

OCEAN SPRINGS SCHOOL DISTRICT STUDENT REGISTRATION FORM

GRADE _____

DATE _____



STUDENT'S LEGAL NAME _____
(Last) (First) (Middle)
(Name **MUST** match birth certificate unless legal document of name change is presented at time of registration.)

Social Security Number _____ Birth date: ____/____/____ Mother's Maiden Name: _____

Birthplace: _____ Birth Certificate Number: _____
(City) (County) (State)

Race: Circle One **AS**=Asian **B**=Black **H**=Hispanic **NA**=American Indian **PI**=Pac Islander **W**=White Gender: Male Female

RESIDENCE INFORMATION

Physical Address: _____
(Street Address) (City) (Zip Code)

Mailing Address: (if different) _____
(Street Address) (City) (Zip Code)

Primary Phone: _____ to be called for attendance or school messages. Student will ride Bus? Y N

PARENT/GUARDIAN DATA

CHILD LIVES WITH: Circle all that apply **F**ather **M**other **S**tepfather **S**tepmother **L**egal Guardian (Legal Papers REQUIRED)

1st Parent/Guardian _____
(Last Name) (First Name) (Middle) (Relationship)

Address: _____ Occupation: _____
(Full address if different than student)

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

2nd Parent/Guardian: _____
(Last Name) (First Name) (Middle) (Relationship)

Address: _____ Occupation: _____
(Full address if different than student)

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

IF ANY GUARDIANSHIP OR CUSTODY PAPERS EXIST, CHECK HERE
A COPY OF LEGAL PAPERS MUST BE PROVIDED FOR SCHOOL RECORDS.

HAS STUDENT EVER ATTENDED A MISSISSIPPI SCHOOL? Y N When/where: _____
HAS STUDENT EVER ATTENDED AN OCEAN SPRINGS SCHOOL? Y N When/where: _____
HAS STUDENT EVER BEEN EXPELLED OR SUSPENDED FROM SCHOOL? Y N Reason: _____
HAS STUDENT EVER BEEN IN ANY SPECIAL EDUCATION CLASSES? Y N When/where: _____
DOES STUDENT HAVE A 504 PLAN? Y N
IS STUDENT ELIGIBLE FOR ELL SERVICES? Y N
HAS STUDENT BEEN RULED ELIGIBLE FOR GIFTED PROGRAM? Y N
IS STUDENT ELIGIBLE TO RECEIVE MIGRANT SERVICES? Y N (Agricultural or seafood industry worker)

Last School Attended: _____ Withdrawal Date: _____

Address of Last School: _____

Please list any medical problems or conditions that your child may have (include chronic conditions such as diabetes, allergies, epilepsy, etc).

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE _____
(Signature of Parent/Guardian)

OFFICE USE ONLY: ENROLLED <input type="checkbox"/> ENTERED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> GRADES <input type="checkbox"/> BIRTH CERT <input type="checkbox"/> SS CARD <input type="checkbox"/> CUSTODY <input type="checkbox"/>
IMMUN COMPLIANCE: COMPL <input type="checkbox"/> TEMP <input type="checkbox"/> DATE _____ TDAP DATE _____ AFFIDAVIT ATTCH? Y <input type="checkbox"/> / NA <input type="checkbox"/>
OUTSIDE CITY LIMITS <input type="checkbox"/> T/R _____ RESIDENCY VERIF <input type="checkbox"/> 2 RES PROOFS _____, _____ SSN _____
REQUESTED: DISCIPLINE <input type="checkbox"/> TRANSCRIPT <input type="checkbox"/> CUMULATIVE RECORDS <input type="checkbox"/> STUDENT START DATE _____
BIRTH CERT#: _____ CITY _____ STATE _____ COUNTY _____ Same Name Listed? Y/N
CUSTODY/GUARDIAN Y <input type="checkbox"/> / NA <input type="checkbox"/> _____ NM / PPC / JPC / GUARDIAN DATE: _____
TEACHER _____ BUS #: A.M. _____ P.M. _____ MSIS# _____ MSIS OWNERSHIP COMPL <input type="checkbox"/>