



## **Warren Central Junior High School Student Registration 2016-2017**

Early registration will begin May 30-June 2, 2017 from 8:00 a.m. until 4:00 p.m. Parents **MUST** bring the following items to Warren Central Junior High for student enrollment:

### **Students entering 7<sup>th</sup> grade must be:**

From a school in the North Zone (Beechwood, Bovina, Bowmar, Redwood, Warren Central Intermediate)

You will need the following:

- Child's last report card
- Proof of residence within the district (mortgage statement, property tax statement or lease/loan documents)
- Photo ID of registering parent or guardian
- Mississippi Immunization Compliance Record (Form 121)
- **All students entering the seventh grade are required to have a recent Tdap vaccination.**

### **Students transferring from another district must have the following:**

- Withdrawal paperwork from your previous school
- Child's last report card
- Child's complete Mississippi immunization record
- Child's social security card
- Child's Birth certificate
- Proof of residence within the district (mortgage statement, property tax statement or lease/loan documents)

**Vicksburg Warren School District**  
1500 Mission 66 • P. O. Box 820065  
Vicksburg, Mississippi 39182  
601/638-5122  
FAX: 601/619-2338

**DECLARATION OF LEGAL RESIDENCE**

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A SEPARATE FORM IS REQUIRED FOR EACH RETURNING PUPIL EACH YEAR

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Pupil Name \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ School Zone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone# \_\_\_\_\_

Address of  
Parent/Guardian \_\_\_\_\_  
(P.O. Box number is not acceptable; give number and name of street, drive, road, etc.)

1. I declare my bonafide residence to be that given above.
2. I understand that a pupil is not legally enrolled in Vicksburg Warren School District until this form is completed and signed by the parent or guardian.
3. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

I hereby certify that the information on this form is a true and correct statement of my legal residence.

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Signature of Parent/Guardian Date

# ENROLLMENT FORM

STUDENT ID:(SSN)    -   -     Grade Level: \_\_\_\_\_ MSIS #: \_\_\_\_\_  
For Office Use Only

NAME: \_\_\_\_\_  

Last (As shown on birth certificate)
First
Middle

STREET ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

P. O. BOX: \_\_\_\_\_  

City
State
Zip Code
Zip Ext.

County Code 75 Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Immunization Slip  
 YES  NO

School # \_\_\_\_\_ Grade \_\_\_\_\_ 16th Section \_\_\_\_\_

Race: (circle) W B H A I Sex: (circle) M F Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  

MM
DD
YY

Birth State \_\_\_\_\_ Birth Certificate # \_\_\_\_\_

Birth City \_\_\_\_\_ Birth County \_\_\_\_\_

Birth Certificate Verified by: \_\_\_\_\_

**Parent Information:** Parent/Guardian Code: (With Whom Do You Live? Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_)

Mother: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father: \_\_\_\_\_ Phone #: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Advisor #: \_\_\_\_\_ IEP:(Y/ \_ ) \_\_\_\_\_ Homeroom \_\_\_\_\_ Gifted: (A/C/I/R) \_\_\_\_\_

School Transferring From \_\_\_\_\_

Address \_\_\_\_\_

Transfer Date \_\_\_\_\_ Phone No. \_\_\_\_\_

## Emergency Contact (other than parent)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Workplace \_\_\_\_\_ Phone# \_\_\_\_\_ Ext. \_\_\_\_\_ Relationship \_\_\_\_\_

Father's Employment \_\_\_\_\_ Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Please respond to the following

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Does your child speak any other language, other than English, if so, what? _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your child been expelled from any school or is she/he currently a party to an expulsion hearing?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	In the event of an emergency or if your child becomes ill and the school is unable to contact you or the emergency contact person listed above, does the school have permission to take your child to an emergency room for treatment?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Does your child have any special health problems? Specify: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Check if your child has had any of the following:
		<input type="checkbox"/> Measles <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Mumps
		<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Hemophilia <input type="checkbox"/> Epilepsy
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your child been served by a special education program? Specify: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I, Parent/Guardian/Student, received a copy of Student Handbook.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I, Parent/Guardian/Student, received a copy of the Behavior Management Handbook.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I, Parent/Guardian/Student, received a copy of the school district's Promotion/Retention Guidelines.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	As Parent/Guardian of the above named student, I give permission for the release of all school records to the Vicksburg Warren School District.

Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY	Check when Completed <input type="checkbox"/> Data Entered into the Computer <input type="checkbox"/> Record Request <input type="checkbox"/> Registration Typed.
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# Vicksburg Warren School District Health Services

School \_\_\_\_\_  
 Grade \_\_\_\_\_ Homeroom \_\_\_\_\_  
 Male  Female  Age \_\_\_\_\_

(Please complete confidential information to be shared with teaching staff.)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Father/Mother/Guardian: \_\_\_\_\_ Work Ph.: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

## Student's Medical History

Problem	No	Yes	Explanation: Current or no problem now
Allergies to drugs and or food			
...insect bites or stings			
... other			
Asthma			
Attention Deficit			
Birth defect/physical handicap			
Bone or joint problems			
Convulsions (seizure/epilepsy)			
Diabetes (high blood sugar)			
Emotional/Psychological disorder			
Headaches (frequent or on medicine)			
Heart Problem			
Hypertension (high blood pressure)			
Nose bleeds			
Sinus problems			
Speech and/or Hearing problems			
Stomach or digestive problems			
Surgery			
Vision (seeing) problems			Glasses? ___ yes ___ no    Contacts? ___ yes ___ no

**Describe any handicaps or special needs of student:** \_\_\_\_\_

Student's Doctor or Primary Care Provider: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Is the student taking daily medication?  No  Yes -- Name: \_\_\_\_\_

*I give my permission for my child to participate in the school's health program and to receive first aid care and health education from the school nurse (or from school personnel as designated by the principal). This may include basic vision, hearing, and scoliosis screening, body and vital sign measurements, and school health education programs.*

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

# Vicksburg Warren 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	

## 7th Grade Subject Selection Form 2017 - 2018

<i>Student MSIS Number</i>

<i>Last Name,</i>		<i>First Name (Birth Name)</i>	
<i>Date of Birth</i>	<i>Age</i>	<i>Race</i>	<i>Gender</i>
<i>Physical Mailing Address</i>			
<i>Mothers's Name</i>		<i>Business / Cell Phone</i>	
<i>Father's Name</i>		<i>Business / Cell Phone</i>	
<i>Guardian's Name</i>		<i>Business / Cell Phone</i>	
<i>Contact by E-Mail</i>			

**PARENTAL SIGNATURE OF ACKNOWLEDGEMENT/APPROVAL**

*Student's*  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent's*  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Name of Current School Attending:* \_\_\_\_\_

### 7th GRADE SUBJECTS

**Required Courses**

- |                                     |            |        |
|-------------------------------------|------------|--------|
| <input checked="" type="checkbox"/> | English 7  | 230101 |
| <input checked="" type="checkbox"/> | Math 7     | 270101 |
| <input checked="" type="checkbox"/> | US History | 450837 |
| <input checked="" type="checkbox"/> | ICT I      | 000251 |
| <input checked="" type="checkbox"/> | Science 7  | 409907 |

**Electives**

- |                          |                   |           |
|--------------------------|-------------------|-----------|
| <input type="checkbox"/> | *Math Focus       |           |
| <input type="checkbox"/> | *Reading Focus    |           |
| <input type="checkbox"/> | +Band             | 5009037   |
| <input type="checkbox"/> | +Choral Music     | 5009357   |
| <input type="checkbox"/> | PE-Girls          | 340111P7G |
| <input type="checkbox"/> | PE-Boys           | 340111P7B |
| <input type="checkbox"/> | P.E. Sports-Girls | 340111A7G |
| <input type="checkbox"/> | P.E. Sports-Boys  | 340111A7B |
| <input type="checkbox"/> | ● 7 Exploratory   |           |
- (Art, Spanish, Computer lab/ACT Prep, and Health)

Scholastic Academy

\* In accordance with star & state test score results

+ Approval Required

● Rotates each 9 weeks

## 8th Grade Subject Selection Form 2017 - 2018

<i>Student MSIS Number</i>

<i>Last Name,</i>		<i>First Name (Birth Name)</i>	
<i>Date of Birth</i>	<i>Age</i>	<i>Race</i>	<i>Gender</i>
<i>Physical Mailing Address</i>			
<i>Mothers's Name</i>		<i>Business / Cell Phone</i>	
<i>Father's Name</i>		<i>Business / Cell Phone</i>	
<i>Guardian's Name</i>		<i>Business / Cell Phone</i>	
<i>Contact by E-Mail</i>			

*PARENTAL SIGNATURE OF ACKNOWLEDGEMENT/APPROVAL*

*Student's*  
*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Parent's*  
*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Name of Current School Attending:* \_\_\_\_\_

### 8th GRADE SUBJECTS

**Required Courses**

- |                                     |                            |        |
|-------------------------------------|----------------------------|--------|
| <input checked="" type="checkbox"/> | English 8                  | 230104 |
| <input checked="" type="checkbox"/> | Math 8                     |        |
| <input checked="" type="checkbox"/> | Science 8                  | 409909 |
| <input checked="" type="checkbox"/> | MS Studies/World Geography | 450804 |
| <input checked="" type="checkbox"/> | ICT II                     |        |

**Electives**

- \*Focus Math
  - \*Focus Reading
  - +Band 5009038
  - +Choral Music 5009358
  - PE-Girls 340111P8G
  - PE-Boys 340111P8B
  - +P.E. Sports-Boys 340111A8G
  - +P.E. Sports-Girls 340111A8B
  - \*8 Exploratory  
(Art, Spanish, Computer Lab/ACT Prep, and Health)
  - Scholastic Academy
- \* In accordance with star and state test score results
- + Approval Required
- Rotates each 9 weeks