



**MADISON CO SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**

Complete one form for each child  
in the household that is  
enrolling in MCSD.

**PLEASE PRINT**

**DISTRICT OFFICE USE ONLY**

Household: \_\_\_\_\_ School Assigned: \_\_\_\_\_

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

Previous School: \_\_\_\_\_ Previous County/District: \_\_\_\_\_

**SECTION 1: STUDENT INFORMATION**

**STUDENT'S LEGAL NAME:**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ NAME CALLED: \_\_\_\_\_

GRADE: \_\_\_\_\_ GENDER:  MALE  FEMALE NAME SUFFIX:  SR  JR  I  II  III  IV

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

**RACE (CHECK ALL THAT APPLY)**

- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- White

**IS THIS STUDENT HISPANIC OR LATINO?**

- YES
- NO

**SECTION 2: HOUSEHOLD INFORMATION**

**PRIMARY PHYSICAL ADDRESS:**

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

**MAILING ADDRESS IF DIFFERENT:**

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

Pick one listed above to receive any school mailings:  Primary  Mailing

**PRIMARY PHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**PRIMARY EMAIL ADDRESS:** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN(S) LIVING IN THIS HOUSEHOLD:**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AT ANY TIME DURING THIS SCHOOL YEAR, IS/WAS THIS PARENT OR GUARDIAN:**

- IN ACTIVE DUTY MILITARY  YES  NO
- IN THE MILITARY RESERVES  YES  NO

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AT ANY TIME DURING THIS SCHOOL YEAR, IS/WAS THIS PARENT OR GUARDIAN:**

- IN ACTIVE DUTY MILITARY  YES  NO
- IN THE MILITARY RESERVES  YES  NO

**SIBLINGS (AGE 18 YEARS OR UNDER)**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HAS STUDENT EVER ATTENDED SCHOOL IN MCSD? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT GRADE? \_\_\_\_\_ WHAT SCHOOL? \_\_\_\_\_

**HAS THIS STUDENT EVER RECEIVED SERVICES THROUGH ANY OF THE FOLLOWING PROGRAMS? (CHECK ALL THAT APPLY)**

- SPECIAL EDUCATION  SPEECH  ESOL  TITLE I  SST  EIP  GIFTED  504

**DOES THIS STUDENT HAVE A CURRENT IEP?** \_\_\_\_\_

**DOES THIS STUDENT HAVE A CURRENT 504 PLAN?** \_\_\_\_\_

**COUNTRY OF BIRTH** \_\_\_\_\_

**DATE ENTERED US** \_\_\_\_\_

**PARENT COMMUNICATION LANGUAGE** \_\_\_\_\_

**WHO HAS LEGAL CUSTODY?**

- Both Biological/Adoptive Parents
- Biological/Adoptive Father
- Biological/Adoptive Mother
- Grandparent(s)
- Guardian(s)
- Ward of Court

**WHO DOES STUDENT LIVE WITH?**

- Both Biological/Adoptive Parents
- Biological/Adoptive Father
- Biological/Adoptive Mother
- Step parent
- Grandparent(s)
- Guardian(s)
- Agency/Social Services
- Foster parent(s)
- Alone
- Student's spouse/partner
- Other relative(s)
- Other: \_\_\_\_\_

**ADDITIONAL RESIDENCY INFORMATION**

**DO ANY OF THE FOLLOWING LIVING SITUATIONS APPLY TO YOUR STUDENT AND/OR FAMILY? CHECK ALL THAT APPLY.**

- Sharing the housing of others due to loss of housing, economic hardship or similar reason.
- Living in a shelter such as family, youth, domestic violence, or FEMA
- Living in a car, park, campground, or other inadequate accommodations
- Living alone as a minor student without a parent or legal guardian
- Temporarily living in a motel or hotel

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

SECONDARY HOUSEHOLD INFORMATION: THIS SECTION IS FOR PARENT/GUARDIANS NOT LIVING IN THE PRIMARY HOUSEHOLD. ONLY INCLUDE PARENTS THAT ARE AUTHORIZED TO HAVE CONTACT WITH STUDENT, BUT DO NOT LIVE IN THE STUDENT'S PRIMARY RESIDENCE. THESE PEOPLE WILL BE ALLOWED TO PICK UP STUDENT.

