Documents and Questions Required for Enrollment

Corinth School District

PARENT OR GUARDIAN CHECKLIST:

Copies of Required Documents

_____ Birth Certificate

_____ Social Security Card (optional but preferred)

_____ Immunizations (Mississippi Department of Health on Form 121)

_____ Guardianship/ Custodial Paperwork

_____ Two Proofs of Residency —**One from Each Group Below**

Group 1

_____ Mortgage Statement

_____ Property Tax Deed

_____ Filed Homestead Exemption Application

_____ Apartment or Home Lease

_____ Filed Property or Warranty Deed

Group 2

_____ Utility Bill (Water; Electric; Gas; Cable; Garbage)

_____ Driver's License or State Issued Identification Card

_____ Certified copy of filed petition for guardianship/final guardianship decree

Please note: If utilities are included in the Apartment or Home Lease, please use one of the following documents for the second proof of residency:

- Medical, Dental, or Hospital bill (mailed to address)
- Credit Card Statement
- Insurance Policy (Health)
- State or Federal Benefit Check
- Salary Check Stub
- Government Mailing (Social Security or Medicaid Determination Letter;
  IRS...etc.)
- Bank Statement
- Driver's License or State Issued Identification Card

Please Answer the Following Questions:

_____ What grade is your child going into or currently enrolled in?

YES or NO – Does your child receive any special education services?

YES or NO - Has your child ever attended any school in the Corinth School District?

Corinth School District
Registration Form

Please Print Clearly   Grade Level ____

Student Information

Legal Name _____
          Last   First   Middle

Birth Information:

Date of Birth _____City _____

County _____State _____

Country _____

Birth Certificate Number _____

Social Security Number _____

Race and Ethnicity

Student is Hispanic, Latino, or Spanish culture or origin? __Yes __No

Race (Circle One):   W   B   AI/AN   A   PI

Race (Circle any others that apply):   W   B   AI/AN   A   PI

Gender (Circle One):   Male   Female

Mailing Address _____

Street/911 Address _____

City_____ State _____ Zip Code _____

Previous School Information

Last School Attended_____

Address _____

City_____ State_____ Zip Code _____

Has the student ever attended Corinth School District? __Yes __ No

If so, what was the grade level and school that was last attended in

CSD? _____

Has the student ever received educational services for any of the
following reason: enrolled in any of the following (Circle for each)

Special Education: YES   NO

Speech: YES   NO

Gifted: YES   NO

504 Plan: YES   NO

Corinth School District
Registration Form

Please Print Clearly   Grade Level ____

Parent / Legal Guardian 01

Name_____

Relationship _____ Emergency Contact – Y or N.   Guardian Indicator – Y or N

Mailing Address _____

City_____ State _____ Zip Code _____

Employer _____ Occupation _____

Home Phone _____. Work Phone _____

Cell Phone _____ Email Address _____

Email Address _____

Parent / Legal Guardian 02

Name _____

Relationship _____ Emergency Contact – Y or N.   Guardian Indicator – Y or N

Mailing Address _____

City_____ State _____ Zip Code _____

Employer _____ Occupation _____

Home Phone _____. Work Phone _____

Cell Phone _____ Email Address _____

Email Address _____

Family Information

Where does the child reside (which parent/guardian)? _____

Was a Parenting Plan provided to the school? _____

Student's siblings under the age of 21 – names and birthdates

_____   _____

_____   _____

_____   _____

Special Instructions
_____
_____

Corinth School District
Registration Form

Please Print Clearly   Grade Level ____

Student's Name _____ School _____

Parent / Guardian's Name _____

Address _____ Phone _____

Home Language Survey

Please check the appropriate answer.

1. What is the first language the student learned to speak?

English ___ Other (name) _____

2. What language does the student most often speak?

English ___ Other (name) _____

3. What language is most often spoken in the student's home?

English ___ Other (name) _____

4. In what language do parents prefer that written communication comes home?

English ___ Other (name) _____

5. What was the month and year the student first enrolled in a school in the United States? _____ (MM/YYYY)

Migrant Eligibility

If you have moved and/or changed jobs in the last three 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 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 three full academic years?

Yes   No

Homeless Eligibility

Please circle the appropriate answer:

1. Does the student lack a fixed, regular and adequate residence, for example: agriculture migrant children, children "living on the streets" (i.e. tents, vehicles, etc), or have been abandoned by their legal guardian?   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, or housing loss?   YES   NO

I declare my information to be true and I understand that a pupil admitted under false information is not legally enrolled and will be withdrawn immediately following verification of information. I also understand that I am to inform school officials any time legal custody, address, or phone numbers change.

