



# ***South Panola School District***

*209 Boothe Street, Batesville, Mississippi 38606*

*Phone (662) 563-9361/Fax (662) 563-6077*

*Web Site: [www.southpanola.k12.ms.us](http://www.southpanola.k12.ms.us)*

*Providing Opportunities for Educational Excellence*

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***Tim Wilder, Superintendent***

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## **Kindergarten Registration**

*\* Registration will not be complete until all required documents and completed forms are received.*

*\* Drop off completed packets Thursday, May 14<sup>th</sup> between 7:00 am – 9:00 am & 2:00pm – 6:00 pm*

### **Documents Needed:**

- ☐ A copy of the enrolling child's certified birth certificate
- ☐ A copy of Immunization Form 121
- ☐ A copy of the enrolling child's Social Security card
- ☐ Proof of Residency (2 proofs of 911 address)
- ☐ Proof of physical custody *(if applicable)*

### **Enclosed Forms to be completed:**

- ☐ New Student Enrollment Application
  - ☐ Kindergarten Emergency Information Form
  - ☐ Home Language Survey
  - ☐ Health Card
  - ☐ Prior Educational Experience Form
  - ☐ Photo/Video Permission Form
  - ☐ Corporal Punishment Form
  - ☐ Acceptable Internet Use Policy Agreement
  - ☐ Mississippi Migrant Family Survey *(if applicable)*
  - ☐ Homeless Assistance Form *(if applicable)*
  - ☐ Application for Certified Mississippi Birth Certificate *(if needed)*
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# SOUTH PANOLA SCHOOL DISTRICT

## DECLARATION OF RESIDENCY

Check the appropriate school according to South Panola Intradistrict Attendance Zones.

Batesville Elementary ( )	Batesville Middle ( )	Pope Elementary/Junior High ( )
Batesville Intermediate ( )	Batesville Junior High ( )	South Panola High ( )

STUDENT \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 Last Name First Name Middle

911 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

I certify that I am the parent or guardian of the above named student and said student resides with me in the South Panola School District at the address written above. I further certify that I have knowledge, and am aware of, and have received a copy of the South Panola School District's policy wherein if a student is found to be an **OUT OF DISTRICT/OUT OF CORRECT ATTENDANCE ZONE** student without proper authorization, according to Mississippi Code (37-15-13) and South Panola School Board District Policy (July 20, 1970)), then that student will be dismissed from the South Panola School District/or asked to transfer immediately to the proper school according attendance zone regulations.

I further certify that I have knowledge and agree that periodic checks will be made of students attending the South Panola School District, by authorized personnel of the District. I further certify and agree that I will indemnify the South Panola School District for all cost of enrolling and educating said student from this date forward should this statement be determined to be false. I agree to notify the Principal of any change of residence of the student.

**Proofs of residence must be presented to your child's school in order to finalize the registration process.**

1. Proofs of residence must be presented to your child's school in order to finalize the registration process.

Parent(s) or legal guardian(s) of students enrolled or seeking to enroll must provide this district with at least two of the items numbered (a) through (i) below as verification of their 911 address, a document with a post office box only as an address will not be accepted.

- Filed Homestead Exemption Application Form,
- Mortgage Documents or property deed – must have 911 address,
- Apartment or home lease or rental agreement signed by both parties,
- Utility Bills,
- Voter Precinct Identification – no applications, must have card
- Automobile registration,
- Affidavit – if you live with someone and proofs are in their name they must come in with you and bring proofs,
- Any other documentation that will objectively and unequivocally establish that the parent or guardian resides within the school district – government documents that include 911 address, cellphone bills, Driver's License, Government issued ID with 911 address,
- Certified copy of filed Petition for Guardianship if pending and final decree when granted.

2. In addition to the residency proofs, Parents/Legal Guardians of students entering South Panola Schools for the first time will have to provide:

- Student's final report card and a transcript of courses completed if the student is in high school,
- Certified Birth Certificate,
- Record of Immunizations transferred to a Mississippi 121 Form (can be obtained from the Health Department),
- Students from schools or programs (including correspondence, tutorial, or home study) that are not accredited by a state or regional agency must undergo standardized achievement tests and/or teacher-made special tests to determine; (1) the grade to which the elementary transfer student should be assigned or (2) the number and validity of the Carnegie units the secondary transfer student has earned.

**Please Note:** If any of the requested proofs of residency are not available for any reason, a separate affidavit must be completed, notarized and presented to the school. The affidavit must be accompanied by separate alternative proofs deemed acceptable. Failure to complete these requirements prior to the date assigned by the administration of the district will result in your child not being issued or assigned a teacher.

