

Booneville Middle School Registration/Emergency Form

Legal Name: Last _____ First _____ M.I. ____ Preferred Name: _____

Social Security Number _____ Birth Date _____

Birth City _____ County _____ State _____ Country _____

Race: (Circle one) W B H AI A PI Other: _____ Gender: (Circle one) M F

Home Address _____

Street/(911) Address _____

City _____ State _____ Zip _____

Last School Attended _____

School Address _____

City _____ State _____ Zip _____

Has student attended Booneville Schools? _____ If yes, which grade & school _____

Was student enrolled in Special Education at their previous school? _____

Was student enrolled in Speech? _____ Was student enrolled in Gifted? _____

Mother's Name _____

Address _____

Employer _____ Type of work _____

Work # _____ Home # _____ Cell # _____

Email Address _____

Father's Name _____

Address _____

Employer _____ Type of work _____

Work # _____ Home # _____ Cell # _____

Email Address _____

Marital Status of Parents: Married ____ Separated ____ Divorced ____ Single ____

With whom does the child live? _____

Relationship to the child: _____

Special Instructions: _____

Emergency Information

Please list two (2) names other than parents

1. Name _____

Relationship to student _____

Home # _____ Cell # _____ Work # _____

2. Name _____

Relationship to student _____

Home # _____ Cell # _____ Work # _____

Please list any others authorized to pickup/sign out your child. _____

Note: No one other than the names on this form will be allowed to pick up your child. If there is a restriction or a custody alert, papers MUST be on file in the school office.

Medical Information

Does the student have any medical condition or physical disability of which the school should be aware? If so, please explain: _____

Does your child take any medications? Yes _____ No _____

If yes, please give name and reason _____

Please list any siblings that are currently in school:

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

How will your student leave school each day? Car rider _____ Bus Rider _____ Bus # _____

Office Use Only:

_____ Birth Certificate _____ Immunization Compliance Form _____ Verification of Residency (2) _____ Tuition

BMS Student Handbook Agreement

2016 - 2017 School Year

I have received a Booneville High School Student Handbook for the 2016-2017 school year. As a parent of a BHS student, I will read this handbook with my child and together we will follow the rules and regulations of BHS.

Student Signature

Parent Signature

Date

BOONEVILLE SCHOOL DISTRICT

Chromebook usage and Internet/Intranet Secondary AUP Signature Form

Please note that both the student and parent / guardian, must sign the INTERNET/INTRANET USE portion of this form annually for continued access to the Internet/ Intranet in the Booneville School District.

Student Application Section:

Student Name (print) _____

Grade _____ School _____

I have read the AASD Acceptable Use Policy and agree to abide by its provisions. I understand that violation of the Acceptable Use Policy may result in suspension or revocation of network privileges or other appropriate disciplinary action.

Student Signature _____

Date _____ Parent or Guardian Application Section:

Parent/Guardian Name (print) _____

Phone Number: _____ Home Address _____

I have read the BSD Acceptable Use Policy. I understand that I am ultimately responsible for my child's actions on the district's technology resources and release the BSD from any liability for harm or damages incurred through inappropriate or prohibited use.

Parent/Guardian Signature _____ Date _____

HOME LANGUAGE SURVEY

Name of Student: _____

Grade: _____ Homeroom: _____

Please answer the following questions:

Does your child speak any language other than English? yes no

If yes, please answer the following questions:

1. What was the first language your child learned to speak? _____

2. What language does your child speak most often? _____

3. What language is most often spoken in your home? _____

4. When did the student first enroll in U.S. schools? _____

Booneville School District
ActiveParent
Setup

For existing users:

IF YOU HAVE AN ACCOUNT BUT CANNOT GET IN, PLEASE EMAIL DUSTIN POUNDERS:
dpounders@boonevilleschools.org

For NEW Users:

To sign up for an ActiveParent Account:

1. Go to www.boonevilleschools.org
2. Click on the Parent tab at the top
3. Choose ActiveParent
4. Click on "Sign up for an ActiveParent account" (Located below the "Login" button)
5. READ THE INSTRUCTIONS CAREFULLY!
6. **PLEASE NOTE:** The beginning of the school year is very busy. It could take several days for your account to be active. IT WILL NOT BE ACTIVE IMMEDIATELY!!!!

If you have any trouble please contact Dustin Pounders by email
dpounders@boonevilleschools.org

BOONEVILLE SCHOOL DISTRICT

RESIDENCY AFFIDAVIT

Updated 03/23/15

SECTION 1- RESIDENCY INFORMATION (Please Print)

I/We _____ hereby attest that I/we currently reside at _____
Name of Parent(s)/Guardians Address

City, Zip Telephone

SECTION 2 - CHILD(REN'S) INFORMATION

I/We attest that the children listed below live at the address provided above.

NAME(S) OF SCHOOL AGED CHILD	RELATIONSHIP TO CHILD (of whom they are living in home with)	DATE OF BIRTH (mm/dd/yy)	CURRENT GRADE LEVEL	STUDENT ID NUMBER

SECTION 3- HOMEOWNER OR TENANT VERIFICATION (Please Print)

I, _____, hereby attest that I am the legal owner or lessee (Renter) of the property
Property Owner or Lessee of the residence
 Located at _____ . I further swear that _____
Current Address, Zip Name of Parent(s)/Guardian(s)
 and the above mentioned child(ren) is/are living on a permanent basis at the above address. **I also attest that the above child(ren) are not living with me for the sole purpose of attending school in BSD, and I understand that such arrangements are not permissible.**

Homeowner or Tenant's Signature Date

SECTION 4- SIGNATURE AND NOTARY (Please read the entire statement before signing.)

I assume responsibility for notifying the Booneville School District should the above described circumstances change.

I also understand that I am stating, under oath, that I and my child(ren) do, in fact, live at the stated address above. I am aware that the facts as stated are subject to investigation, and should it be determined that the above statements are not true, either now or in the future, my child(ren) will be withdrawn from the District.

I understand that if this affidavit is violated, the Booneville School District may pursue civil and/or criminal proceedings.

Signature of Parent/Legal Guardian Date

NOTARY ONLY

Sworn to and subscribed before me this _____ day of _____ 20____ _____ <p style="text-align: center;">Signature of Notary Public</p>	Notary Stamp
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Parent/Guardian must submit (2) proofs of residency that are the same address as listed.