



2022 - 2023

Student's Grade: _____

Today's Date: _____

PLEASE PRINT CLEARLY

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

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 HIGH SCHOOL (5-8)
452 NORTH 4TH STREET
BALDWIN, MS 38824



For security reasons, Baldwin High School(5-8) must have a list of people who have permission to pick up your child. **NO ONE WILL BE ALLOWED TO PICK HIM/HER UP UNLESS THEIR NAME IS LISTED BELOW.**

STUDENT NAME: _____

The following people may pick up my child. **(Please include phone numbers if possible.)**

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

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

(IN CASE OF AN EMERGENCY, PARENTS MAY CALL AND GIVE PERMISSION FOR SOMEONE ELSE TO PICK UP HIS/HER CHILD.)

May 20, 2021

Dear Parent/ Guardian,

Mississippi requires a Tdap vaccination for **all** students entering 7th grade. Tdap (tetanus, diphtheria, and pertussis) vaccination provides protection against whooping cough (pertussis), a high contagious disease that can be severe or fatal, especially in young children. Infants who are too young to be vaccinated against pertussis must be protected by ensuring that adolescents and adults around them cannot carry the disease.

Why vaccinate at this early age?

The immunity received from early childhood vaccination against pertussis weakens over time. Because pertussis is highly contagious, adolescents can contract the disease and easily transmit it to younger children and infants. Pertussis, especially among infants, is now an increasing problem in Mississippi and the U.S. as a whole.

Is this vaccination required for all new seventh-graders?

Yes; in order to attend school, all students entering the seventh (7th) grade must have a **Mississippi Form 121** verifying that they have received a recent Tdap vaccination. This includes new students, current students, and transfer students in both public and private schools.

Where to get vaccinations:

Your doctor or other health care provider can arrange a Tdap vaccination for your child. You can also visit any county health department to receive the Tdap and other vaccinations. They will then give you the **Form 121** you will be required to present to the school office in order to register your seventh grader.



ActiveParent^{2.0}

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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: _____

BALDWIN SCHOOL DISTRICT
RESIDENCY REGISTRATION CHECKLIST
2022-2023

*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

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: _____

Forms

**Form 1 - I hereby agree to abide by the terms specified in the Baldwin School District
Device Use Agreement**

Printed Student Name: _____

Student Signature: _____

Grade: _____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Phone Number: _____

District/School Use Only

iPad Serial Number _____

iPad Fixed Asset Number _____

Form 2 - Student Pledge for iPad Use- Signature Page

I agree to the stipulations set forth in the above documents.

Printed Student Name: _____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Individual school iPads and accessories may be returned to Baldwin School District at the end of each school year. Students that are expelled, withdraw from school, or terminate enrollment at Baldwin School District for any reason, must return their individual school iPad immediately.