

**SENATOBIA MUNICIPAL SCHOOL DISTRICT RESIDENCY AND DOCUMENTATION CHECKLIST
SCHOOL YEAR 2020-2021**

(TO BE COMPLETED BY PARENT or LEGAL GUARDIAN)

Name of Student: _____ Grade: _____

Name of Parent, Legal Guardian: _____

Address of Parent, Legal Guardian: _____

Please note that a Post Office Box is not acceptable as a residence address.

Is your child currently under suspension or expulsion from another school district? Yes No

Home Language Survey (HLS)

1. Does your child speak any language other than English? () Yes () No
2. If yes, what was the first language your child learned to speak? _____
3. What language does your child speak most often? _____
4. Is this child a migrant student? () Yes () No
5. Is this child a homeless student? () Yes () No
6. Is this child a neglected and/or delinquent student? () Yes () No
7. Does this child have any disability (SPED) needs? () Yes () No
If yes, please explain _____
8. Does this child need speech services? () Yes () No
9. Is this child in a gifted program? () Yes () No

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, Legal Guardian

Date

Telephone Number

RESIDENCY REQUIREMENTS

(TO BE COMPLETED BY THE SCHOOL DISTRICT)

SHARED RESIDENCY _____

- ___ A Documents provided to me by Parent, Legal Guardian:
(One document must be 1, 2 or 3, one must be #4, and one must be #5)
- ___ 1. Filed Homestead Exemption Application Form
 - ___ 2. Mortgage Documents or Property Deed
 - ___ 3. Apartment or Home Lease (expiration date must be on lease and lease should be on official letterhead and with phone number for contact person)
 - ___ 4. Utility Bills (water, gas, electric, cable) [Bill must be current—within 30 days of residency verification.]
 - ___ 5. Automobile Registration (car tag receipt with name and physical address)
- ___ B Student is living with legal guardian and a certified copy of the Court Decree, or petition if pending was received declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance purposes.
- ___ C A certified birth certificate is required of all children enrolling in the Senatobia Municipal School District (includes parent's names(s), city, state, county of birth, along with birth date)
- ___ D Final report card (and copy of transcript for grades 9-12) if entering at the beginning of the school year; official withdrawal form or most recent report card (and copy of transcript for grades 9-12) if entering during the school year.
- ___ E Mississippi Certificate of Compliance Immunization Form 121

School District-Representative

Date

**SENATOBIA MUNICIPAL SCHOOL DISTRICT LISTA DE VERIFICACIÓN DE RESIDENCIA Y
DOCUMENTACIÓN PARA EL AÑO ESCOLAR 2020-2021**
(PARA SER COMPLETADO POR EL PADRE O GUARDIÁN LEGAL)

Nombre del Estudiante: _____ Grado: _____

Nombre del Padre / Guardián Legal: _____

Dirección del Padre, Guardián Legal: _____

Tenga en cuenta que una casilla de correos no es aceptable como dirección de residencia

¿Está su hijo actualmente bajo suspensión o expulsión de otro distrito escolar? Sí No

Encuesta sobre el idioma

1. ¿Habla su hijo otro idioma que no sea el inglés? () Sí () No
2. En caso afirmativo, ¿cuál fue el primer idioma que su hijo aprendió a hablar? _____
3. ¿Qué idioma habla su hijo más a menudo? _____
4. ¿Es este niño un estudiante migrante? () Sí () No
5. ¿Es este niño un estudiante sin hogar? () Sí () No
6. ¿Es este niño un estudiante descuidado y / o delincuente? () Sí () No
7. ¿Tiene este niño alguna necesidad de discapacidad (SPED)? () Sí () No
En caso afirmativo, explíquelo por favor _____
8. ¿Necesita este niño servicios de habla? () Sí () No
9. ¿Está este niño en un programa dotado? () Sí () No

Por la presente certifico que la información dada arriba en este formulario es una declaración verdadera y correcta de mi residencia legal. Si mi residencia legal cambia mientras el estudiante mencionado arriba está inscrito en el distrito escolar arriba mencionado, notificaré inmediatamente a los oficiales apropiados de este distrito escolar. Además, entiendo que un alumno no está legalmente matriculado hasta que este formulario sea completado y firmado por el padre, guardián u otro adulto con quien el estudiante pueda estar viviendo. Entiendo que un alumno admitido bajo información falsa no está legalmente inscrito y está sujeto a pena.

