

**Water Valley School District
2020-2021 Residency & Registration Form**

Student Information:

First Name: _____ Middle: _____ Last: _____

Preferred name: _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: Male Female

Is the student of Latino/Hispanic heritage? Yes No

Race: White Black Hispanic Native American Asian Pacific Islander Multi Other

Student Cell Phone: _____ Student Social Security Number: _____

Transportation: Car Rider or Bus Rider Bus No: _____

With whom does the student live?(circle) Father Mother Both Legal Guardian

***** Legal guardianship papers will need to be provided if you are not the student's parent.

Students Physical Mailing Address _____

City _____ State _____ Zip _____

Mailing Address if different: _____

Father/Guardian Name: _____

Father/Guardian Mailing Address if different _____

Cell Phone: _____ Email: _____

Mother/Guardian Name: _____

Mother/Guardian Mailing Address if different _____

Cell Phone: _____ Email: _____

Previous School Information: _____

Has the student ever been enrolled in Water Valley School District? Yes or No

enrolled in gifted classes Yes or No

Enrolled in speech/language Yes or No

The student has permission to be photographed for bulletin boards, websites, social media and newspaper
Yes or No

_____ I AGREE for my child to receive corporal punishment (spanking) while at school.

_____ I DO NOT AGREE for my child to receive corporal punishment (spanking) while at school. I

understand it is the responsibility of my child to remind the teacher/administrator that his/her
parent/guardian does not want him/her to receive corporal punishment (spanking) while at school.

Water Valley School District Home Language Survey

Because the Water Valley School District is unaware of all English Language Learners the Mississippi Department of Education recommends that schools conduct a survey of language used in the home.

Please complete this survey and return it to the school.

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. Have you and/or your child ever lived in another country? _____

If yes, what country? _____

3. Has your child ever attended school in another country? _____

If yes, what country? _____

What grades? _____

When did your child enroll in school in the United States? _____

4. Has your child ever received English Language Learner instruction? _____

5. What language does your child speak most often?

6. What language is most often spoken in your home?

TO BE COMPLETED BY THE SCHOOL DISTRICT

Documents provided to me by Parent/Guardian/Other Adult: (Minimum of 2 required)

1. ___ Filed Homestead Exemption Application Form/Land Tax Receipt (Must be from current year)
2. ___ Mortgage Documents/Property Deed (mortgage documents must indicate current year, if property deed used, physical address must appear on the deed)
3. ___ Apartment or Home Lease (cannot be handwritten receipt and must be in current year)
4. ___ Utility Bills (must be within the last three months prior to registration – no cell phone or cable bills)
 Acceptable bills: light, gas, water, landline phone
1. ___ Automobile Registration (for current vehicle tag – not car title)
2. ___ Valid Driver's License or State issued identification
3. ___ Any other documentation that will be objectively and unequivocally establish the parent or legal guardian resides within the school district as determined by the principal, superintendent or designee.
4. ___ Student is living with legal guardian – (LEGAL CUSTODY DOCUMENT) a copy of the court order appointing the guardian must be provided to the district. If a petition of guardianship has been filed and the decree is pending, the student or guardian must provide a certified copy of the filed petition for guardianship.

Entered/Approved By _____

Date _____

Parent Signature

Date

DAVIDSON ELEMENTARY SCHOOL

KINDERGARTEN SUPPLY LIST

2020-2021

- 12 glue sticks
 - 2 bottles of Elmer's glue
 - 1 cloth pencil pouch
 - 2 packages of #2 Pencils (24 Count)
 - 4 primary oversized beginner pencils
 - 6 boxes of Crayola crayons (8 count; 16 or 24 count are also acceptable)
 - 3 primary pencil writing tablets (5/8 inch rule of Kindergarten-1st grade lined paper tablet)
 - 1 primary journal (journals have a place for drawing and writing)
 - 1 package of dry erase markers
 - 1 package of washable markers
 - 2 containers of playdough
 - 1 watercolor paint set
 - (3) three-prong pocket folders (plastic-vinyl type)
 - 1 pair of round-tip Fiskars scissors
 - 1 vinyl rest mat (cloth type is not acceptable)
 - 1 backpack
 - PLEASE PUT YOUR CHILD'S NAME ON THE ITEMS ABOVE
-
- 2 bottles of hand sanitizer
 - 1 bottle of soap
 - 3 boxes of Kleenex
 - 2 containers of Lysol or Clorox wipes
 - 1 can of Lysol
 - 1 box of quart Ziploc bags
 - 2 boxes of gallon Ziploc bags
 - 3 rolls of paper towels

DAVIDSON ELEMENTARY SCHOOL

Dear Parents/Guardians:

During our new registration, you were asked to complete an Active Parent form and to list all the students in your household. (regardless of school)

Our goal is to make sure that your account is **working and active**.

Please go to the Water Valley School District website – www.wvsdonline.com to access this account.

If your account is not working, please complete this form and return it to the school. You will be notified by email when the account has been created.

List all of the students you have at DES or WVHS.

Student's Name (Please Print)	Grade	School

Follow our guide to username and password! This is very important!

Username: _____ (first initial of first name plus last name)

Password: _____ (last four digits of SSN plus last name)

Email: _____ (must have an email listed on this line)

Asthma Action Plan



General Information:

Name _____
 Emergency contact _____ Phone numbers _____
 Physician/Health Care Provider _____ Phone numbers _____
 Physician Signature _____ Date _____

Severity Classification	Triggers	Exercise
<input type="radio"/> Mild Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	1. Pre-medication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter

More than 80% of personal best or _____

Peak Flow Meter Personal Best =

Control Medications

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yellow Zone: Getting Worse

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50 to 80% of personal best or _____ to _____

Contact Physician if using quick relief more than 2 times per week.

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days
- Change your long-term control medicines by _____
- Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- Take quick-relief treatment again
- Change your long-term control medicines by _____
- Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter

Between 0 to 50% of personal best or _____ to _____

Ambulance/Emergency Phone Number:

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Go to the hospital or call for an ambulance if

- Still in the red zone after 15 minutes
- If you have not been able to reach your physician/health care provider for help
- _____

Call an ambulance immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue