



Itawamba Attendance Center



Grade _____

Student's Legal Name (Last) _____ (First) _____ (Middle) _____ Preferred Name _____

Mailing Address _____

Street/911 Address _____

City, State, ZIP _____ Home Phone (_____) _____

Birth Date _____ Country _____

Birth Information: City _____ County _____ State _____

Primary Race: White Black American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander

Secondary Race: White Black American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander

Gender: M F

STUDENT HISTORY

Did the student attend pre-school? Yes No If yes, where _____

Last School Attended _____ Grade _____

Address _____

City, State, ZIP _____

Student EVER attended ICSD? _____ If so, name/grade of ICSD school _____

Student Enrolled or EVER enrolled in Special Education at Last School Attended? Yes No

Has student tested into Special Education services? Yes No

If yes, ruling _____ Eligibility Date _____

Student Enrolled in Speech? Yes No Student Enrolled in Gifted? Yes No

Has student ever repeated a grade? Yes No If yes, what grade(s) _____

Is student is transferring from non-public school? Yes No

Has student ever been suspended or referred to alternative program? Yes No If yes, name of school _____

Dates attended _____ Reason _____

PARENT/GUARDIAN INFORMATION

With whom does the child live? Both Parents Mother Father Guardian

Parent/Guardian Name _____ Relationship _____

Mailing Address _____

City, State, ZIP _____

Employer _____ Employer Phone (_____) _____

Home Phone (_____) _____ Cell Phone(_____) _____

Parent/Guardian Name _____ Relationship _____

Mailing Address _____

City, State, ZIP _____

Employer _____ Employer Phone (_____) _____

Home Phone (_____) _____ Cell Phone(_____) _____

Names siblings (if at IAc include grade): _____, _____, _____

CHILD EMERGENCY CONTACT INFORMATION.....This is Very Important!!! (Not Including Parents/Guardians Listed Above)

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home #: (_____) _____ Cell #: (_____) _____	Home #: (_____) _____ Cell #: (_____) _____
Employer: _____	Employer: _____
Work Number:(_____) _____	Work Number:(_____) _____
Relationship to student: _____	Relationship to student: _____

Turn Over



List any allergies and medicines: _____
 List any illnesses: _____

PERMISSION FOR CHILD TO BE PHOTOGRAPHED

I hereby give permission to the Itawamba County School District to use for publication or in brochures, any photographs, films, and/or videotapes in which my child, _____, is featured during this school year. I further agree to the use of such photographs, films, and/or videotapes without liability to the Itawamba County School District.

Please check one:

- Yes**, you have my permission to photograph, film, and/or videotape my child.
- No**, you **DO NOT** have my permission to photograph, film, and/or videotape my child.

 Signature of Parent/Guardian

 Date

SPECIAL PICK UP INSTRUCTION

Please list all individuals who may pick up your child, as well as those who **MAY NOT**. Restrictions on individuals who **MAY NOT** pick up your child **MUST** include documentation (i.e. custody papers, court orders, restraining orders, etc.) It is your responsibility to keep this updated.

May pick up (in addition to names on front)

May NOT pick up

SCHOOL CAST

Please list the names and phone numbers that you would like to receive a school cast in addition to parents listed on the front.

The information above is true and current. I understand that I am to inform school officials any time legal custody, address, or phone numbers change.

 Parent/Guardian Signature

 Date

For Office Use Only

School Year _____ Entry Date _____
 HR Teacher _____ Grade _____
 Birth Certificate File # _____ BC Verified By _____
 Date of Immunization Certificate Compliance _____
 MSIS ID _____
TRANSFER RECORDS
 Ordered From _____
 Ordered By _____ Date Records Received _____

CHECK ALL APPLICABLE

- Birth Certificate
- Copy of Social Security Card
- Immunization Compliance Form 121
Marked Complete for School Entry
- 2 proof of Residency
- Proof of Custody (if Applicable)
- Withdrawal forms & Grades
From previous school (if applicable)

