



Form A

MISSISSIPPI SCHOOL FOR MATHEMATICS AND SCIENCE

STUDENT BIOGRAPHICAL AND CONTACT INFORMATION

This form should be completed by the parent or legal guardian. It will only be used to keep our students and parents informed of important information from MSMS

IMPORTANT! If your address or phone numbers change during the year please contact the Records Clerk at 662-329-7678 to update the information.

STUDENT INFORMATION:

Student Name: _____ Goes by: _____
Last First Middle

Race: *(check one)* ___ American Indian or Alaska Native / ___ Asian / ___ Black or African American / ___ Hispanic / ___ Native Hawaiian or Other Pacific Islander / ___ White / ___ Two or more Races

Is the student Hispanic or Latino? ___ Yes ___ No

Social Security #: _____ or VISA type: _____

Cell Phone (if applicable): _____ Gender: _____ Grade: _____

DOB: _____ Birth Certificate File #: _____ State of Birth: _____

I give permission to disclose personally identifiable "Directory" information: ___ Yes ___ No

NATIVE LANGUAGE SURVEY:

What language did this student learn when he/she first began to talk? _____

If Chinese or Indian, please indicate dialect: _____

Which language does this student speak most often? _____

If Chinese or Indian, please indicate dialect: _____

Which language is spoken most often in the home? _____

If Chinese or Indian, please indicate dialect: _____

PARENT/FAMILY INFORMATION:

1. Please check the appropriate box:

Single Married Divorced Separated Widowed

2. Who has legal **custody** of this student? *(mark all that apply)*

Father Mother Other: _____

Reports on grades and behavior will automatically be sent to the primary custodial parent and, per MS Code § 93-5-26, shall not be denied to a non-custodial parent unless parental rights have been legally terminated. **NOTE: If records are to be denied to a non-custodial parent, a copy of the divorce decree or other legal document must be attached to this form showing that parental rights have been legally terminated.**

Who does this student primarily **live with**? *Check all that apply*

Father Mother Stepmother Stepfather Other: _____

3. Siblings and their ages: _____

Form A
MISSISSIPPI SCHOOL FOR MATHEMATICS AND SCIENCE

PARENT/GUARDIAN CONTACT INFORMATION:

1. **FATHER** (if applicable) Joint custody Primary custodial Secondary custodial Non-custodial

Name: _____ E-mail: _____

Home Mailing Address: _____ Home Phone: _____

Street City State Zip Cell Phone: _____

Place of Employment: _____ Work Phone: _____

2. **MOTHER** (if applicable) Joint custody Primary custodial Secondary custodial Non-custodial

Name: _____ E-mail: _____

Home Mailing Address: _____ Home Phone: _____

Street City State Zip Cell Phone: _____

Place of Employment: _____ Work Phone: _____

3. **STEPFATHER** (if applicable) Joint custody Primary custodial Secondary custodial Non-custodial

Name: _____ E-mail: _____

Home Mailing Address: _____ Home Phone: _____

Street City State Zip Cell Phone: _____

Place of Employment: _____ Work Phone: _____

- STEPMOTHER** (if applicable) Joint custody Primary custodial Secondary custodial Non-custodial

Name: _____ E-mail: _____

Home Mailing Address: _____ Home Phone: _____

Street City State Zip Cell Phone: _____

Place of Employment: _____ Work Phone: _____

4. **EMERGENCY CONTACT (REQUIRED)** *Emergency contacts should **NOT** be the parents/guardians listed above.*

Name: _____ Relationship: _____ E-mail: _____

Home Mailing Address: _____ Home Phone: _____

Street City State Zip Cell Phone: _____

Place of Employment: _____ Work Phone: _____

I certify that I am the parent or legal guardian of the above named student and that the information is accurate to the best of my knowledge.

Signature: _____

Date: _____