

## **IMPORTANT – DO NOT DISREGARD**

### **2025-2026 Registration Information**

**ALL ITEMS BELOW MUST BE INCLUDED WITH YOUR REGISTRATION PACKET FOR REGISTRATION TO BE CONSIDERED COMPLETE FOR ENROLLMENT FOR THE 2025-2026 SCHOOL YEAR.**

- **ALL** pages in this packet must be completed and signed by a parent/guardian.
- Custody papers, no-contact orders, and/or any other documents that need to be put on file should also be included.
- Two proofs of residency in a parent's or guardian's name must be attached.
- If the two proofs of residency are **NOT** in the parent's/guardian's name, an affidavit (available in the front office) must be filled out by the person whose name the proofs are in and then notarized.
- Birth Certificates are required for incoming new students only.
- A current Mississippi immunization record (Form No. 121) is required for incoming new students. Seventh graders are also required to provide updated immunization records once they have had their required TDap vaccination.

Registration will **NOT** be accepted without all of the required documents listed above. Your student will **NOT** be allowed to start on the first day of school as no schedule will be given until these documents are completed and approved. These documents can be given to the school secretary.



## Parent Info

Student resides with: \_\_\_\_\_

Mother/Guardian #1	Father/Guardian #2
Name (as on ID):	Name (as on ID):
Residence Address:	Residence Address:
Cell Phone Number:	Cell Phone Number:
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
E-mail Address:	E-mail Address:
<i>Is this parent/guardian authorized to check your child out of school? <u>Yes</u> <u>No</u></i>	<i>Is this parent/guardian authorized to check your child out of school? <u>Yes</u> <u>No</u></i>
<i>If no, is court documentation on file? <u>Yes</u> <u>No</u></i>	<i>If no, is court documentation on file? <u>Yes</u> <u>No</u></i>

## List Name and Grade of all Brothers/Sisters Enrolled in Walthall County School District:

Name	School	Circle Relation	Grade
		Brother/Sister	

**Emergency Contact Information.** Emergency Contacts should be someone other than the parents/guardians listed on the previous pages. I understand that a written note with a parent/guardian signature is required when anyone other than the emergency contacts listed below comes to pick up a child.

Name #1 _____	Relationship to student: _____	
Address: _____	(w/City, State, Zip)	
Phone #: _____	Workplace: _____	Work Phone: _____
Cell Phone#: _____	<i>Is this emergency contact authorized to check your child in/out of school? <u>Yes</u> <u>No</u></i>	

Name #2 _____	Relationship to student: _____	
Address: _____	(w/City, State, Zip)	
Phone #: _____	Workplace: _____	Work Phone: _____
Cell Phone#: _____	<i>Is this emergency contact authorized to check your child in/out of school? <u>Yes</u> <u>No</u></i>	

**REQUIRED:** \_\_\_\_\_

*Signature of Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

## School Health Service – Health History

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

1. Has your child ever been diagnosed with asthma? \_\_\_\_\_ If so, what are his/her sign/symptoms? \_\_\_\_\_

Are they taking any medication for asthma? \_\_\_\_\_ If so, what is the name of medication? \_\_\_\_\_

2. Does your child have any other health problem: (check all that apply)

Allergies  Anemia  Diabetes  Hearing  Heart

Injury  Seizures  Sickle Cell  Vision  Other

Is the child allergic to any food? \_\_\_\_\_

Explain: \_\_\_\_\_

Are they taking medication for above health problem? \_\_\_\_\_ If so, please list the name of the medication? \_\_\_\_\_

3. Are there any problems that may affect your child's learning? \_\_\_\_\_

4. Is there anything more about this child's health that you think is important for us to know? \_\_\_\_\_

\*\* If medications are to be given during school, a medication permission slip needs to be filled out yearly. Medications must be in the original labeled container. (When you get prescriptions filled you can ask the pharmacist to put them into two containers so you'll have one for school and one for home use)

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Signature Parent/Guardian Signature

Date

Office Use:

Homeroom Teacher: \_\_\_\_\_

## **Walthall County School District Corporal Punishment**

**Student's Name:** \_\_\_\_\_

Walthall County School Board Policy now allows Corporal Punishment (paddling) in lieu of one or two days suspension for level B Discipline offenses. Corporal Punishment (paddling) may also be used for level A Discipline offense. *Regardless of parent choice, students with a disability, as classified by IDEA or Section 504, shall not be paddled (Miss. Code 37-11-57).*

## Walthall County School System, (Principal or Teacher)

\_\_\_\_\_ Has my permission to PADDLE my child for discipline offenses

DOES NOT have permission to PADDLE my child for discipline offenses.

**Parent or Guardian Signature**

Date

## **Walthall County School District Check Out Policy**

### **Parents/Guardians:**

Board policy requires that a student leaving campus during school hours must be checked out through the school office by his/her parents/guardians.

Pre-arrangements allowing other adults to check your child out of school may be made by completing the following form and returning it as soon as possible.