**NAME OF PARENT/GUARDIAN(s) NOT LIVING IN THIS HOUSEHOLD:**

(1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AT ANY TIME DURING THIS SCHOOL YEAR, IS/WAS THIS PARENT OR GUARDIAN:**IN ACTIVE DUTY MILITARY  YES  NOIN THE MILITARY RESERVES  YES  NO**SHOULD THIS PERSON HAVE ACCESS TO PARENT PORTAL? \_\_\_\_\_ SHOULD THIS PERSON RECEIVE SEPARATE MAILINGS FROM SCHOOL? \_\_\_\_\_**

(1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AT ANY TIME DURING THIS SCHOOL YEAR, IS/WAS THIS PARENT OR GUARDIAN:**IN ACTIVE DUTY MILITARY  YES  NOIN THE MILITARY RESERVES  YES  NO**SHOULD THIS PERSON HAVE ACCESS TO PARENT PORTAL? \_\_\_\_\_ SHOULD THIS PERSON RECEIVE SEPARATE MAILINGS FROM SCHOOL? \_\_\_\_\_****CONTACT INFORMATION:** THESE PEOPLE WILL BE AUTHORIZED TO PICK UP AFTER SCHOOL OR FOR EMERGENCIES. THEY WILL NOT HAVE ACCESS TO PARENT PORTAL OR BE ALLOWED TO CHECK STUDENTS OUT EARLY WITHOUT A NOTE FROM PARENT OR GUARDIAN.

(1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(2) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(3) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION:**

HAS THIS STUDENT EVER BEEN RETAINED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHAT GRADE? \_\_\_\_\_ WHAT SCHOOL? \_\_\_\_\_

DID THIS STUDENT ATTEND PRESCHOOL OR PRE-K? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

LIST ALL OTHER SCHOOLS THIS STUDENT HAS ATTENDED THIS SCHOOL YEAR: \_\_\_\_\_

**MEDICAL INFORMATION:****ALLERGIES. LIST ALL KNOWN ALLERGIES:**

\_\_\_\_\_

\_\_\_\_\_

**ILLNESSES / CONDITIONS. INCLUDE ANY PHYSICAL OR NERVOUS CONDITIONS FOR WHICH YOUR CHILD IS RECEIVING TREATMENT:**

\_\_\_\_\_

\_\_\_\_\_

**MEDICINES. INCLUDE NAMES AND DOSAGE INFORMATION FOR ALL PRESCRIPTIONS. IF MEDICINE IS TO BE DISPENSED DURING SCHOOL HOURS, A SEPARATE PERMISSION FORM MUST BE COMPLETED WITH SCHOOL NURSE. MEDICINE (PRESCRIPTION OR OVER-THE-COUNTER) CANNOT BE BROUGHT TO SCHOOL ON THE BUS.**

\_\_\_\_\_

\_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHYSICIAN'S PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

IN CASE OF A LIFE-THREATENING EMERGENCY, THE SCHOOL WILL TELEPHONE EMERGENCY MEDICAL SERVICES (911) FOR IMMEDIATE TRANSPORTATION TO THE CLOSEST HOSPITAL. PLEASE SIGN BELOW INDICATING THAT THE SCHOOL HAS THE RIGHT TO TRANSPORT AND TO AUTHORIZE TREATMENT BY THE HOSPITAL EMERGENCY STAFF FOR YOUR CHILD.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ HOSPITAL PREFERENCE: \_\_\_\_\_

**TRANSPORTATION:**

HOW WILL YOUR CHILD GET TO SCHOOL EACH MORNING? CAR \_\_\_\_\_ BUS \_\_\_\_\_ BUS # \_\_\_\_\_ - \_\_\_\_\_ BUS DRIVER NAME: \_\_\_\_\_

HOW WILL YOUR CHILD ROUTINELY GET HOME EACH AFTERNOON? CAR \_\_\_\_\_ BUS \_\_\_\_\_ BUS # \_\_\_\_\_ - \_\_\_\_\_ BUS DRIVER NAME: \_\_\_\_\_

**FOR ELEMENTARY SCHOOL STUDENTS:** WILL THE CHILD ATTEND THE AFTER-SCHOOL PROGRAM? YES/NO \_\_\_\_\_ DAYS? \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F**FOR MCHS STUDENTS:** WILL STUDENT DRIVE TO/FROM SCHOOL? YES/NO \_\_\_\_\_