WITNESS my signature, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Parent or Guardian

### CERTIFICATE OF WITNESS

I certify that I witnessed the above named parent or guardian, read or have read to the said parent or guardian the above Declaration of Residency and that I witnessed the parent or guardian sign the same on the date above written.

\_\_\_\_\_  
 Witness

**Documents that CAN be used for Residency:**

1. Governments issued paperwork that does not have private information
2. Telephone or cellphone bill
3. Driver's License
4. Government issued ID with 911 address

**Items NOT to be used for Residency:**

1. Bank Statement
2. Doctor Bills
3. Rent Receipts
4. Loan Papers
5. W2 forms
6. Rent to Own Bill Statements
7. General Mail
8. Statement of Purchase such as Tires, Furniture or Appliance

# SOUTH PANOLA SCHOOL DISTRICT ENROLLMENT APPLICATION

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Social Security # \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Race/Ethnic Origin \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Spoken Language: English \_\_\_\_\_ Other(specify) \_\_\_\_\_

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

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Name	Birth date	Education: H.S., college, GED, etc.	Employer	or	Military Branch	Cell Phone	Work Phone
Mother (include maiden name)							
Father							
Guardian/Step-Parent							

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (specify) \_\_\_\_\_

List Other Children	Sex	Age	Grade	List Other Children	Sex	Age	Grade	List Other Children	Sex	Age	Grade
1.				2.				3.			

EMERGENCY INFORMATION: List the names and phone numbers of emergency contacts to pick up your child if you are not available.

1. \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

2. \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

FAMILY PHYSICIAN LOCATED IN OR NEAR BATESVILLE: Name \_\_\_\_\_ Office Number \_\_\_\_\_

CURRENT MEDICATIONS (List all medications and reason(s) for prescriptions.):

Does your child have a medical condition we should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain \_\_\_\_\_

Name & address of previous school, Head Start, or daycare center \_\_\_\_\_

**AIM Notification phone number(s)** \_\_\_\_\_  
**Primary Phone Number**

\_\_\_\_\_  
**Secondary Phone Number**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



## Kindergarten Emergency Information Form

Student's Name: \_\_\_\_\_  
Last First Middle

Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: male or female

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

911 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: ☐ Same as above \_\_\_\_\_

Medical History or Known Allergies: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Highest Grade Level: \_\_\_\_\_

☐ Deceased

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Military: Yes or No If yes, Active or National Guard Mother's Cell#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Highest Grade Level: \_\_\_\_\_

☐ Deceased

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Military: Yes or No If yes, Active or National Guard Mother's Cell#: \_\_\_\_\_

Child lives with: ( ) Both parents ( ) Mother ( ) Father ( ) Guardian

Marital status of parents: ( ) Married ( ) Divorced ( ) Separated ( ) Single ( ) Other

If parents are divorced, is there any custody documentation? ( ) Yes ( ) No

Internet Access at home: ( ) Yes ( ) No If yes, email address: \_\_\_\_\_

How will your child be transported to and from school? ( ) Bus # \_\_\_\_\_ ( ) Car Rider

Guardian/Step Parent Name (if applicable): \_\_\_\_\_

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

Guardian/Step Parent's Home Phone #: \_\_\_\_\_

The following people have been designated to check out the above student if need arises:

- |                |                                |
|----------------|--------------------------------|
| 1. Name: _____ | Phone Number: _____            |
| Address: _____ | Relationship to student: _____ |
| 2. Name: _____ | Phone Number: _____            |
| Address: _____ | Relationship to student: _____ |
| 3. Name: _____ | Phone Number: _____            |
| Address: _____ | Relationship to student: _____ |

### **Student Accident Insurance is available through the school.**

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor listed above and follow his directions. If the doctor cannot be reached, the school may make whatever arrangements deemed necessary, including transporting to emergency room, home or person listed above as an emergency contact.

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

Date \_\_\_\_\_



## SCHOOL REGISTRATION CARD

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

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

911 Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ S.S. No.: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Occupation: \_\_\_\_\_

Title

Company

Phone

Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Occupation: \_\_\_\_\_

Title

Company

Phone

Have you been expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, doctor to be notified: \_\_\_\_\_ Phone: \_\_\_\_\_

The following people have been designated to check out the above student if need arises:

_____ (Designee's Name)	_____ (Home Phone)	_____ (Office Phone)	_____ (Parent or Legal Guardian's signature)
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_____ (Designee's Name)	_____ (Home Phone)	_____ (Office Phone)	_____ (Parent or Legal Guardian's signature)
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Bus #: \_\_\_\_\_ Car Rider: \_\_\_\_\_ **HPP-806**

# HOME LANGUAGE SURVEY

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  
 Last Name First Name Middle Initial

Parent or Guardian's Name \_\_\_\_\_  
 First Name Middle Initial Last Name

Address \_\_\_\_\_  
 Street City State Zip

Phone Number \_\_\_\_\_  
 Home Work

1. Child's date of birth: \_\_\_\_\_ (Month/Date/Year)  
 Was your child born in the United States? ☐ Yes ☐ No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other country? \_\_\_\_\_  
 If no, date child entered the United States: \_\_\_\_\_ (Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime? ☐ Yes ☐ No  
 If yes, please provide school name(s), state, and dates attended:  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What is the language most frequently spoken at home? \_\_\_\_\_  
 4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Please check if your child is:  
 A. ☐ Native American Indian C. ☐ Native Pacific Islander  
 B. ☐ Alaska Native D. ☐ Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? ☐ Yes ☐ No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside? \_\_\_\_\_  
 8. Which language did your child learn when he/she first began to talk? \_\_\_\_\_  
 9. What language does your child most frequently speak at home? \_\_\_\_\_  
 10. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
 (Mother) \_\_\_\_\_  
 11. Please describe the language understood by your child. (Check only one)  
 A. ☐ Understands only the home language and no English.  
 B. ☐ Understands mostly the home language and some English.  
 C. ☐ Understands the home language and English equally.  
 D. ☐ Understands mostly English and some of the home language.  
 E. ☐ Understands only English.

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

## OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	



Por favor responda  
en inglés.

South Panola School District  
ENCUESTA DE IDIOMA DOMESTICO

Spanish  
Home Language Survey

Fecha 03/24/2016 Escuela Grado

Nombre del menor Primer nombre Inicial del segundo nombre Apellido

Nombre del padre o apoderado Primer nombre Inicial del segundo nombre Apellido

Dirección Calle Ciudad Estado Código postal

Número de teléfono Hogar Trabajo

1. Fecha de nacimiento del menor (Mes/Día/Año)  
¿Nació su hijo/a en Estados Unidos? ☐ Sí ☐ No  
De ser así, ¿en qué estado?  
De no ser así, ¿en qué país?  
Si no, fecha en que el menor ingresó a Estados Unidos: (Mes/Día/Año)

2. ¿Ha asistido su hijo/a a alguna escuela de Estados Unidos durante tres años cualesquiera de su vida? ☐ Sí ☐ No  
Si la respuesta es afirmativa, indique el nombre de la escuela (o escuelas), estado, y fechas de asistencia:  
Nombre de la escuela Estado Fechas de asistencia  
Nombre de la escuela Estado Fechas de asistencia  
Nombre de la escuela Estado Fechas de asistencia

3. ¿Cuál es el idioma que se habla con más frecuencia en el hogar?  
4. Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela?

5. Marque si su hijo(a) es:  
A. ☐ Indio americano nativo C. ☐ Nativo de las islas del Pacífico  
B. ☐ Nativo de Alaska D. ☐ Nativo de las Islas Vírgenes de EE.UU.

6. ¿Es el idioma primario de su hijo(a) o el que se habla en el hogar distinto al inglés? ☐ Sí ☐ No

Si su respuesta a la pregunta 6 es "Sí", responda las siguientes preguntas:

7. ¿En qué país vivió su hijo/a más recientemente?  
8. ¿Qué idioma aprendió su hijo(a) cuando recién comenzó a hablar?  
9. ¿Qué idioma habla en casa su hijo(a) con más frecuencia?  
10. ¿En qué idioma le habla con más frecuencia a su hijo(a)? (Padre)  
(Madre)  
11. Describa el idioma que su hijo(a) entiende. (Marque sólo uno)  
A. ☐ Entiende solamente el idioma del hogar y no inglés.  
B. ☐ Entiende mayormente el idioma del hogar y algo de inglés.  
C. ☐ Entiende el idioma del hogar y el inglés por igual.  
D. ☐ Entiende inglés mayormente y algo del idioma del hogar.  
E. ☐ Entiende inglés solamente.

