



# 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)

Please Respond  
in English

English  
School-Parent Compact

### Itawamba County School District School-Parent Compact

Date: 08/05/2022  
(mm/dd/yyyy)

Dear Parent or Guardian:

**We value what you do to help your child succeed in school. One part of our school's parent and family engagement policy is this school-parent compact. This compact is developed jointly with parents and identifies ways you and school staff can share the responsibility for supporting your child's learning.**

***School's Responsibility:***

- We will provide high quality curriculum and instruction in a supportive and effective learning environment
- We will provide you with assistance in understanding academic achievement standards and tests, how to track your child's progress, and how to establish a successful homework setting and routine
- We will provide opportunities for regular communication between you and teachers through:
  - parent-teacher conferences,
  - frequent reports about your child's progress,
  - opportunities to talk with staff, volunteer in class, and observe classroom activities,
  - ensuring regular communication between family members and school staff to the extent possible, in a language that family members can understand

***Parent's Responsibility:***

- Encourage your child to attend school regularly
- Encourage your child to use positive school behavior
- Set regular times for homework and support effort, completion, and correctness
- Set limits on the amount of time your child spends in front of a screen such as a television, smartphone, or computer and encourage positive use of your child's additional time
- Volunteer in your child's school and classroom if time or schedule permits
- Attend parent-teacher conferences and when it is appropriate, participate in decisions about the education of your child.

Please review this School-Parent Compact with your child. This School-Parent Compact may be discussed with you during a parent-teacher conference as it relates to your child's progress in school.

Thank you for your support and involvement in your child's education. Please contact the person listed below for more information:

Name: Mrs. Ashley Greer (K-5) and Mr. Carson Cook (6-8) Title: Principals

Telephone Number: 662-862-4641 Email Address: agreer@itawambacountyschools.com;  
ccook@itawambacountyschools.com

Please sign and date below to show that you have read and received this information. Please return the entire form to your child's teacher.

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

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY				
Student ID #	Student Name	Date Distributed	Faculty Name	Faculty ID #
00				pathrash@itawam

# Itawamba County School District

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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

1. Was your child born in the United States?  Yes  No  
If yes, in which state? \_\_\_\_\_  
If no, in what other country? \_\_\_\_\_

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 language is spoken by you and your family most of the time 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. What language did your child learn when he/she first began to talk? \_\_\_\_\_

8. What language does your child most frequently speak at home? \_\_\_\_\_

9. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_

10. 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	





MISSISSIPPI  
DEPARTMENT OF  
EDUCATION

Ensuring a bright future for every child

## Mississippi Department of Education Employment Survey

Complete and Return to School

School Name:
Parent/Guardian Name(s):
Address:
Telephone Number(s):
Email:
1. Have you moved to a new town to find work within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," <b>STOP HERE</b> . If you answered "Yes," continue.)
2. Did you or anyone in your household find work in <b>agriculture</b> or <b>fishing</b> (examples: planting or preparing fields for crops; harvesting crops; picking fruit or vegetables; processing fruit or vegetables; planting or cutting trees; greenhouse, cotton gin, poultry farm or dairy work; or farming/ harvesting/ processing chicken, catfish, beef, pork, shrimp, crab, crawfish, oysters, or other shellfish or fish)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," <b>STOP HERE</b> . If you answered "Yes," continue.)
<b><i>If you answered "Yes" to both questions above, a state education representative may contact you to find out whether your child is eligible for additional educational services.</i></b>
What is the best time to get in touch with you? <input type="checkbox"/> During the day <input type="checkbox"/> Evening/night

***For School Use Only***

Date received from family: \_\_\_\_\_

**Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.**

Or convey by regular mail, or fax to:

MMESC - P.O. Box 1575 Mississippi State, MS 39750 (fax: 662-325-0864)

***For MMESC Use Only***

School District: \_\_\_\_\_ Date received from school: \_\_\_\_\_

Itawamba County School District  
**Schoolwide Title I Program Eligibility**  
**School Year: 2022-2023**

School: Itawamba Attendance Center Date: 08/05/2022  
(mm/dd/yyyy)

Dear Parent or Guardian:

Our school qualifies to receive *Title I, Part A* funds under the *Elementary and Secondary Education Act (ESEA)* as amended (2015) for this school year.

Our school is eligible for the following:

**Schoolwide Title I Program:** Title I eligibility is based on the number of students in our school from low-income families. School staff members work with input from parents and the community to develop a Schoolwide plan. The purpose of this plan is to improve our entire educational program.

We look forward to your involvement in school activities and your child's education. You will receive information throughout the school year to keep you informed about your child's academic progress and the progress the school is making toward helping all children meet high academic standards. You will also receive invitations to meetings to discuss the Title I Schoolwide Program, Title I activities, and be asked to assist in the development, revision, and implementation of our Schoolwide Program Plan.

You are an important partner in our effort to provide the best education possible for your child. Please call the school if you have any questions or would like additional information.

Sincerely,

Ashley Greer and Carson Cook  
 Name

662-862-4178  
 Phone

Principals  
 Title

agreer@itawambacountyschools.com;  
ccook@itawambacountyschools.com  
 Email Address

# ITAWAMBA ATTENDANCE CENTER

488 Little Indian Rd.  
Fulton, MS 38843

Phone: 662-862-4641

Fax: 662-862-4396

*Ashley Greer, K-5 Principal*  
*Carson Cook, 6-8 Principal*

*Baden Honeycutt, Assistant Principal*  
*Sandy Webb, Assistant Principal*

## PROOF OF RESIDENCY WHERE ADDRESS HAS NOT CHANGED

I, \_\_\_\_\_ (print), the parent or guardian of

\_\_\_\_\_

\_\_\_\_\_ (name all children)

do hereby certify that my physical address is the same as the 2021-2022 school year, that my child(ren) and I currently still reside at this address, and I have not moved since providing proofs of residency for the 2021-2022 school year. My current physical address and place of residence for the 2022-2023 school year is \_\_\_\_\_

\_\_\_\_\_

being the same address that I provided proofs of residency for during the 2021-2022 school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date