WINONA-MONTGOMERY CONSOLIDATED SCHOOL DISTRICT
Dr. Howard Savage, Superintendent

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

Pre-K Registration Now Open!



Registration Dates

Registration closes January 16, 2026

IMPORTANT INFORMATION!!
Please read carefully!!
MUST HAVE:
*Birth Certificate
*Shot Record (FORM 121)
*Social Security Card
*2 Proofs of Residency
ALL APPLICATIONS WILL BE CONSIDERED INCOMPLETE WITHOUT THESE ITEMS

PRE-K STUDENTS MUST BE 4 YEARS OLD PRIOR TO SEPTEMBER 1, 2026

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Residency Verification Form 2025-2026

Student's Name: _____ Grade_____

Name of Parent/Guardian: _____

Parent/Guardian **Physical Address**: _____

If renting, full name of property owner: _____

You must initial one of the following:

_____ We have not moved, and the physical address above is the same address we currently have on file at the school.

_____ We have moved and the physical address above is a new address. Two current proofs of residency are attached.

I hereby certify that the information given above on this form is 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 parents or guardian 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 Date Telephone Number

TO BE COMPLETED BY THE SCHOOL DISTRICT

_____A. Documents provided to school by Parent/Guardian. (Minimum of two required)
(All of the following items must show the ***physical address***, not PO Box, with the parent's/guardian's name.

_____1. Utility Bill(s) (Electric, Gas, Water, Cable or Telephone)

_____2. Property tax receipt indicating school district taxes included.

_____3. Car tag receipt indicating school district.

_____4. Rent receipt or Lease or Rental Agreement showing correct address and current date (not handwritten).

_____5. Mortgage Statement with current address

_____B. Driver's License of Parent or Guardian with current address

_____C. Tuition approval from the Superintendent's office. (Copy of receipt from Superintendent's office must be attached.)

_____D. Student is living with legal guardian and a certified copy of the Court Decree, or petition is pending, was received 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. Copy of appropriate documents must be provided to the school.

_____E. Employee of Winona-Montgomery Consolidated School District

_____F. Affidavit of Residency

_____G. Eligible for McKinney-Vento (forms attached)

_____
School District Representative/Date

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WINONA ELEMENTARY SCHOOL
PRE-KINDERGARTEN REGISTRATION

Dear Pre-Kindergarten Parents,

We are very happy to be registering your child for our Pre-Kindergarten program next year. The staff members at Winona Elementary are dedicated, professional educators. It is our goal to provide the best education possible for our students. We want these early years to be productive and happy ones for our students.

You will find listed below the legal documents that are required by State law for a child to enter school in Mississippi. These documents are not required to register your child, but they are required before school begins in August. Your child will not be allowed to enter school in August without these required forms.

1. **A Certified Birth Certificate - This is issued through the Mississippi State Department of Health. The charge is $17.00 for the certified copy. There is an application form that must be filled out. We have these necessary forms at the school. The certificate that the hospital gave you when your child was born is not a certified copy, and we cannot accept it.**
2. **A Certificate of Immunization Compliance-Record of Immunization - These forms should show that your child has received the necessary vaccinations against contagious diseases, such as mumps, measles, polio, etc. These are provided through the Health Department or your doctor.**
3. **Residency Verification - Two proofs of residency are required showing your 911 address and that you live in Montgomery County making your child eligible to attend Winona Elementary School. There is a letter attached that fully explains what we can accept as proof of residency.**
4. **Social Security Card - We must have a copy on record for reporting to the State.**

We know that most of our parents work. Therefore, we are trying to make this registration go as quickly as possible. If you will fill out the forms at home, it shouldn't take very long for us to go over the information with you at registration. If you have any of the 4 required documents at home, please bring them with you. We will help you fill out anything you don't understand.

If you have any questions, please call the school at 662-283-4129. We will be glad to help in any way possible.

Sincerely,

Tracy Moore, Principal

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ENROLLMENT FORM

STUDENT'S NAME_____ GRADE _____
LAST FIRST MIDDLE

RACE _____ GENDER_____ DATE OF BIRTH _____/_____/_____

MAILING ADDRESS_____

PHYSICAL ADDRESS_____

NAME OF PARENT(S) OR LEGAL GUARDIAN_____
*If your name is not listed on the birth certificate you must have a signed court document from a Judge.