_____   _____
Signature of Parent/Guardian   Date

Corinth School District
Student Contact Information

Student Information

Name _____
     Last   First   Middle

Street/911 Address _____

City, State, Zip _____

Grade Level _____

Contact Information OTHER THAN primary parent/guardian

Last Name _____ First Name _____

Primary Telephone _____

Work Telephone _____

Relationship to student _____
                    (grandparent, brother/sister, aunt/uncle, family friend)

Check all that apply –
_____ Check In / Check Out Allowed

_____ Emergency Contact

_____ Student Resides

Contact Information OTHER THAN primary parent/guardian

Last Name _____ First Name _____

Primary Telephone _____

Work Telephone _____

Relationship to student _____
(grandparent, brother/sister, aunt/uncle, family friend)

Check all that apply –
_____ Check In / Check Out Allowed

_____ Emergency Contact

_____ Student Resides

Contact Information OTHER THAN primary parent/guardian

Last Name _____ First Name _____

Primary Telephone _____

Work Telephone _____

Relationship to student _____
(grandparent, brother/sister, aunt/uncle, family friend)

Check all that apply –
_____ Check In / Check Out Allowed

_____ Emergency Contact

_____ Student Resides

Corinth High School

1310 North Harper Road
Corinth, Mississippi 38834
Tel. 662.286.1000
Fax. 662.286.1003

Transfer Student Form for Sports

Student Name _____

Date Enrolled _____ Grade Level _____

Student Previous Address _____

Student Previous School _____

Dates Attended: 20_____ to 20_____

Parent/Guardian Name _____

Parent New Address _____

Name of Person(s) with whom the student resides, if other than parents

_____ Relationship_____

Address, if other than parents _____

Did all family members from previous residence move into your attendance area?

Yes _____   No_____

Reason(s) for changing schools _____

_____

Sport(s) _____

(THE SCHOOL WILL NEED A COPY OF THE STUDENT PHYSICAL BEFORE PARTICIPATION IN TEAM ACTIVITIES)

Diploma Intent
Corinth High School

Student Legal Name _____ Graduation Year _____

Student Email _____ Student Telephone _____

Parent/Guardian Name _____

Parent Email _____ Parent Telephone _____

Please Select One –

☐ Traditional Diploma

☐ Early Exit Diploma

☐ Advanced International Certificate of Education (AICE) Honors Diploma

☐ Corinth Honors Diploma

☐ College and Career Readiness Diploma

☐ Career Technical Diploma

☐ Applied Studies Diploma (Available to students with an IEP)

Notes _____

_____

Student Signature _____ Date _____

Parent/Guaridan Signature _____ Date _____

Corinth High School
ActiveParent Setup

Create an ActiveParent account to check your child's grades and attendance.

1 – Select ActiveParent on the CSD website/homepage

2 – Select "Create an ActiveParent Account"

3 – Complete the required information on the form

4 – Select "Create User" after you have completed the required information

5 – You will be prompted to call the Corinth School District for a school code to complete registration for an ActiveParent account.

Teacher: _____   **Grade:** _____

Corinth School District
Office of the School Nurse
Student Health History 2022/2023

The following information is confidential. It is used by the School Nurse and will only be shared on a need to know basis with other school personnel.

Student Name: _____ Birthdate: _____

Home Address: _____ Home Phone: _____

Emergency Contact(s):

1) _____ Cell # _____

   Work # _____ Relationship _____

2) _____ Cell # _____

   Work # _____ Relationship _____

3) _____ Cell # _____

   Work # _____ Relationship _____

If your child has ASTHMA, SEVERE ALLERGIES, or DIABETES, we must have a current letter from your doctor with a treatment plan. The treatment plan must include an Emergency Action Plan. This must be updated <u>every year</u>.

Does your child have <u>**ASTHMA**</u> (<u>**Diagnosed by a Health Care Provider**</u>)? __Yes __No
Will your child need to keep a rescue inhaler with them at school?   __Yes __No

Is your child <u>**DIABETIC**</u> (<u>**Diagnosed by a Health Care Provider**</u>)? __Yes __No
Does your child use a sliding scale? __Yes __No   An insulin pump? __Yes __No

Does your child have any <u>**SEVERE ALLERGIES**</u>?   __Yes __No
Do they have an Epi-pen at school for the allergy? __Yes __No

Please list the severe allergy and reaction type in the space below:

Allergen: _____ Reaction: _____

Allergen: _____ Reaction: _____

Please list any <u>**FOOD ALLERGIES**</u> your child has and reaction it causes:

Food: _____ Reaction: _____ (over)

Please list any other allergies your child has (medicines, wasp stings, poison ivy, etc.) along with reaction:

_____

Please list **ALL** **MEDICATION** your child takes at home or school including "as needed" medications:

1)_____ 2)_____

3)_____ 4)_____

Please list any other health conditions that your child has such as seizure disorder, heart murmur, sickle cell disease or trait, eczema, hemophilia, ADHD, etc.

1)_____ 2)_____

3)_____ 4)_____

- The School Nurse will conduct vision, dental health, lice and hygiene screenings periodically throughout the year.
- In case of emergency, if the parents/guardians/emergency contacts cannot be reached, the school will secure the most readily available medical resources. The parents/guardians will be responsible for any cost related to the action.
- **PLEASE KEEP THE SCHOOL AND SCHOOL NURSE UP TO DATE WITH CURRENT EMERGENCY PHONE NUMBERS.**
- The School nurse is <u>unable to administer</u> over the counter medications such as Tylenol, Motrin, or Benadryl, unless they have been ordered and prescribed by a doctor.

____Yes ____No I give the School Nurse permission to administer common over the counter ointments for skin injury or rash. The School Nurse may administer prescription medications brought to the school with proper documentation and signatures, including medication for Timber Hills clients. The School Nurse may provide first aid as needed to my child.

As per school policy, asthma inhalers and Epi-pens will be kept with the child, and may be transported to and from school in their backpack.

Parent/Guardian signature: _____ Date: _____

Please feel free to contact the school with any questions or concerns.