

Booneville Middle School Registration/Emergency Form

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

Social Security Number _____ Birth Date _____ Grade: _____

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? _____

Do you have Internet service at home? (circle) YES or NO

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

2019-2020 School Year

I have received a Booneville Middle School Student Handbook for the 2019-2020 school year. As a parent of a BMS student, I will read this handbook with my child and together we will follow the rules and regulations of BMS.

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? _____

Information and Directions for Submitting Residency

For the 2019-2020, school year you can submit your residency documents prior to orientation. This will allow you to save significant time the day of orientation. The easiest way to send the residency documents is by using a cell phone. The residency requirements set forth by the State of Mississippi are below:

1. A copy of Two (2) of the following items of verification of residence. Documents must be current (June 2019 or July 2019). No post office boxes will be accepted. These items must reflect the residence street or road address and must be in the name of the legal guardian:
 - Filed Homestead Exemption Application
 - Mortgage documents or property deed
 - Apartment or home lease
 - Utility bills
 - Voter precinct ID
 - Automobile registration
 - Affidavit of residency or personal visit by school official

2. If you are the legal guardian of the student, you must also provide a copy of the court order appointing you as the guardian.
 - Students living with adults other than parents must provide two of the above items **and**:
 - A sworn affidavit stating the relationship of the adult to the student and that the student is living in the home full time.

If your child fails to provide the necessary documentation, they will not be able to attend the Booneville School District.

Directions for Submitting Residency Proofs via Cell Phone

1. Take a picture of 2 of the above documents as proof of residency.
(Affidavits of residency cannot be submitted via electronic means due to the notary requirement).
2. Email or text the pictures to to residency@boonevilleschools.org.
3. Your email or text should include your two pictures, your name (parent or legal guardian), the name of your student(s) and their appropriate grade(s) for the 2019-2020 school year all in ONE message.

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

Important Information Regarding Exemptions and Field Trips

In order for a student to be eligible for semester test exemptions and field trips, a free and reduced meal application must be on file for the student. This board-adopted policy was necessary in order for your school district to receive its share of MAEP funds for at-risk students. The decrease in the number of parents filling out the applications for the 2017-2018 school year cost your school district over \$30,000. This money would have been spent on addressing your son or daughter's academic strengths and weaknesses. The information you share on the meal application is bound by Federal confidentiality statutes. Thank you for your consideration in this matter.

**Todd English, Ed.D.
Superintendent**



NEW! Pay Student Fees Online



Booneville School District is excited to offer **MySchoolBucks®!** This online payment service provides a quick and easy way to pay most school fees using a credit/debit card or electronic check.

With MySchoolBucks you can:

- Pay classroom fees for grades 1-4
- Pay \$25 technology fee for students in grades 3-12
- Pay tuition (if necessary)
- Add money to your student's meal account
- View recent purchases, check balances, and set-up low balance alerts for **FREE!**

MySchoolBucks provides:

- **Scheduling** – You can schedule multiple payments over a period of time if you can't take care of all of the technology fee or tuition at once. Tech fees can be scheduled for \$5 a month and tuition can be broken up into two payments – one now and one between now and January. (Room fees need to be paid in full before registration is complete.)
- **Convenience** - **Available 24/7 on the web** or through our **mobile app** for your smartphone
- **Efficiency** - Make payments for all your students, even if they attend different schools within the district. Eliminate the need for your students to take money to school.
- **Control** - Set low balance alerts, view account activity, recurring/automatic payments & more!
- **Flexibility** - Make payments using credit/debit cards and electronic checks.
- **Security** – MySchoolBucks adheres to the highest security standards, including PCI and CISP.

Enrollment is easy!

1. Go to www.MySchoolBucks.com and register for a free account.
2. Add your students using their school name and student ID.
3. Make a payment to your students' accounts with your credit/debit card or electronic check. *There is NO fee for paying technology fees, room fees or tuition using MySchoolBucks – it's completely FREE! There is a charge of \$1.95 per transaction for meal payments – whether you add \$5.00 or \$75 to your students' accounts.*

If you have any questions, contact MySchoolBucks directly:

- support@myschoolbucks.com
- 1-855-832-5226
- Visit myschoolbucks.com and click on Help

Scheduling Multiple Payments:

If you choose to set up multiple payments for your student(s) technology fees or tuition, you will answer "Yes" to the question "Make this automatic?" on the payment screen. Then, you will choose "Send multiple payments on a recurring weekly or monthly basis..." and make the appropriate decisions so that you schedule payments that cover the total amount for each student.

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;"><small>Signature of Notary Public</small></p>	Notary Stamp
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Parent/Guardian must submit (2) proofs of residency that are the same address as listed.

Please Respond
in English

English
School-Parent Compact

School-Parent Compact

Date: _____
(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 an 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: Brad Mixon Title: Principal
Telephone Number: 662-728-5843 Email Address: bmixon@boonevilleschools.org

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 #