CAR MAKE: \_\_\_\_\_ CAR MODEL: \_\_\_\_\_ LICENSE PLATE NO: \_\_\_\_\_

**▶ I CERTIFY THAT I AM EITHER:** A RESIDENT OF MADISON COUNTY  AN EMPLOYEE OF MADISON COUNTY SCHOOL DISTRICT

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**▶ YOU ARE RESPONSIBLE FOR INFORMING THE SCHOOL/DISTRICT TO ANY CHANGES TO THE ABOVE STUDENT'S INFORMATION. PLEASE CONTACT YOUR CHILD'S SCHOOL OFFICE TO DETERMINE IF THE CHANGES WILL NEED TO BE MADE AT THE SCHOOL OFFICE OR AT THE DISTRICT OFFICE.**



# Central Registration: Proof of Residency (Revised 12-18-2013)

1. I, along with my child/children, live in Madison County, Georgia at the following address:

\_\_\_\_\_

2. I, along with my child/children, am a legal resident of Madison County.

To be enrolled in Madison County Schools, students must reside full-time in Madison County with their natural parent(s), legal guardian(s), or legal custodian(s); (This statement does not apply to students under the McKinney-Vento Act). A resident is defined as an individual who is a full-time occupant of a dwelling located in Madison County and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the county but does not reside in the county, is not considered a resident for the purpose of this form.

3. I, along with my child/children, can prove residence in Madison County in one of the following ways:

a. \_\_\_ I currently own land and dwelling **as my primary residence** in Madison County. Provide a copy of current mortgage agreement or home insurance document.

b. \_\_\_ I pay rent to \_\_\_\_\_. Provide a copy of current rental or lease agreement.

If living with a Madison County resident or renting in Madison County, the **homeowner** must have their signature notarized below or accompany you to register the child (bring homeowner's photo identification and his current bill).

c. \_\_\_ I have electrical service in the name of \_\_\_\_\_ with  Jackson Electric Membership  Georgia Power Company. Provide a copy of current power or water bill.

d. \_\_\_ I have telephone or water service in the name of \_\_\_\_\_ with the \_\_\_\_\_ telephone company. Provide a copy of current landline telephone or water bill.

**I SWEAR THAT I AM A FULL-TIME RESIDENT OF MADISON COUNTY AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.**

False Swearing Notice (O.C.G.A. § 16-10-71)

(a) A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.

(b) A person convicted of the offense of false swearing shall be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

\_\_\_\_\_  
Parent/Guardian Name (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner Name (if applicable, see 3.c.)

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature



## Kindergarten Questionnaire (03-2010)

Child's Name: \_\_\_\_\_

Did your child attend a 4-year old PreK or PreSchool Program?

If yes, what was the name of the school/center?

County \_\_\_\_\_ State \_\_\_\_\_

Does your child participate in the FERST Foundation Book Program?

If yes, please state how long.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Can your child tell his / her birthday?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Your child can count to:

\_\_\_\_\_

Can your child tie his/her shoes?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Can your child dress himself/herself?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Can your child speak in complete sentences?

(As opposed to speaking in one or two-word statements?)

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child tell an adult what he/she needs or wants?

(As opposed to misbehaving to get his/her way?)

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child try to solve his/her own problems before asking for help?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Can your child name familiar objects?

\_\_\_\_\_ Yes \_\_\_\_\_ No

How many siblings does your child have that live in your home?

\_\_\_\_\_

What was the last grade completed by the mother?

\_\_\_\_\_

What was the last grade completed by the father?

\_\_\_\_\_

Is your child sick a lot?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, describe the illness:

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Parent Occupational Survey**

**Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C**

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No
2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years?  Yes  No

**If you answer "yes", check all that applies:**

- 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial fishing or fish farms
- 7) Other (Please specify occupation): \_\_\_\_\_

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 201 West Lee Street, Brooklet, GA 30415  
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
Toll Free (866) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • [www.gadoe.org](http://www.gadoe.org)

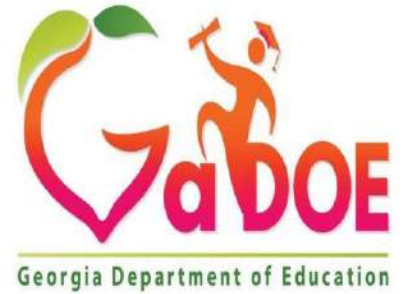
Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



# Madison County School District

## State-required Home Language Survey Questions



Dear Parent or Guardian:

The state requires the District to collect a Home Language Survey for every **new student**. This information is used to identify students who may need English language instruction. Students whose primary or first language is not English must be screened to determine eligibility. Please answer the questions below to help us identify if your child may need to be assessed for English Language proficiency. Thank You.

