



## ACCEPTABLE PROOFS OF RESIDENCY (POR):

M  
A  
J  
O  
R  
S

1. Filed Homestead Exemption Application Form – any year
2. Mortgage Documents or Property Deed – any year
3. Apartment or Home Lease – not expired
4. Utility Bills/Cable Bills (must be from three (3) previous months from registration date)  
**ALSO**, be sure to check service address and name – **NO STUBS!**
5. Driver's License (good as long as not expired) *Address / Name must match*
6. Voter Precinct Identification
7. Automobile Registration/Car Tag (good as long as not expired)
8. Other Documentation, including:

M  
I  
N  
O  
R  
S

- Medical Bills
- Cell Phone/Land-line Bill (Land-line bill must be from within three (3) previous months – also check service address & name)
- DHS/State document mail
- Government document mail
- Pay Stubs
- Bank Statement
- Home Insurance/Car Insurance
- ID Card

You may take **TWO** POR from any category 1-7 (Majors). You may take **ONE** POR from category 8 (Minors), as long as the other POR is from category 1-7 (Majors).

**\*\*We are not taking tax forms, or any other POR besides the ones listed on this sheet.**



**2021 - 2022**

**Student's Grade:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

PLEASE PRINT CLEARLY

<b>Student Information</b>	<b>Office Use Only</b>
<b>Legal Name</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 30%;">Last</span> <span style="width: 30%;">First</span> <span style="width: 30%;">Middle</span> </div> <b>SS# :</b> _____ <b>Birth Date :</b> _____	<b>Date Enrolled:</b> _____  <b>School:</b> _____ <b>Grade:</b> _____  <b>Student ID:</b> _____ <div style="display: flex; justify-content: space-between;"> <b>MSIS ID:</b> _____                     <b>Entry Code:</b> _____                 </div> <b>HR Teacher:</b> _____  <b>Birth Cert. No:</b> _____
<b>Birth Information:</b> <b>City :</b> _____ <b>County :</b> _____ <b>State :</b> _____ <b>Country :</b> _____  <b>Is Student in Foster Care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Ethnicity:</b> Student is of Hispanic, Latino, or Spanish culture or origin? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Race: (Circle)</b> W    B    AI    A    PI <b>Gender: (Circle)</b> M    F	<input type="checkbox"/> <b>VERIFIED FOR RECORDS</b>
<b>Mailing Address</b> <b>Street/911 Address</b> _____ <b>County : (Circle)</b> Lee    Prentiss <b>City, State, ZIP</b> _____ <b>Home Phone</b> _____	<b>Other Information</b> <input type="checkbox"/> BSD Bus # _____ <input type="checkbox"/> Car Rider <input type="checkbox"/> Walk
<b>Last School Attended</b> _____  <b>Address</b> _____ <b>City, State, Zip</b> _____	<b>Transfer Records</b> <b>Ordered From</b> _____ <b>Ordered By</b> _____ <b>Recs Rec'd:</b> Y    N <b>Date:</b> _____
<b>Student EVER attended Baldwyn School District?</b> Y    N If so, grade _____  <b>Student Enrolled or EVER enrolled in Special Ed at Last School atnd?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Student Enrolled in Speech?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Enrolled in Gifted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>STUDENT INFORMATION CONTINUED:</b> <b>Medications / Allergies:</b> _____ _____ <b>Special Medical/Emotional/Educational information that might help teachers:</b> _____ _____ <b>List any Physical limitations or restrictions of child:</b> _____ _____ <b>Siblings attending Baldwyn School District:</b> (Name / Grade) _____ _____
<b>Parent/Guardian Name</b> _____ <b>Relationship</b> _____ <b>Employer</b> _____ <b>Occupation:</b> _____ <b>Home Phone</b> _____ <b>Work Phone</b> _____ <b>Cell Phone</b> _____  <b>Military Status:</b> Active Duty ____ National Guard ____ Other ____	<b>BUS #</b> _____ <b>WALK Y N</b> _____  <b>CAR RIDER (Circle):</b> Y                      N
<b>Email Address</b> _____  <b>With whom does student live?</b> _____	

### 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 \_\_\_\_\_



**BALDWIN SCHOOL DISTRICT  
RESIDENCY REGISTRATION CHECKLIST**

\*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
- \_\_\_\_ 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 resident is 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.