**The following adults have permission to check my daughter/son out of school.**

Name	Phone Number

**Parent/Guardian Signature**

Date



# Walthall County School District Residency Documentation Form A

## To Be Completed by Parent, Guardian or Other Adult

Name of Student: \_\_\_\_\_  
(A separate form is required for each student)

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

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*P.O. Box number is not acceptable.\*\*\*

### School Office Use Only:

Date: \_\_\_\_\_  
School District

Verification: \_\_\_\_\_

Form B Removed and filed  
separately: \_\_\_\_\_

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 and 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 which 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/Guardian

Telephone Number

Date

## TO BE COMPLETED BY THE SCHOOL DISTRICT

A. Documents provided to the school by Parent/Guardian/Other Adult (minimum of two for every student):

1. Filed Homestead Exemption Application Form       5. Current Driver's License or State/Gov. Issued ID  
 2. Mortgage Documents or Property Deed       6. Current Automobile Registration  
 3. Apartment or Home Lease       7. DHS Paperwork  
 4. Current Utility Bills – May use two of the following: Gas, Elec. or Water (no Cell Phone Bill or Satellite TV)       8. 911 Printout

B. Student is living with legal guardian, and a certified copy of the Court Decree, or petition if pending, was received declaring the district resident to be 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.

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

D. Student's parent or legal guardian is a Certified/Instructional employee of the Walthall County School District.  
MS Code §37-15-31



**Walthall County School District**  
**Residency Documentation Form B**  
**To Be Completed by Parent, Guardian or Other Adult**

\*\*This questionnaire is intended to address the McKinney-Vento Act. Your answers will help administrators determine residency documents necessary for enrollment of this student.

**Please Print**

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

\_\_\_\_ Female \_\_\_\_ Male Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

School - Check one:       Dexter       Tylertown Primary       Tylertown Upper Elem  
                                   Salem       Tylertown Lower Elem       Tylertown High

**1. Presently, where is the student living? Check one circle only in Section A OR B.**

**Office Use Only:**  
(Copy on Pink Paper)

If the parent has checked **Section B**, completion of form is not required. For any choices in **Section A**, this form must be completed and faxed to Federal Program at 601-876-3084 immediately after completion.

All campuses must keep the original forms separately from the Student Permanent Record for audit purposes during the year. Any parent enrolling a child at any time during the school year must complete this form.

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

Section A	Section B
<ul style="list-style-type: none"><li><input type="radio"/> In a homeless shelter</li><li><input type="radio"/> With more than one family in a house, trailer, or apartment</li><li><input type="radio"/> In a motel, car, or campsite</li><li><input type="radio"/> With friends or family member (Other than parent/guardian)</li></ul> <p>Continue below if you check any circle in Section A. Complete #2 below and the remainder of this form.</p>	<ul style="list-style-type: none"><li><input type="radio"/> Choices in Section A do not apply</li></ul> <p><b>STOP</b> <b>STOP HERE!</b> If you checked this section, you <u>do not</u> complete the remainder of this form.</p> <p>Submit form to school personnel.</p>

**2. The student lives with:** **REASON:**

- 1 parent
- 2 parents
- 1 parent and another adult
- A relative, friend (s) or another adult (s)
- Alone with no adults
- An adult that is **not** the parent or legal guardian

- Personal choice
- Lack of affordable housing
- Poverty
- Health problems
- Domestic violence
- Natural and other disasters
- Abuse/neglect/abandonment
- None of the above (Explain below)\*

\*Explanation: \_\_\_\_\_

**3. Do non-school-aged siblings reside with this student?  YES  NO** If you checked yes, please list the name and age of each.



# Walthall County School District Active Parent Request Application

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

**ActiveParent** is an online information site for parents and/or guardians to view information about their student's attendance, grades, and discipline.

**ActiveParent** is accessed by logging into <http://ms7400.activeparent.net> or clicking on the link on the Parent's Resource page at <http://www.wcsd.k12.ms.us>. Before you will be able to log in to ActiveParent, you must complete this form and obtain a username and password. We will NOT accept forms with white-out or mark-throughs. Each year you will not have to complete another form. If you need to add another child in the future get a different form from your child's school and add them to this account.

**Parent/Guardian:** (First and Last Name) \_\_\_\_\_

**Registered Residence Address:** \_\_\_\_\_

**We will email you with your login information if you have a valid email address.**

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

	Name (First, Middle and Last)	School	Grade	Sex	Birthdate XX/XX/XXXX
List all of your Children that are currently in school.					