WHO DOES STUDENT LIVE WITH: _____MOTHER ____FATHER ____BOTH PARENTS

____LEGAL GUARDIAN ____ FOSTER PARENT ____ CPS

MOTHER'S NAME (Print) _____

(___) _____-_____, (___) _____-_____, (___) _____-_____
HOME CELL WORK\

MILITARY: YES NO BRANCH _____ ACTIVE: YES NO

FATHER'S NAME (Print) _____

(___) _____-_____, (___) _____-_____, (___) _____-_____
HOME CELL WORK

MILITARY: YES NO BRANCH _____ ACTIVE: YES NO

GUARDIAN'S NAME (Print) _____

(___) _____-_____, (___) _____-_____, (___) _____-_____
HOME CELL WORK

MILITARY: YES NO BRANCH _____ ACTIVE: YES NO

_____ _____
PARENT / LEGAL GUARDIAN'S SIGNATURE **DATE**

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NEW STUDENT INFORMATION FORM

This form is only for students who did not attend WMSD last school year.

_____ _____ _____

New Student Name (please print) | Date of Birth | Grade | Race

_____ _____

Name of previous school | City and State of previous school

_____

Phone number of previous school

Is the previous school (please select one)

_____ Public ____ Private _____ Home School

_____ _____

Name of the last MS public school attended. | Location of last MS. public school

_____ Has your child ever attended Winona-Montgomery Consolidated School District?

_____ Has your child ever repeated a grade? If so, which grade or grades? _____

_____ My child received Special Education Services at his/her previous school?

_____ My child received the following Special Education services at his/her previous school for:

- ◊ Autism (AU)
- ◊ Deaf-Blind (DB)
- ◊ Emotional Disability (EmD)
- ◊ Hearing Impaired (HI)
- ◊ Intellectual Disability (ID)
- ◊ Language/Speech (LS)
- ◊ Other Health Impairment (OHI)
- ◊ Orthopedic Impairment (OI)
- ◊ Specific Learning Disability (SLD)
- ◊ Traumatic Brain Injury (TBI)
- ◊ Visually Impaired (VI)
- ◊ Multiple Disabilities (MD)
- ◊ Developmental Delayed (DD)

_____ My child has a Section 504 Accommodation Plan.

_____ My child has an Individual Health Plan (IHP).

_____ My child received other services (list): _____

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Parent/Guardian Printed Name: _____ **Phone Number:** _____

Parent/Guardian Signature: _____ **Date:** _____

Student's Name:_____ Grade: **Pre-Kindergarten**

Date Of Birth:_____

The Mississippi Department of Education (MDE) is working to gather data on the previous education history of student entering kindergarten. This data collection is an effort to better support early learning outcomes for student in public schools across the state and to better target professional development needs for early childhood educators. **Mark only one of the following:**

O Kindergarten-Retained
Name of School_____
Address_____
City State ZIP

O Public Pre-K
Name of School_____
Address_____
City State ZIP

O Private Pre-K
Name of School_____
Address_____
City State ZIP

O Head Start
Name of School_____
Address_____
City State ZIP

O Licensed Child Care Center
Name of School_____
Address_____
City State ZIP

O Home
Address_____
City State ZIP

O Family/Friend Care
Address_____
City State ZIP

Half-Day Program_____ All Day Program_____

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Student Residency Form

** Complete and Return to School ONLY if these apply **

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

_____in a shelter

_____in another location that is not appropriate for people (e.g., an abandoned building)

_____in a motel/hotel

_____temporarily with more than 1 family in a house, mobile home, or apartment (because family does not have its own place)

_____in a car

_____other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

_____at a campsite

Name of school: _____

Name of student: _____ Student's date of birth: _____

I, _____ , declare as follows: I am the parent/legal guardian of _____,
(name) (name of student)
who is of school age and is seeking enrollment in _____. Since _____,
(name of school district) (date)
our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form:

Signature: _____ Date: _____

Address: _____ Phone number: _____

Email address: _____

I can be reached for emergencies at: _____

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Home Language Survey

Winona-Montgomery Consolidated School District is required under federal guidelines to identify, assess, place, and review program effectiveness for services provided for English Language Learners. To assist us with these services, please answer the following question:

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 at home? _____

STUDENT'S NAME _____

PARENT'S SIGNATURE _____

For TEACHER use only:

Please send a copy of any survey indicating an ELL student to the Federal Programs Office.