Firma del padre o tutor

Fecha

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	



## HEALTH CARD

NAME \_\_\_\_\_ (LAST NAME) \_\_\_\_\_ (FIRST NAME) \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SEX \_\_\_\_\_ MEDICAID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DIRECTIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMERGENCY CONTACTS (1) \_\_\_\_\_ PHONE \_\_\_\_\_

(2) \_\_\_\_\_ PHONE \_\_\_\_\_

LIST ANY MEDICATION YOUR CHILD TAKES \_\_\_\_\_

\_\_\_\_\_

ALLERGIES \_\_\_\_\_

## HEALTH CARD

**Check if child has condition and specify below:**

Diabetes ( )	Asthma ( )
Sickle Cell Disease ( )	Does child use rescue inhaler: Yes or No
Seizures ( )	Does child take preventative medication: Yes or No
Bladder/Kidney Problems ( )	Does child take nebulizer treatments: Yes or No
Bowel/Stomach Problems ( )	Date of last asthma attack: _____
Muscle/Skeletal Problems ( )	
Skin Problems ( )	<b>Severe Allergic Reactions: ( )</b>
Heart Issues ( )	List allergy: _____
Vision/Hearing Problems ( )	Does child have Epi-Pen: Yes or No

Comments/ Other: \_\_\_\_\_

I have read the standing orders in the student handbook and give permission for treatment of such conditions, including transportation to the emergency room., doctor's office or home of student or emergency contact. I understand that I am responsible for any bill associated with emergency treatment.

YES \_\_\_\_\_ NO \_\_\_\_\_

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

Student's Doctor: \_\_\_\_\_



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*Tim Wilder*  
*Superintendent*

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## Kindergarten Prior Educational Experience Form 2020-2021

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
MSIS # (Office Use Only)

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

Place an (X) next to the statement that best describes your child's prior educational experience last year.

\_\_\_\_\_ Licensed Child Care Center (example: Daycare)

\_\_\_\_\_ Family/Friend care

\_\_\_\_\_ Head Start

\_\_\_\_\_ Home

\_\_\_\_\_ Pre-K Public School (example: Batesville Elementary Pre-K)

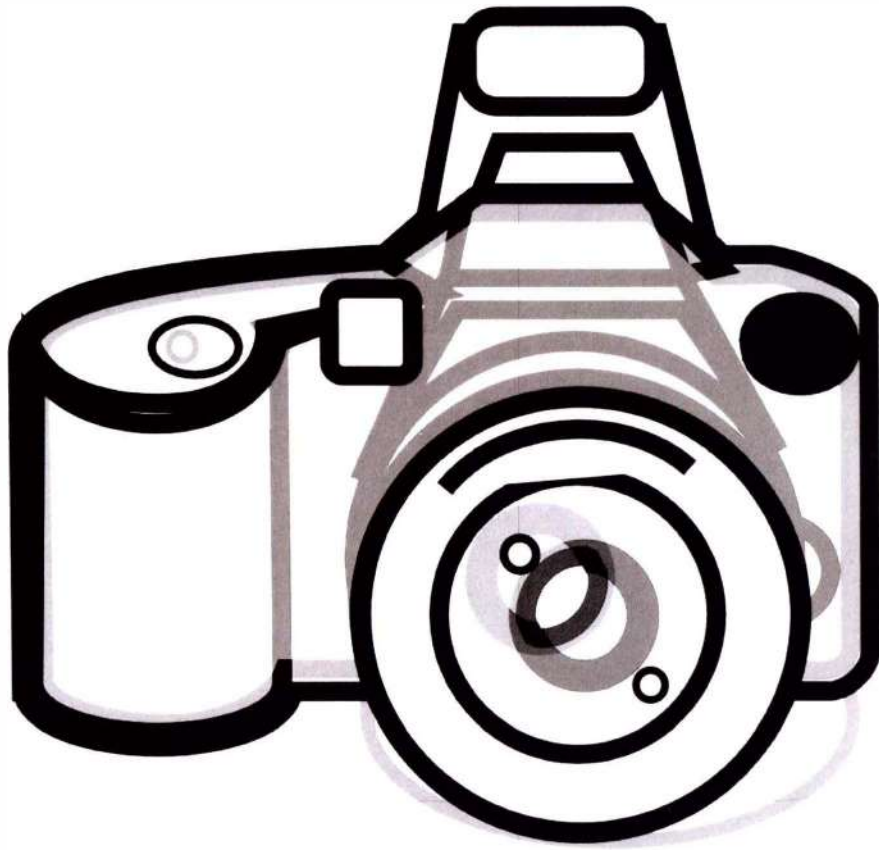
\_\_\_\_\_ Pre-K Private School

### Previous School Attended

- ☐ Batesville Head Start Center
- ☐ First United Methodist Church Children's Center
- ☐ Hoskins Learning Center
- ☐ Jesus Loves Me Children's Center
- ☐ Kid's World
- ☐ Kiddie Korner Learning Center
- ☐ Magnolia Kindergarten Inc.
- ☐ New Beginnings Daycare, LLC
- ☐ Other: \_\_\_\_\_

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

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



## South Panola School District Photo Consent Form

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

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

### Photo/ Video

I authorize South Panola School District (including its related entities) to photograph and/or video my child to use for educational or promotional purposes in school related media. I understand that I will not be paid or rewarded for providing this authorization.