Do you have legal custody of the above listed children? \_\_\_\_\_ Yes \_\_\_\_\_ No

By signing below, I state that I am the authorized legal guardian of the children listed in Walthall County School District and wish to request access to student grades and attendance information. I also realize that I am responsible for safe-guarding my username and password to this secure login site.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrative Purposes**

Documentation shown: \_\_\_\_\_ Driver's License \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Legal custody papers

Driver's License Number: \_\_\_\_\_ Info checked by \_\_\_\_\_ Date: \_\_\_\_\_



MISSISSIPPI  
DEPARTMENT OF  
EDUCATION  
*Ensuring a bright future for every child*



MISSISSIPPI STATE  
UNIVERSITY

Mississippi Migrant Education Service Center  
Identification and Recruitment Parent Survey/Encuesta para Padres de Familia

Nombre de los padres: \_\_\_\_\_  
(Name of the Parents): \_\_\_\_\_

Domicilio: \_\_\_\_\_  
(Address): \_\_\_\_\_

Números para llamar: \_\_\_\_\_  
(Numbers to call): \_\_\_\_\_

Mejor hora para llamar: \_\_\_\_\_  
(Best time to call): \_\_\_\_\_

¿Cuánto tiempo tienen de vivir en este domicilio? \_\_\_\_\_ años (years) \_\_\_\_\_ meses (months)  
(How long has your family lived at your present address?)

¿En cuál condado vivió antes de que se cambiara a la dirección de ahora? \_\_\_\_\_  
(What city/county did you live in before you moved to the address above?)

Por favor ponga en la lista a todos sus hijos menores de 22 años  
(Please list all your children younger than 22 years of age)

Nombre Name	Primer Apellido Last name	Escuela School	Grado Grade	Fecha de Nacimiento Date of Birth

¿Alguien de su familia ha trabajado en algunos de los trabajos que están en esta lista durante los últimos tres años?  Si (yes)  No (No)  
(Has anyone in your family worked at any of the jobs listed below within the last three years?)

Encierre en un círculo los trabajos que haya hecho usted o alguien de su familia. (Please circle the jobs a family member or you have done):



Con el ganado,  
Procesando,  
Empacando  
Feed Cattle,  
Processing



En la Pollería,  
Procesando, Empacando  
Poultry Processing, Packing



Cultivando,  
Preparando la tierra  
Cultivation, Preparation of Soil



La Pesca,  
Procesando Pescado  
Fishing, Processing Fish



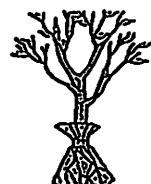
Verduras o camote  
Harvest of fruit and vegetables  
or sweet potatoes



Moliendo Algodón  
Milling, Cotton Gin work



Lechería  
Dairy



Plantando árboles o cortándolos  
Tree planting or cutting



Viveros, plantando plantas, trabajando con la tierra  
Tree Planting, or cutting. Greenhouse, Nursery, Sod



## HOME LANGUAGE SURVEY FOR K-12 SCHOOL DISTRICTS

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

1. What is the dominant language most often spoken by the student? \_\_\_\_\_
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What language was first learned by the student? \_\_\_\_\_
4. Does the parent/guardian need interpretation services?  Yes  No  
If so, what language? \_\_\_\_\_
5. Does the parent/guardian need translated materials?  Yes  No  
If so, what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
MM/YY
7. In what country was the student born? \_\_\_\_\_

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

Date (MM/DD/YY) \_\_\_\_\_

### DISTRICT USE ONLY

Designated English Learner on the LAS Links Screener

DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT					
Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score

**WALTHALL COUNTY SCHOOL DISTRICT**  
**BUS TRANSPORTATION REQUEST AND DISCIPLINE POLICY AGREEMENT**

I request School Bus Transportation for the student(s) listed below. We will comply with the Bus Discipline Policy adopted by the Walthall County Board of Education for the \_\_\_\_\_ school year. I understand that violation of school rules and regulations may result in the loss of bus riding privileges.

**ONE PER FAMILY**

**PRINTED STUDENT NAME**

**Medical Conditions**  
(ex. Allergies, Asthma, Seizures, Diabetes)

1. \_\_\_\_\_

Student Name

Grade

\_\_\_\_\_

2. \_\_\_\_\_

Student Name

Grade

\_\_\_\_\_

3. \_\_\_\_\_

Student Name

Grade

\_\_\_\_\_

4. \_\_\_\_\_

Student Name

Grade

\_\_\_\_\_

5. \_\_\_\_\_

Student Name

Grade

\_\_\_\_\_

6. \_\_\_\_\_

Student Name

Grade

\_\_\_\_\_

Printed Name of Parent/Guardian

**Request Transportation for:**

A.M. \_\_\_\_\_

P.M. \_\_\_\_\_

If AM or PM address is different from  
911 address provided, please indicate  
and explain on the lines below:

Signature of Parent/Guardian

\_\_\_\_\_

911 Address

AM BUS # \_\_\_\_\_ PM BUS # \_\_\_\_\_  
(Transportation Office Use ONLY)

City/State/Zip

Transportation Director Signature  
Date: \_\_\_\_\_

Home / Cell Phone / Work Phone

Emergency Phone / Work Phone

If you have any questions regarding  
Transportation of your child(ren) please  
contact Mr. Shawn Hebert, Transportation  
Director at : 601-222-1517.

Date