This document must be filed in all student cumulative folders, not just ELL student folders. Every student should have a completed form on file.

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MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child

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?

   ☐ Yes ☐ No **(If you answered "No," STOP HERE. If you answered "Yes," continue.)**

2. Did you or anyone in your household find work in **agriculture** or **fishing** (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)?

   ☐ Yes ☐ No **(If you answered "No," STOP HERE. If you answered "Yes," continue.)**

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.

What is the best time to get in touch with you? ☐ During the day ☐ Evening/night

For School Use Only Date received from family: _____

Do not email forms. Call 662-325-1815 and your MMESC Recruiter will pick up returned forms.
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: _____

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MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child

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):
1. ¿Usted o alguien en su familia se ha mudado a un pueblo nuevo para encontrar trabajo en los últimos 3 años? ☐ Sí ☐ NO **(Si contestó "NO," PARE DE CONTESTAR AQUÍ. Si contestó "Si", continúe.)**
2. ¿Usted o alguien en su familia encontró trabajo en **agricultura** o la **pesca**? (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). ☐ Sí ☐ NO **(Si contestó "NO," PARE DE CONTESTAR AQUÍ. Si contestó "Si", continúe.)**
Si usted contestó "Sí" 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.
¿Cuál es el mejor tiempo para comunicarse con usted? ☐ Durante el día ☐ En la tarde/Noche

For School Use Only Date received from family: _____

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Winona-Montgomery Consolidated School District
Health Services

STUDENT HEALTH FORM

Student's Name: _____ Grade: _____ School Year: _____

Parent/Guardian Name(s):

_____ Phone #:_____

_____ Phone #: _____

STUDENT'S HEALTH HISTORY

CONDITION	YES	NO	List Symptoms-Medications-Comments
ALLERGY (life threatening)			
To Food			
To Medication			
To Insects			
Asthma			
Seizure			
Diabetes			
Attention Deficit (ADD, ADHD)			
Birth Defect/Physical Handicap			
Bone/Joint Condition			
Emotional/Psychological Disorder			
Headaches/Migraines			
Cardiac Conditions			
Hypertension (High Blood Pressure)			
Blood Disorder/Sickle Cell			
Speech/Hearing Problems			
Gastrointestinal Conditions			
Surgery			
Vision Problems			Glasses? **YES** or **NO** Contacts? **YES** or **NO**
Handicaps, special needs, or other medical concerns not listed			
Is the student taking daily medication?			If **YES,** please list:

I give permission for my child to participate in the school's health program, basic screening (vision, hearing, etc.) and health education from the school nurse or other designee of the school. I give my permission for my child to receive standing orders/first aid care as needed. In addition, I give Winona School District staff permission to transport my child for emergencies, medical needs, or school issues as deemed necessary. It is the parent/guardian responsibility to notify the school of any medication or medical condition changes.

Parent/Guardian Signature: _____ **Date:** _____

Health Forms and Medical Action Plans are required each school year

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Celebrating Your Preschooler

Pre-Kindergarten is an exciting year for a child!! We look forward to working together to make this school year a happy and productive one for your child. Parents are their child's first and most influential teachers. Understanding the growth and development of the preschool child helps us to nurture and guide children through this stage. Parents can encourage pre-literacy skills by engaging their children in conversation and reading to them daily!! Here are some characteristics of the preschool child that may help us all better understand the child's development.

Physical

Should be able to:

- Small muscle control; can make basic pictures - shapes
- Can hop, run, & skip
- Throw a ball overhand
- Dress themselves
- Can be active in their play

Will learn:

- To cut a line with scissors
- Make designs and basic letters

Social & Emotional

Should be able to:

- Have active imaginations
- May have imaginary friends
- Enjoy being with other children
- May brag or be bossy
- Enjoy pretending to be grown-ups
- Appreciate praise & encouragement for their accomplishments

Will learn:

- Learn to share, take turns, & follow rules
- Learn independence & making good choices
- Participate in group activities

Intellectual

Should be able to:

- Talk to adults/ peers
- Ask many "how and why" questions

Will learn:

- To hold a discussion
- Communicate needs & ideas
- Reasoning skills are developing
- Learn basic shapes, colors, letters, numbers, & sizes