) proofs of current residence must be submitted before the student may enroll.

Student's Name: _____
(Last) (First) (Middle)

Name of Parent(s) or Legal Guardian: _____

Address Where Student Lives: _____

Phone: _____

Have you moved within the last year: YES NO

Signature of Parent, Guardian, or Other Adult Date

Residency Verification Documents **Required** by Parent/Guardian/Other Adult (**Attach two proofs of residency**)

- ____ Filed Homestead Exemption Application Form
- ____ Mortgage Documents or Property Deed
- ____ Apartment or Home Lease
- ____ Utility Bills (Electric, Water, and/or Gas) **must show service address*
- ____ Driver's License
- ____ Voter Precinct Identification
- ____ Automobile Registration
- ____ Other Documentation _____

____ Student is living with parent(s) or other legal guardian(s) and, if appropriate, a certified copy of the court decree, or petition if pending, declaring that the district residents is the legal guardian of the student and further declaring that the guardianship was formed for purpose other than establishing residency for school district attendance purposes.

____ Student is living with an adult other than parent or legal guardian and the adult has provided a notarized sworn Affidavit of Residency 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 or school district preference) for this arrangement and the School Board or its designee has made the necessary factual determination under 1b 1(c)(2) of the State Residency Verification Procedures.

____ Where the student, guardian(s), or other adult do not live within the boundaries of the Baldwin School District, and no Affidavit of Residency is provided to establish residency, please explain the reasons for attempting to enroll the student in the Baldwin School District.

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. 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 pupil may be living, with the appropriate residency documentation submitted. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

Signature of School Official Date