*Mark ONE choice below*

\_\_\_\_\_ Yes, I **do** give authorization for photos and videos for educational purposes.

\_\_\_\_\_ No, I **do not** give authorization for photos and videos for educational purposes.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date





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*Providing Opportunities for Educational Excellence*

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

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

## ***CORPORAL PUNISHMENT***

### **South Panola School District**

South Panola School District uses corporal punishment as a means to correct behavior as stated in the 2020-2021 Student Handbook. Please mark below:

\_\_\_\_\_ South Panola School District Administration has my permission to use corporal punishment as a means to correct behavior. Prior to issuing corporal punishment, a phone call will be made to the parent/guardian.

\_\_\_\_\_ South Panola School District does NOT have my permission to use corporal punishment as a means to correct behavior.

Parent's/Guardian's Signature: \_\_\_\_\_

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

Phone Number: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## Appendix B

# South Panola School Board

## Acceptable Computer, Network Resources and Internet Use Policy Revised May 2019

The South Panola School District School Board wishes to make available to all students and staff access to computers, computer networked resources, and Educational Internet Resources. The SPSD Board also desires these computers, networked resources and the Internet be used in ways appropriate for an educational institution. The intent is to make Computers, Network resources and the Internet available to improve the educational process, enhance student achievement and enhance productivity and related responsibilities and tasks where applicable.

Access to the district's computers and network resources entails responsibility. Access is a privilege, not a right. All users are to be held responsible for appropriate behavior while using school computers, network resources and the Internet just as they are during any other school activity. General rules for behavior and communications apply.

Students, parents, staff and other network users should be aware that illegal and / or objectionable information may be found on the Internet. Be warned that some material accessible via the Internet may contain items that contain illegal, defamatory, objectionable, inaccurate, and / or potentially offensive material. While SPSD will make reasonable attempts to filter objectionable material, the district will not be held responsible for inappropriate material or illegal network actions

Parents and guardians of students should impress upon their children the need for the appropriate use of media and information sources available via the Internet. Be advised, that some courses require Internet access and students must adhere to this policy. Failure to agree and comply with this policy may require the loss of network privileges, the removal of a student from the course, and / or other disciplinary and legal action.

### **Ownership and Privacy issues for Computers and Network Resources**

South Panola School District affirms ownership of computers and network resources that have been purchased with District funding sources. Network supervision and maintenance may require review and inspection of computers, hard drives, cache engines, routers and other electronic devices. The District reserves the right to record and monitor computer usage, access and review stored files, access and review email, messages, links and other forms of electronic communications on Computers and Network Devices within the School District. Courts have ruled that computers, computer hard drives, computer files, email records and other electronic information devices may be subpoenaed, and that appropriate administrators may examine electronic information in order to ascertain compliance with network guidelines for acceptable use.



### **Statements and Disclaimers**

South Panola School District will adhere to the Child Internet Protection Act Legislation, and other state and federal laws with reference to school network resources where applicable.

South Panola Schools may post pictures and names of staff and students on the school's website that are viewable on the World Wide Web. These efforts are being made to give positive exposure to all individuals and related school activities. Persons seeking exclusions to this policy must submit to a School Principal, Director or Superintendent a letter requesting that no information or photos be published for a particular individual.

The School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The school system will not be responsible for any damages suffered by any user. Use of any information via the Internet is at the risk of the user.

### **General guidelines for using computers, network resources and the Internet**

The South Panola School Board has approved a District Internet Safety Policy in addition to this Acceptable Computer, Network Resources and Internet Use Policy to strengthen its stand on Internet Usage. This Internet Safety Policy can be found in the School Board Minutes and is linked from the South Panola School District Home Page.

Individuals will be held responsible for their behavior and communication while accessing network resources and the Internet. Students, staff and other computer network users are responsible for appropriate behavior on computer networks just as they are in a classroom or a school hallway. Some common issues are discussed below:

Don't use school network resources for illegal purpose. Don't pirate software or violate copyright laws. All software installed on district computers must be licensed. Other than district or state provided software, any additional software to be installed must have prior approval of the technology director, principal or superintendent.

Don't search for, access, display or transmit offensive messages or objectionable materials or inappropriate non educational web site information. Don't access or transmit any material that promotes violence or the destruction of property. Don't share passwords or access another user's account. Don't change files, desktop settings, screensavers, or other system/network settings that do not belong to you. Don't post chain letters or engage in "Spamming". Don't use, disclose, disseminate, or divulge personal and/or private information about yourself, minors or any others. Don't employ or perform network actions disruptive to the normal operations of school.

