

WINONA-MONTGOMERY CONSOLIDATED SCHOOL DISTRICT

Dr. Teresa Jackson, Superintendent



218 Fairground Street
Winona, MS 38967
662.283.3731
www.winonamontgomerycsd.com

WMCS D Enrollment Form 2018-2019

Date ___/___/___ WES ___ WSS ___ Grade ___ Date of Birth ___/___/___

Student's Name ___ Last ___ First ___ Middle ___ Race ___ Gender ___

Mailing Address _____

Physical Address _____

Who Does Student Live With: ___ Mother ___ Father ___ Both Parents ___ Guardian ___ Foster Parent(s)

Name of Parent(s), Legal Guardian, or Foster Parent(s) _____

Mother (___) ___ - ___, (___) ___ - ___, (___) ___ - ___
Home Cell Work

Military: ___ Yes ___ No Branch: _____ Active: ___ Yes ___ No

Father (___) ___ - ___, (___) ___ - ___, (___) ___ - ___
Home Cell Work

Military: ___ Yes ___ No Branch: _____ Active: ___ Yes ___ No

Guardian (___) ___ - ___, (___) ___ - ___, (___) ___ - ___
Home Cell Work

Military: ___ Yes ___ No Branch: _____ Active: ___ Yes ___ No

Do you live within one mile from the school? ___ Yes ___ No ___ Maybe

How will your child get to school? ___ Bus ___ Car ___ Walk

How will your child get home from school? ___ Bus ___ Car ___ Walk

List the names of any other children living with you that will be attending this school. _____

List student's allergies and/or medications _____

Emergency Contacts / Permission to Pick up from school

Name _____ Relationship to Student _____

(___) ___ - ___, (___) ___ - ___, (___) ___ - ___
Home Cell Work

Name _____ Relationship to Student _____

(___) ___ - ___, (___) ___ - ___, (___) ___ - ___
Home Cell Work

Name _____ Relationship to Student _____

(___) ___ - ___, (___) ___ - ___, (___) ___ - ___
Home Cell Work

Parent/Legal Guardian Signature _____

Date _____

WMCS D

Working together, Moving forward, Creating opportunities for Student success and Dynamic futures

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HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that LEAs identify Limited English Proficient (LEP) (ELL), (ESL), students in order to provide appropriate language instructional programs for them. Mississippi has selected the Home Language Survey (HLS) as the method for the identification. The HLS must be administered to all students at initial enrollment into the district.

Date: _____ School: _____ Grade: _____

Student's Name: _____ Parent/Guardian: _____

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

2. Does the student speak a language(s) other than English? (Do not include languages learned in school.)

a. Yes No If yes, specify the language(s): _____

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

4. What language(s) is/are spoken in your home? _____

(This includes all family members living in the home.)

(If one or more of questions 1-4 indicate a language other than English as the primary language, the student must be administered the LAS Links Second Edition Placement Test).

5. Was your child born in the United States? Yes No

6. When did your child first enter school in the USA? In what state? _____

a. Name of School State Dates Attended

b. _____

c. _____

7. Is the student attending the school as a foreign exchange student? Yes No

8. Has the student ever been in a bilingual educational or English as a Second Language ESL program in a school in the U.S.? Yes No

9. Did the student exit the program? Yes No Exit Date: _____

Parent/Guardian signature: _____

Person completing this form (if other than parent/guardian): _____

For additional information please contact Peggy Jackson, WMCS D Federal Programs Director, 662-283-9867 or Dr. William Finley, WMCS D ELL Coordinator 662-283-1027.

*The LEA has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the LEA may conduct screenings or ask for related information about students currently enrolled in the school as well as from students who enroll in the LEA the future.

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Migrant/Immigrant Student Identification Survey

Please complete this survey. Your child could be eligible to receive additional academic help.

Student's Name: _____ School: _____ WES _____ WSS Grade: _____

Parent Name: _____

Address: _____ Phone: _____
Street City Zip Code

A migratory child is a child who is, or whose parent, spouse, or guardian is, a migratory agricultural worker or migratory fisher, and who, in the preceding 36 months, has moved from one school district to another, to obtain or accompany such parent, spouse, or guardian, to obtain temporary or seasonal employment in agricultural or fishing work as a principal means of livelihood. An immigrant student is a child ages 3 through 21 who was not born in any state or U.S. territory and has not been attending school in any one or more states for more than three full academic years.

- 1. Have you been attending school in the U. S. during the past 3 years? _____ If "NO" stop here and see the counselor at the school where you are registering. If "Yes" please continue.
- 2. Have you and your family moved in the last 3 years? _____ If yes, when? _____
(month/day/year)

If you answered "No" to question #2, please stop here. If you answered "Yes", please continue completing this survey.

- 3. What town, city, county, state, or country did you and your family live before moving here?
- 4. What type of work did you and/or your spouse do before moving here?
- 5. Are you, your child, or your spouse working in any of the following activities for an employer?
(Please check all that apply to the child/parent/spouse.)

- _____ Preparing the land, planting or harvesting of vegetation such as plants, shrubs, vegetables, fruits, trees, etc.
- _____ Cutting or baling hay, harvesting trees for different uses, such as wood pulp, kindling, or Christmas trees
- _____ Trimming trees, planting seeds or seedlings, or working in seeding or greenhouses
- _____ Harvesting of any agricultural products
- _____ Working in dairy processing (milk, cheese), fish, poultry, or meat processing
- _____ Working in any other type of seasonal agricultural activity, including cattle

- 6. How many children or young adults (under age 21) live with you? _____