\_\_\_\_ 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 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 \_\_\_\_\_

## AFFIDAVIT OF RESIDENCY

Personally appeared before me, the undersigned legal authority in and the jurisdiction aforesaid, the within named, \_\_\_\_\_, who states under oath and penalty of perjury

(homeowner's name)

the following:

1. I reside at \_\_\_\_\_, which is located within the  
(address)  
Baldwyn School District.
2. The relationship between \_\_\_\_\_ and Affiant is  
(student/parent)  
\_\_\_\_\_.
3. \_\_\_\_\_ lives in my home full time.  
(student name)
4. The reason why \_\_\_\_\_ is living with me are as follows:  
(student name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
5. \_\_\_\_\_ is not living with me for the purpose of attending  
(student name)  
school in the Baldwyn School District.
6. I understand that \_\_\_\_\_ will not be allowed to  
(student name)  
enroll in the Baldwyn School District if \_\_\_\_\_ is living  
(student name)  
with me for the purpose of attending said school.

**I UNDERSTAND THAT THE INFORMATION GIVEN IN THIS AFFIDAVIT IS SUBJECT TO VERIFICATION BY A HOME VISIT AND/OR INVESTIGATION FROM SCHOOL OFFICIALS; AND IF FRAUDULENT INFORMATION HAS BEEN GIVEN, I CAN BE HELD RESPONSIBLE FOR ALL EXPENSES AND TUITION.**

Parent signature \_\_\_\_\_  
Homeowner signature \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_.  
\_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

BALDWYN HIGH SCHOOL  
512 NORTH 4<sup>TH</sup> STREET  
BALDWYN, MS 38824

---

For security reasons, Baldwin High School must have a list of people who will have permission to pick up your child. NO ONE WILL BE ALLOWED TO PICK HIM/HER UP UNLESS THEIR NAME IS LISTED BELOW. Thanks for your cooperation with this matter.

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

The following people may pick up my child:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

(In case of emergency, Parents may call and give permission for someone else to pick up his/her child).





HIGH SCHOOL

Home of the Bearcats

512 North 4th Street  
Baldwyn, MS 38824  
Phone: 662-365-1020  
Fax: 662-365-1020

Baldwyn High School

*Bearcats*

## Student Parking Application

Decal # \_\_\_\_\_

School Year \_\_\_\_\_

New.....\$5.00

Replacement.....\$2.50

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Color: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Tag# \_\_\_\_\_ State \_\_\_\_\_

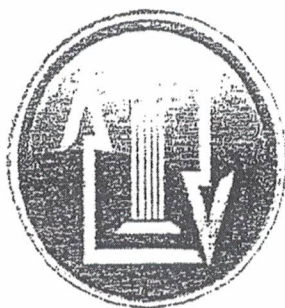
Insurance \_\_\_\_\_

I understand that if I am given permission to operate a vehicle on the campus, I must comply with the Baldwyn High School Parking Regulations. Violation of these regulations will result in disciplinary action which may include the loss of campus parking privileges with no refund.

I have received a copy of these regulations. Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_



# ActiveParent<sup>2.0</sup>

powered by CA

## Baldwyn School District Account Request Form

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

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

City, State, Zip: \_\_\_\_\_

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

Cell/Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Identification: \_\_\_\_\_ (Copy of SS# or D.L.)

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

School: \_\_\_\_\_

Grade: \_\_\_\_\_

BROTHERS AND/OR SISTERS UNDER THE SAME ACCOUNT: (NAME AND GRADE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*You will be contacted by email or mail with a username and password based on the information provided above.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Office use only:

Date Account Activated: \_\_\_\_\_

Confirmation: Office Visit: \_\_\_\_\_ Email: \_\_\_\_\_ Mail: \_\_\_\_\_ Phone: \_\_\_\_\_