SPSD internet is not to be used as an entertainment box or radio. Technology is not to be used to download music. PBS, educational recordings and speeches for classroom enhancement is encouraged. But, Internet radio for non-educational use is discouraged. Programs like instant messenger or weatherbug should not be installed. Technology is not to be used to play online games, access chat rooms, dating services, or non-instructional bulletin board messaging sites. *Technology resources are provided for educational and school business use.*

Violations may result in a loss of access to computers, network resources, the Internet.



Violations may also include other disciplinary and / or legal action.

Observed abuse of computers, network resources and / or the Internet should be reported to the teacher, supervisor, principal, Technology Director or Superintendent.

### **Network User Agreement**

This Acceptable use policy or its link will be posted in student handbooks, staff handbooks and on the South Panola Website.

For anyone to access the district computer network she/he must agree and adhere to this acceptable use policy.

### **Students and Parents:**

By signing the student handbook; I hereby agree to comply with the South Panola School District Board Policy on acceptable computer, network resources and Internet usage. I understand that my child will be subject to disciplinary action for violations of the Acceptable Use Policy. Violations may result in a loss of access to computers, network resources, the Internet. Violations may also include other disciplinary and / or legal action.

### **Staff:**

By accepting employment with South Panola Schools: I hereby agree to comply with the South Panola School District Board Policy on acceptable computer, network resources and Internet usage. Violations may result in a loss of access to computers, network resources, the Internet. Violations may also include other disciplinary and / or legal action.

Therefore: If you do not agree with this policy and choose not to access South Panola School District computers, networked information resources and the Internet, please notify the school Principal, Technology Director or Superintendent in writing.

### **Guests:**

Parents, Professional Development Guests, Trainers, Insurance Agents or any others that connect or join the SPSD Network - by connecting or joining the SPSD network you are accepting responsibility for appropriate network behavior. You will agree to this Acceptable Use Policy and will be held accountable like all other SPSD network users.

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name & Signature (if needed)

\_\_\_\_\_  
Date

# South Panola School District Technology Agreement

*Please complete and return this page with your completed registration packet*

## South Panola School District Parents & Students

By signing this document; I hereby agree to comply with the South Panola School District Board Policy on acceptable computer, network resources and Internet usage. I understand that my child will be subject to disciplinary action for violations of the Acceptable Use Policy. Violations may result in a loss of access to computers, network resources, and/or the Internet. Violations may also include other disciplinary and / or legal action.

Guests or any others are required to sign below before using South Panola Network Resources.

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Name & Signature

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Date

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Parent/Guardian Name & Signature

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Date

## 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.

 <p>Preparing the land for planting and cultivating vegetables, fruit, sweet potatoes, etc.</p> <p><input type="checkbox"/></p>	 <p>Cutting or picking fruit or vegetables</p> <p><input type="checkbox"/></p>	 <p>Processing fruit or vegetables</p> <p><input type="checkbox"/></p>	 <p>Planting trees, or plants. Working at a Green house</p> <p><input type="checkbox"/></p>	 <p>Working at a dairy farm or at a ranch</p> <p><input type="checkbox"/></p>
 <p>Fishing work</p> <p><input type="checkbox"/></p>	 <p>Working at a poultry farm</p> <p><input type="checkbox"/></p>	 <p>Processing meat at a poultry or any meat processing plant</p> <p><input type="checkbox"/></p>	 <p>Cotton Gin work</p> <p><input type="checkbox"/></p>	<p><b>Another similar type of work.</b> Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>

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



## Mississippi Migrant Education Service Center Encuesta para Padres de Familia

Estimados padres de familia,

Para mejorar los servicios de sus hijos, el distrito escolar está colaborando con el programa para migrantes para identificar a los estudiantes que pudieran calificar para recibir servicios educacionales adicionales. Toda la información proporcionada será mantenida totalmente confidencial. Por favor responda las siguientes preguntas y regrese esta forma a la escuela de su hijo/hija lo más pronto posible.

Nombre del estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_  
Domicilio: \_\_\_\_\_ Condado: \_\_\_\_\_  
Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

¿Cuánto tiempo tienen de vivir en este domicilio? \_\_\_\_\_ años \_\_\_\_\_ meses

En los últimos 3 años, ¿usted o alguien de su familia ha trabajado en alguno de los trabajos en las fotos? SÍ o NO  
Si eligió SÍ, por favor marque (X) en todos los trabajos de abajo que apliquen.

