

# South Tippah School District Pre-Kindergarten

Pine Grove  
3510A CR 600  
Ripley, MS 38663  
(662) 837-7789

Ripley  
100 CR 817  
Ripley, MS 38663  
(662) 837-3030

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Gender: Male Female Race: B H W BiR Other: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Directions to home: \_\_\_\_\_

Child lives with: Father Mother Both Parents Other: \_\_\_\_\_

Other students in South Tippah Schools: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Known Health Problems/Allergies/Meds taken: \_\_\_\_\_

Persons to notify if parents cannot be reached: The persons listed will also have permission to pick up your child:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Any other information that will help us know your child better....

\_\_\_\_\_

\_\_\_\_\_

RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST

TO BE COMPLETED BY PARENT, GUARDIAN OR OTHER ADULT

SOUTH TIPPAH SCHOOLS \_\_\_\_\_ School District

Name of Student: \_\_\_\_\_  
(A separate Form Is Required For Each Pupil)

Name of Parent, Guardian,  
or Other Adult: \_\_\_\_\_

Parent/Guardian/Other Adult Address: \_\_\_\_\_  
(A P.O. Box number is not acceptable for an address)

I, hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the above cited school district, I will promptly notify the appropriate officials of this school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent, guardian, or other adult with whom the student may be living. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

Signature of Parent, Guardian or Other Adult \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

TO BE COMPLETED BY THE SCHOOL DISTRICT

\_\_\_\_\_ A. Documents provided to me by Parent/Guardian/Other Adult/or Student:  
(Minimum of two required of all students)

- \_\_\_\_\_ 1. Filed homestead Exemption Application Form
- \_\_\_\_\_ 2. Mortgage Documents of Property Deed
- \_\_\_\_\_ 3. Apartment or Home Lease
- \_\_\_\_\_ 4. Utility Bills
- \_\_\_\_\_ 5. Driver's License
- \_\_\_\_\_ 6. Voter Precinct Identification
- \_\_\_\_\_ 7. Automobile Registration
- \_\_\_\_\_ 8. a. Affidavit of Residency  
b. District Representative Personal Visit
- \_\_\_\_\_ 9. Other Documentation \_\_\_\_\_

\_\_\_\_\_ B. Student is living with legal guardian and a certified copy of the Court Decree, or petition if pending, was declaring the district resident to be the legal guardian of the student and further declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance purposes.

\_\_\_\_\_ C. Student is living with an adult other than parent or legal guardian and the adult has provided a sworn Affidavit stating his/her relationship to the student, and that the student will be living in his/her home full time and fully explaining the reasons (other than school attendance zone or district preference) for this arrangement and the School Board or its designee has made the necessary factual determination under IL1(c)(2) of the State Residency Verification Procedures.

Date \_\_\_\_\_

\_\_\_\_\_  
Representative - School District

# South Tippah 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	

Por favor responda  
en inglés

South Tippah School District  
ENCUESTA DE IDIOMA DOMESTICO

Spanish  
Home Language Survey

Nombre del alumno: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ Sexo:  Masculino  Femenino

Nombre de los padres/apoderado: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de la casa: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Fecha: \_\_\_\_\_

1. ¿Nació su hijo/a en Estados Unidos?  Sí  No  
De ser así, ¿en qué estado? \_\_\_\_\_  
De no ser así, ¿en qué país? \_\_\_\_\_

2. ¿Ha asistido su hijo/a a alguna escuela de Estados Unidos durante tres años cualesquiera de su vida?  Sí  No  
Si la respuesta es afirmativa, indique el nombre de la escuela (o escuelas), estado, y fechas de asistencia:  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_

3. ¿Qué idioma habla usted y su familia con más frecuencia en el hogar? \_\_\_\_\_

4. Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela? \_\_\_\_\_

5. Marque si su hijo(a) es:  
A.  Indio americano nativo C.  Nativo de las islas del Pacífico  
B.  Nativo de Alaska D.  Nativo de las Islas Vírgenes de EE.UU.

6. ¿Es el idioma primario de su hijo(a) o el que se habla en el hogar distinto al inglés?  Sí  No

Si su respuesta a la pregunta 6 es "Sí", responda las siguientes preguntas:

7. ¿Qué idioma aprendió su hijo cuando recién comenzó a hablar? \_\_\_\_\_

8. ¿Qué idioma habla en casa su hijo(a) con más frecuencia? \_\_\_\_\_

9. ¿En qué idioma le habla con más frecuencia a su hijo(a)?  
(Padre) \_\_\_\_\_  
(Madre) \_\_\_\_\_

10. Describa el idioma que su hijo(a) entiende. (Marque sólo uno)  
A.  Entiende solamente el idioma del hogar y no inglés.  
B.  Entiende mayormente el idioma del hogar y algo de inglés.  
C.  Entiende el idioma del hogar y el inglés por igual.  
D.  Entiende inglés mayormente y algo del idioma del hogar.  
E.  Entiende inglés solamente.