### Student Name (required):

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### Home Language Survey Questions (required):

1. Which language does your child best understand and speak?

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2. Which language does your child most frequently speak at home?

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3. Which language do adults in your home most frequently use when speaking with your child?

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\_\_\_\_\_  
**Signature of Parent/Guardian/Other (required)**

\_\_\_\_\_  
**Date (required)**

In addition, the state requires the district to collect your family's preferred language for school communication. Thank you for indicating this below.

### Household Preferred Language for School Communication:

In which language would you prefer to receive school information? \_\_\_\_\_



## Social Security Number Permission to Use / Waiver from Use

We request a Social Security number for each child that attends school in the Madison County School District. The law (O.C.G.A 20-2 150(d) ) authorizes the school system to request the provision of the student Social Security number. The Social Security Number is used to identify the student. However, providing the Social Security Number of the student is voluntary. We also ask to make a copy of the card. Please complete the form below.

I release the Social Security Number for:

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I DO NOT wish to release the Social Security number for:

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

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

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



# Authorization to Request Student Records (10-2015)

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

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

School Previously Attended: \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

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

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

County: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

The above student has enrolled in our school. We request you send the following information and any other information that would benefit our record keeping.

- Birth Certificate
- Immunization Record
- Complete Transcript of Grades / Test Scores
- Psychological Reports / IEP for Special Education
- Discipline Record
- Social Security / FTE Number
- Hearing / Vision / Dental Forms
- EIP Information
- Attendance Record
- Court Documents

Please check if Student is enrolled in any of the following:

- |                               |  |   |
|-------------------------------|--|---|
| <input type="checkbox"/> SST  | <input type="checkbox"/> Special Education | <input type="checkbox"/> Title I (Reading/Math) |
| <input type="checkbox"/> EIP  | <input type="checkbox"/> Speech            | <input type="checkbox"/> Challenge/Gifted       |
| <input type="checkbox"/> ESOL | <input type="checkbox"/> 504 Plan          |   |

Parent Signature: \_\_\_\_\_

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

### Please send records to:

- \_\_\_\_\_ Colbert Elementary School • 255 Colbert School Rd • Colbert, GA 30628 • (706) 788-2341 • Fax (706) 788-3619
- \_\_\_\_\_ Comer Elementary School • 565 Gholston St • Comer, GA 30629 • (706) 783-2797 • Fax (706) 783-3138
- \_\_\_\_\_ Danielsville Elementary School • 900 Madison St • Danielsville, GA 30633 • (706) 795-2181 • Fax (706) 795-5420
- \_\_\_\_\_ Hull-Sanford Elementary School • 9193 Fortson Store Rd • Hull, GA 30646 • (706) 353-7888 • Fax (706) 546-0303
- \_\_\_\_\_ Ila Elementary School • P.O. Box 48 • Ila, GA 30647 • (706) 789-3445 • Fax (706) 789-2528
- \_\_\_\_\_ Madison County Middle School • 3215 Hwy 172 • Comer, GA 30629 • (706) 783-2400 • Fax (706) 783-4390
- \_\_\_\_\_ Madison County High School • 600 Madison St • Danielsville, GA 30633 • (706) 795-2197 • Fax (706) 795-3116

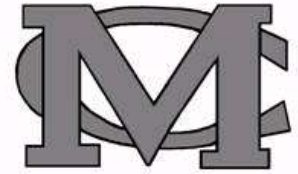
**According to Section 1232g, of the Family Educational Rights & Privacy Act (FERPA)-2- US Code, written parental consent is not required when student records are sent from a school or school system to a school or school system where a student is seeking to enroll.**

### School/District Use Only

Date request sent: \_\_\_\_\_ Date records received: \_\_\_\_\_



**MADISON COUNTY SCHOOL DISTRICT**  
**Authorization to Transfer Records (Grades 6-12)**



I, \_\_\_\_\_, hereby authorize  
(Student, Parent, Guardian)

\_\_\_\_\_  
(School last attended) (Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

To release all academic and disciplinary records for  
\_\_\_\_\_ born on \_\_\_\_\_  
(Name of Student) (Birth Date)

