



Itawamba Attendance Center



Student's Legal Name (Last) _____ (First) _____ (MI) _____

Grade: _____

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

May NOT pick up

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

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 # 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	

Itawamba County School District
605 South Cummings St. Fulton, MS 38843 662-862-2159
2022-2023

Student Housing Questionnaire

Please use one form per student. Return to school registration office within 14 days of receipt.

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Date of Birth: _____ Gender: M or F

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
3. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to **any** of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- Temporarily with a family member because we cannot afford or find affordable housing.
- With another family in a house or apartment due to loss of housing or economic hardship
- With an adult that is not a parent or legal guardian
- In a hotel/motel due to loss of housing or financial hardship
- In a car, park, campground, street, substandard housing (housing that does not meet modern standards of living, or abandoned building)
- In an emergency/transitional shelter
- Moving from place to place
- In a public or private place not meant to be used as a regular place for people to sleep
- Other

Last school student attended:

School: _____ District: _____
City: _____ State: _____

Name of Parent/Guardian(s) or education decision maker:

Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____ Cell Number: _____

OR

Student (if an unaccompanied homeless youth) *<https://nche.ed.gov/downloads/briefs/youth.pdf> (for rights of unaccompanied homeless youth)

Name: _____ Signature: _____

Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Please list all students living in the home and the school they attend (may also use the back of form):

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the students is to be enrolled immediately.00HSEA/NCLB-J3 (04/13) © 2013 TransACT
For School Staff Only: Forward appropriate questionnaires to ICSD, Attn: Patti Thrash or fax to 662-862-4713



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," STOP HERE . If you answered "Yes," continue.)
2. Did you or anyone in your household find work in agriculture or fishing (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," STOP HERE . If you answered "Yes," continue.)
<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>
What is the best time to get in touch with you? <input type="checkbox"/> During the day <input type="checkbox"/> Evening/night

<i>For School Use Only</i>	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: _____

English

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