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

# South Tippah School District Pre-K

2026-2027

Dear South Tippah Parents,

The South Tippah School District has a program called AIM 2.0, a rapid alert and notification system. The intent of the program is to be able to alert you concerning early releases, school closings and related issues. The system will have additional features that can be used at the school by the principal.

You as a parent play a vital role in making this call system effective. We need to know if we have the phone number stored in the program at the schools that will best allow us to communicate with you in times of emergency, cancellation, absence, or athletic notices. **YOU ONLY WANT TO FILL THIS OUT IF YOU HAVE NEW CONTACT INFORMATION.**

We are excited about being able to offer this feature for our district. We are always looking for ways to assist parents and students.

Sincerely,

Tony Elliott  
Superintendent

## South Tippah School District AIM 2.0 Call System Information

Student Name \_\_\_\_\_

Grade Level \_\_\_\_\_ School \_\_\_\_\_

Parent Name \_\_\_\_\_

What phone number would you like AIM to use to contact you? \_\_\_\_\_

If this is a cell number, would you prefer text or voice: \_\_\_\_\_

# South Tippah School District Pre-Kindergarten Registration Screener

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

Phone: \_\_\_\_\_

Have you noticed your child having any speech problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you understand what your child says? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can others understand your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child's speech ever been evaluated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you noticed any delays in development in comparison to other children of same age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child ever been tested for developmental delays? \_\_\_\_\_ Yes \_\_\_\_\_ No



APPROACHES TO LEARNING

Reference the Developmental Checklist for 4-year-old Students	Well	Somewhat	Emerging	Notes
Plays with friends				
Follows directions				
Listens				
Participates in whole Group activities				
Completes independent Activities				
Independently completes Transitions				
Independently completes routines				

PERSONALITY

<b>Play Style (Please circle all that apply)</b>	<b>Notes</b>
Active Quiet Messy Clean Leader Follower Independent Cooperative	
<b>Learning Style (Please circle all that apply)</b>	<b>Notes</b>
Auditory Visual Kinesthetic	
<b>Completes Activities/Tasks Style (Please circle)</b>	<b>Notes</b>
Freely Seeks guidance/support	
<b>Temperament (Please circle)</b>	<b>Notes</b>
Easy Complex Slow to Warm up	
<b>Personality (Please circle)</b>	<b>Notes</b>
Outgoing Sensitive Cautious	
<b>Moves/Works (Please circle)</b>	<b>Notes</b>
Quickly Slowly Average Speed	

**SKILLS AND PROFICIENCIES**

**AREAS OF GROWTH AND WHAT HE/SHE DOES NOT LIKE TO DO**

**OTHER USEFUL INFORMATION**

# South Tippah School District Pre-K Consent Form for Publication of Student Photographs

I give permission for photographs to be taken of my child during school activities. I also agree to the publication of photographs of my child. If the decision is made to withdraw this permission, I will notify the school in writing.

Student Name \_\_\_\_\_

Parent (Guardian) Signature \_\_\_\_\_

Date \_\_\_\_\_



## Mississippi Department of Education Employment Survey

Complete and Return to School

School Name:
Parent/Guardian Name(s):
Address:
Telephone Number(s):
Email:
1. Have you moved to a new town to find work within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," <b>STOP HERE</b> . If you answered "Yes," continue.)
2. Did you or anyone in your household find work in <b>agriculture</b> or <b>fishing</b> (examples: planting or preparing fields for crops; harvesting crops; picking fruit or vegetables; processing fruit or vegetables; planting or cutting trees; greenhouse, cotton gin, poultry farm or dairy work; or farming/ harvesting/ processing chicken, catfish, beef, pork, shrimp, crab, crawfish, oysters, or other shellfish or fish)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "No," <b>STOP HERE</b> . If you answered "Yes," continue.)
<b><i>If you answered "Yes" to both questions above, a state education representative may contact you to find out whether your child is eligible for additional educational services.</i></b>
What is the best time to get in touch with you? <input type="checkbox"/> During the day <input type="checkbox"/> Evening/night

<b><i>For School Use Only</i></b> Date received from family: _____
<b>Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.</b>
Or convey by regular mail, or fax to: MMESC - P.O. Box 1575 Mississippi State, MS 39762 (fax: 662-325-0864)