**Has the student been found guilty of or adjudicated to have committed, been indicted for, or had information filed for the commission of any felony or any delinquent act, including, but not limited to, the following? \_\_\_ Yes \_\_\_ No**  
**If yes, please circle all that apply to the student.**

1. Manufacture, possession, transportation, distribution or use of a hoax destructive device or detonator and interference in the detection, disarming, or destruction of a destructive device (2<sup>nd</sup> offense)
2. Murder
3. Voluntary manslaughter
4. Rape
5. Aggravated sodomy
6. Aggravated child molestation
7. Aggravated sexual battery
8. Armed robbery with a firearm
9. 2<sup>nd</sup> offense of motor vehicle theft
10. 2<sup>nd</sup> offense of theft of a motor vehicle by deception
11. 2<sup>nd</sup> offense of theft of a motor vehicle by conversion
12. 2<sup>nd</sup> offense of theft by receiving of a stolen motor vehicle
13. 2<sup>nd</sup> offense of theft by bringing stolen motor vehicle into the state
14. Attempt or conspire to commit any offense involving a real or hoax destructive device or detonator, bomb or poisonous gas
15. 2<sup>nd</sup> offense of interference with a law enforcement officer, fireman, EMT, drug dog or law enforcement robot
16. Association with a street gang
17. Possession of pistol or revolver (2<sup>nd</sup> offense)
18. Kidnapping
19. 1<sup>st</sup> degree arson
20. Aggravated assault
21. 2<sup>nd</sup> degree arson
22. Aggravated battery
23. Robbery
24. Armed robbery not involving a firearm
25. Battery of school personnel
26. Attempted murder
27. Attempted kidnapping
28. Possession of a weapon on school property, including buses, or in a school zone, or at a school function
29. Hijacking a motor vehicle
30. Manufacture, transportation, distribution possession, use of offer of distribution of an explosive device, poison gas or detonator
31. 3<sup>rd</sup> offense of any act, which, if committed as an adult would be a felony
32. Trafficking in cocaine, illegal drugs, marijuana or methamphetamine
33. Racketeering
34. Escape after being found guilty of a felon

**State student was found guilty of or adjudicated to have committed, been indicated for, or had information filed for the Commission of any felony or any delinquent act: \_\_\_\_\_.** Jurisdiction in which offense committed: \_\_\_\_\_  
**Court: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_.** Sentence Imposed: \_\_\_\_\_.  
**Student currently serving a suspension of expulsion \_\_\_ Yes \_\_\_ No.** If yes, what school district imposed the suspension or expulsion? \_\_\_\_\_

*I understand that if the student is enrolled, it is on a conditional basis until the student's records are received. I further understand that the student may be found ineligible for enrollment at this time or when the records are received based on information about current suspensions, expulsions, or criminal acts obtained from the student's records and court records. I certify that the information provided above is true to the best of my knowledge.*

**Signature of Student, Parent, Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Madison County Charter School System Student Device Loan Form



## Purpose

Madison County Charter School System (MCCSS) is providing students with a learning device to support the continuation of teaching and learning through online software and Internet resources.

## Student's/Parent's Responsibilities

- The Learning Device is provided for the student only. Student ID and password are required to access the device.
- The student is required to practice good digital citizenship and adhere to the Acceptable Use Policy IFBG-R (available in student handbook and online).
- Student/Parent agrees to use the device for learning during the period of assignment, protect the device, maintain it, and promptly return the device (including power cable) when requested.
- The Learning Device will remain checked out to the student until it is returned to the issuing school. This means that the record will follow the student until the equipment has been returned in the same condition that it is issued (reasonable wear is expected).
- If the device is stolen, you are required to file a police report and notify the school. If the device is lost, stolen, or damaged, you are responsible for repairs or replacement.
- MCCSS has a protective measure in-place when devices are used inside the District and/or on-campus. Students are expected to abide by District policies when using District devices on and off-campus. Parents/Guardians are responsible for monitoring students during off-campus device use.
- MCCSS reserves the right to monitor all devices and network use. Users must be aware there is no expectation of privacy when using district owned devices (at home or at school), networks, and network resources including the Internet and electronic communication.

By accepting the Learning Device, I agree with the Student's/Parent's Responsibilities.

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_

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### SCHOOL USE ONLY

School Site: \_\_\_\_\_ Check out date: \_\_\_\_\_

Equipment Returned Date: \_\_\_\_\_

Student or Guardian Signature: \_\_\_\_\_

School Staff Signature: \_\_\_\_\_