 Preparando la tierra para plantar y cultivar verdura, fruta, camote, etc. <input type="checkbox"/>	 Cortando o pizcando fruta o verdura <input type="checkbox"/>	 Procesando fruta o verdura <input type="checkbox"/>	 Plantando árboles o plantas o trabajando en un vivero <input type="checkbox"/>	 Trabajando en una lechería o en un rancho <input type="checkbox"/>
 Trabajando en la pesca <input type="checkbox"/>	 Trabajando en granjas de aves <input type="checkbox"/>	 Procesando carne en pollerías o en una planta de matanza <input type="checkbox"/>	 Moliendo algodón <input type="checkbox"/>	<p>Otro trabajo similar. Favor de explicar:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Nombre del padre/guardián: \_\_\_\_\_  
Números de teléfono para poder llamarle: \_\_\_\_\_  
Mejor hora para comunicarnos con usted: \_\_\_\_\_

Por favor anote todos los niños que residen en el hogar y que son menores de 22 años

Nombre	Apellido(s)	Escuela (si están matriculados)	Grado	Fecha de Nacimiento

# Stewart B. McKinney Homeless Assistance Act

## Student Identification For Referral and Eligibility Form

Section I: Student Information, Fill in all blanks, if possible.

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

Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Section II: Eligibility Criteria, at least one (1) item must be marked.

\_\_\_\_\_ Child does not reside with a parent or legal guardian.

\_\_\_\_\_ Family resides in substandard housing.  
(Lacks or has inadequate utilities, excessive holes in floors, cardboard walls, window, etc.)

\_\_\_\_\_ Parents/Guardians are migrant workers.

\_\_\_\_\_ Child/Family resides in temporary shelter.  
(Runaway, throwaways, domestic violence, substance abuse, etc.)

\_\_\_\_\_ Child/Family resides with relatives or friends temporarily.  
(i.e. Job or housing loss, other income loss, "doubling up" families, affidavit, etc.)

\_\_\_\_\_ Child/Family resides in non/sub-standard domiciles or on the "streets."  
(Tents, vehicles, buses, abandoned buildings, condemned areas, etc.)

\_\_\_\_\_ Child/Family has a primary nighttime residence in a supervised public/private operated.

\_\_\_\_\_ Shelter. ( Shelters, transitional housing, transient / welfare hotels, etc.)

\_\_\_\_\_ Parent/Guardian in placement of an institution.  
(i.e., jail / prison, mentally ill facility, etc.)

\_\_\_\_\_ Child in Foster Care.



# APPLICATION FOR CERTIFIED MISSISSIPPI BIRTH CERTIFICATE

Mississippi State Department of Health  
Vital Records  
Post Office Box 1700, Jackson, Mississippi 39215-1700

FULL NAME ON BIRTH RECORD		FIRST	MIDDLE	LAST
HAS NAME CHANGED SINCE BIRTH?		If so, what was original name?		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
DATE OF BIRTH	MONTH	DAY	YEAR (4 digit)	STATE FILE NUMBER IF KNOWN
PLACE OF BIRTH	COUNTY	CITY	STATE	
SEX	RACE			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
NAME/LAST NAME MOTHER OR PARENT	FIRST	MIDDLE	LAST (MAIDEN)	
NAME/LAST NAME FATHER OR PARENT	FIRST	MIDDLE	LAST (MAIDEN)	
PERSON REQUESTING CERTIFIED COPY				
RELATIONSHIP TO APPLICANT		PURPOSE FOR WHICH NEEDED		
SIGNATURE OF APPLICANT		DATE		

A BIRTH RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A **NON REFUNDABLE** SEARCH FEE OF \$17.00 AND VALID PHOTO IDENTIFICATION.

Pursuant to Section 41-57-2 of the Mississippi Code of 1972, Annotated and as defined by Mississippi State Board of Health Rules and Regulations only person having legitimate and tangible interest in a birth certificate is entitled to obtain a copy. Anyone obtaining a copy of a birth certificate under false pretenses is subject to the penalties as described in Section 41-57-27 of the Mississippi Code.

The \$17.00 fee entitles the applicant to one certified copy of the birth record on file of if the record is not found a "Not on File" statement will be issued.

\$ 17.00	X	1	=	\$17.00
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**Additional Certified copies** of the same record ordered at the same. \$6.00 for each additional certified copy.

\$ 6.00	X		=	\$0.00
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**TOTAL AMOUNT ENCLOSED.** Check (personalized with name, address, and bank branch name and address printed on check) or Money Order payable to Mississippi Vital Records. Mississippi law allows an additional service charge for dishonored checks. **(DO NOT SEND CASH)**

		No. of copies	Amt. Enclosed
TOTALS		1	\$17.00

## PHOTO IDENTIFICATION REQUIRED

Failure to provide the proper identification will result in the application being returned to you without processing. Acceptable forms of identification are: **Valid Driver's License, State Issued Identification Card, Passport, and/or Military Identification Card, Valid School, College or University Identification.** (See back for other acceptable forms.).