### ***For MMESC Use Only***

School District: \_\_\_\_\_ Date received from school: \_\_\_\_\_



Departamento de Educación de Mississippi  
Encuesta de Trabajo

Complete y retorne a la escuela

Nombre de la Escuela:
Nombre del padre, madre o guardián:
Domicilio/Dirección:
Número de teléfono(s):
Correo electrónico (email):
<p>1. ¿Usted o alguien en su familia se ha mudado a un pueblo nuevo para encontrar trabajo en los últimos 3 años?</p> <p><input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," <u>PARE DE CONTESTAR AQUÍ.</u> Si contestó "Si", continúe.)</p>
<p>2. ¿Usted o alguien en su familia encontró trabajo en <b>agricultura</b> o la <b>pesca</b>? (Por ejemplo: preparando la tierra para plantar y cultivar frutas o verduras, tales como el camote, cortando o pizcando otras frutas o verduras; procesando la fruta o verdura; plantando pino; trabajando en un vivero; moliendo algodón; en una granja criando pollos/huevos o ganado, ordeñando vacas; o en la pollera procesando pollo, pescado, carne de res, puerco, camarón, langosta, ostión, o cualquier otro tipo de comida del mar).</p> <p><input type="checkbox"/> Sí <input type="checkbox"/> NO (Si contestó "NO," <u>PARE DE CONTESTAR AQUÍ.</u> Si contestó "Si", continúe.)</p>
<p><b><i>Si usted contestó "Si" a las dos preguntas de arriba, un representante del departamento de educación lo contactará para saber si su hijo/a es elegible para servicios educacionales adicionales.</i></b></p>
<p>¿Cuál es el mejor tiempo para comunicarse con usted?</p> <p><input type="checkbox"/> Durante el día <input type="checkbox"/> En la tarde/Noche</p>

<p><b><i>For School Use Only</i></b> Date received from family: _____</p> <p><b>Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.</b></p> <p>Or convey by regular mail, or fax to:</p> <p>MMESC - P.O. Box 1575 Mississippi State, MS 39762 (fax: 662-325-0864)</p>
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***For MMESC Use Only:***

School District: \_\_\_\_\_ Date received from school: \_\_\_\_\_

Please Respond  
in English

English  
School-Parent Compact

### South Tippah School District School-Parent Compact

Date: 06/01/2026  
(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 a 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: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 #

Por favor,  
responda en inglés

Spanish

School-Parent Compact

## South Tippah School District Acuerdo entre los padres y la escuela

Fecha: 06/01/2026

(mm/dd/aaaa)

Estimado padre/madre/tutor:

**Valoramos lo que hace para ayudar a que su hijo(a) tenga éxito en la escuela. Este acuerdo entre los padres y la escuela forma parte de la política de participación de los padres y las familias de nuestra escuela. Este acuerdo se desarrolló en colaboración con los padres e identifica maneras en las que usted y el personal de la escuela pueden compartir la responsabilidad de apoyar el aprendizaje de su hijo(a).**

### **Responsabilidades de la escuela:**

- Ofreceremos programas e instrucción de alta calidad en un entorno de aprendizaje eficaz y de apoyo.
- Proporcionaremos asistencia para comprender las pruebas y los estándares de rendimiento académico, para saber cómo supervisar el avance de su hijo(a) y para poder establecer un entorno y una rutina de tareas exitosos.
- Proporcionaremos oportunidades periódicas de comunicación entre usted y los maestros a través de:
  - reuniones de padres y maestros,
  - informes frecuentes sobre el avance de su hijo(a),
  - oportunidades para hablar con el personal, trabajar como voluntario en la clase y observar las actividades del salón de clases,
  - garantizaremos una comunicación continua entre los miembros de la familia y el personal de la escuela en la medida de lo posible, en un idioma que los miembros de la familia puedan comprender.

### **Responsabilidades de los padres:**

- Alentar a su hijo(a) a asistir a la escuela con regularidad
- Incentivar a su hijo(a) a tener un comportamiento escolar positivo
- Establecer horarios regulares para la tarea y apoyar el esfuerzo, la finalización y la exactitud de las tareas
- Establecer límites para el tiempo que su hijo(a) pasa frente a una pantalla, como la televisión, un teléfono inteligente o una computadora, y alentar el uso positivo del tiempo libre
- Trabajar como voluntario en la escuela y el salón de clases de su hijo(a) si el horario lo permite
- Asistir a las reuniones de padres y maestros y, cuando sea apropiado, participar en decisiones sobre la educación de su hijo(a).

Revise este Acuerdo entre los padres y la escuela con su hijo(a). Podemos analizar este Acuerdo con usted durante una reunión de padres y maestros en lo que se refiere al avance escolar de su hijo(a).

Gracias por su interés y participación en la educación de su hijo(a). Para obtener más información, comuníquese con la persona que se indica a continuación:

Nombre: \_\_\_\_\_ Título: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_ Dirección de correo electrónico: \_\_\_\_\_

Firme e incluya la fecha a continuación para confirmar que ha leído y recibido esta información. Devuelva todo el formulario al maestro de su hijo(a).

Firma del padre/madre/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del maestro: \_\_\_\_\_ Fecha: \_\_\_\_\_

#### OFFICE USE ONLY

Student ID #	Student Name	Date Distributed	Faculty Name	Faculty ID #