Firma del Padre, Guardián Legal

Fecha

Número de teléfono

REQUISITOS DE RESIDENCIA

(PARA SER COMPLETADO POR EL DISTRITO ESCOLAR)

RESIDENCIA COMPARTIDA

- ___ A Documentos que me proporcionaron los padres, guardianes legales:
(Un documento debe ser 1, 2 o 3, uno debe ser # 4, y uno debe ser # 5)
- ___ 1. Formulario de Solicitud de Exención de Homestead
 - ___ 2. Documentos de hipoteca o escritura de propiedad
 - ___ 3. Apartamento o Arrendamiento de Vivienda (la fecha de vencimiento debe estar en el arrendamiento y el arriendo debe estar en el membrete oficial y con el número de teléfono para la persona de contacto)
 - ___ 4. Facturas de servicios públicos (agua, gas, electricidad, cable) [El proyecto de ley debe estar actualizado-dentro de los 30 días siguientes a la verificación de residencia.]
 - ___ 5. Registro de automóvil (recibo de placa de coche con nombre y dirección física)
- ___ B El estudiante está viviendo con el guardián legal y una copia certificada del Decreto de la corte, o la petición si se recibió pendiente declarando que la tutela fue formada para un propósito distinto de establecer la residencia para los propósitos de la asistencia del distrito escolar.
- ___ C Se requiere un certificado de nacimiento certificado de todos los niños que se matriculen en el Distrito Escolar Municipal de Senatobia (incluye los nombres de los padres, ciudad, estado, condado de nacimiento, fecha de nacimiento)
- ___ D Tarjeta de informe final (y copia de la transcripción para los grados 9-12) si ingresa al principio del año escolar; El formulario de retiro oficial o el boletín de calificaciones más reciente (y copia de la transcripción para los grados 9-12) si ingresa durante el año escolar.
- ___ E Certificado de cumplimiento de Mississippi Formulario de inmunización 121

Representante del Distrito Escolar

Fecha



**SENATOBIA MUNICIPAL SCHOOL DISTRICT
STUDENT TRANSPORTATION REGISTRATION FORM**

2020-2021 School Year

If your child will require transportation for the 2020-2021 school year, please complete this form. Please provide the following information (print in ink) and sign this form. Use a different form for each child.

Name of Student: _____

Grade: _____ **Phone Number:** _____

Name of Parent or Guardian: _____

Street Address _____

Today's Date: _____

Does your child have any health concerns or medication that the driver should be aware of in case of emergency? _____

If yes, specify. _____

Your signature on the signature page of the Student Handbook indicates that you will have reviewed the Transportation and Bus Conduct Guideline, the Bus Conduct Discipline Rules and other school bus information. Please take the time to go over the bus rules with your child.

Failure to complete and return this form could result in your child not being allowed to ride a school bus. If you have questions, feel free to call me at 662-562-4897.

Thank you,

John David Weeks
Transportation Director

(For Office Use Only)

BUS ASSIGNMENT:

A.M. Bus Number _____ A.M. Bus Stop _____ Time _____

P.M. Bus Number _____ P.M. Bus Stop _____ Time _____

**SENATOBIA MUNICIPAL SCHOOL DISTRICT 2020-2021
APPLICATION TO RIDE SCHOOL BUS TO ANOTHER LOCATION
FOR CHILD-CARE**

PLEASE USE ONLY ONE APPLICATION FORM PER FAMILY. LIST ALL STUDENTS IN SPACE PROVIDED. COMPLETE ALL SECTIONS WITH INK AND BY PRINTING.

This form is to be used to request permission for your child to ride a SMSD school bus to an address other than your home address for child care purposes. This is a permanent arrangement.

I wish to arrange bus transportation to and from school for my child/children in accordance with the policy established by the Senatobia Municipal School District. I understand that my child will ride the assigned bus to this address every day.

Telephone # _____ Today's Date _____

Parent/Guardian Name _____

Home Address _____

Name of Child-Care Provider _____

Address of Child-Care Provider _____

Telephone # of Child-Care Provider _____

STUDENT NAME	GRADE	SCHOOL

Senatobia Municipal School District 2020-2021

Application to Ride a different School Bus to Another location

One time note

This form is to be used to request permission for your child to ride a SMSD school bus to an address other than your home address. This is a one time transfer to another address.

I wish to arrange bus transportation for my child/children to another address other than registered address. This is a one time transfer

Student Name _____

Home Address _____

Grade _____

School _____

I, _____, request for my child/children to ride today _____, to another address other than registered address.

Name _____

Address _____

Bus number _____ (to be completed by transportation department)

Approved by: _____

Date: _____



MISSISSIPPI
DEPARTMENT OF
EDUCATION
Ensuring a bright future for every child












MISSISSIPPI STATE UNIVERSITY
COLLEGE OF EDUCATION

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. <input type="checkbox"/>	 Cutting or picking fruit or vegetables <input type="checkbox"/>	 Processing fruit or vegetables <input type="checkbox"/>	 Planting trees, or plants. Working at a Green house <input type="checkbox"/>	 Working at a dairy farm or at a ranch <input type="checkbox"/>
 Fishing work <input type="checkbox"/>	 Working at a poultry farm <input type="checkbox"/>	 Processing meat at a poultry or any meat processing plant <input type="checkbox"/>	 Cotton Gin work <input type="checkbox"/>	<p>Another similar type of work. Please explain:</p> <hr/> <hr/> <hr/>

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

For School Use Only: Please fax this survey to 662.325.0864 or email it to gdavis@colled.msstate.edu