## MAILING ADDRESS REQUIRED REGARDLESS OF DELIVERY METHOD

Applicant Name (Type or Print)			
Delivery Address (include APT number)			
City	State	ZIP Code	Phone Number, including area code

DO NOT WRITE IN THE SPACES BELOW – FOR OFFICE USE ONLY

12 – 36	S.C.	SUP.
37 – 66	S.C.	P.



## INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

### Eligibility:

A certified copy of a birth certificate can be issued only to a person with legitimate and tangible interest as defined by the Rules Governing the Registration and Certification of Vital Events.

Primarily this is:

- 1) Registrant (the child named on the record), if of legal age.
- 2) Parent(s) listed on the birth record, if VR office has not been notified of termination of parental rights.
- 3) Spouse, sibling(s), or grandparent(s)/child(ren) of registrant
- 4) Legal Guardian, guardianship papers must be provided.
- 5) Legal representative of one of the above persons, proof of representation must be provided.
- 6) Licensed adoption agencies working within the statutory authority of §93-17-205.
- 7) Other person(s) by court order, certified copy of court order must be provided.

For Genealogy purposes - Genealogy must be stated as purpose for certificate. Relationship to applicant must be provided. Plain paper copies are provided for genealogy purposes.

Requirements for Ordering: If applicant is self, spouse, parent, grandparent, sibling, child, grandchild, guardian, or legal representative, then the applicant must provide a completed application and a copy of a valid photo identification of the applicant. Acceptable forms of identification are the following:

+ Photo Driver's License	+ Photo State Issued ID	+ Employment ID
+ School, College or University ID	+ US Military ID	+ Tribal ID
+ Alien Registration/Permanent Resident Card	+ Temporary Resident Card	+ US Passport

**OR two forms of identification from the following list:**

+ Social Security Card	+ Utility Bill (showing address)	+ Medicaid Card
+ Snap/EBT card (showing address)	+ Work Identification	+ Veteran Universal Access ID Card

Guardian or legal representative must submit proof of guardianship/legal representation with this application. Legal representatives must provide attorney bar number, name of person represented, and their relationship to the registrant. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency. If you do not have one of the above referenced documents, please contact Vital Records at 601-206-8200.

Relationship to Applicant: A person ordering his or her own certificate should enter "SELF" in this space. Also, explain if name has been changed by marriage, legal name change (when and where), etc. Others must identify their relationship to the registrant clearly. For genealogy, relationship to applicant must be provided.

Nonrefundable: Vital record fees are nonrefundable, with the exception of fees paid for additional copies when no record is found.

Failure to Receive: Complaints of failure to receive certified records will be honored within 6 months of the original request. Please allow three (3) weeks after mailing the request to make inquiries to this office. Inquiries about copies ordered with payment for special courier delivery should be made within 7 days of the request. Mail returned because of insufficient address will be re-mailed if this office is notified of correct address within 6 months of request.

Options for Service: Certified copies of birth records may be ordered in person, by mail, or, if paying by credit card, online or by telephone. Processing time is generally 7 – 10 working days after receipt of request. If amendment action is necessary, additional processing time will be required. **Payment of fees is required at the time of ordering.**

- **WALK-IN SERVICE** is available at 222 Marketridge Dr., Ridgeland, MS between the hours of 8:00 am and 4:30 pm. Most records will be available while you wait; some require special processing and will be mailed within 7 - 10 days of the request.
- **MAIL-IN** requests, either on the form provided or as a free form request will be processed in the order received and will be returned by regular U.S. Postal Service, unless accompanied by a prepaid special courier self-addressed envelope.
- **PAYMENT BY CREDIT CARD** can be completed by using an online service or by telephone. The private company approved to handle credit card transactions for Mississippi birth records can be accessed by calling 1-877-295-4229 or by visiting [www.msdlh.state.ms.us/pls](http://www.msdlh.state.ms.us/pls) and clicking on link for online ordering. If you have questions or need additional assistance call 601-206-8200. A recorded message outlining ordering requirements and options can be accessed by dialing 601-206-8200, option 1.

MAIL THIS APPLICATION WITH PAYMENT AND COPY OF IDENTIFICATION TO:  
**MISSISSIPPI VITAL RECORDS**  
**P.O. BOX 1700**  
**JACKSON, MS 39215-1700**