Leake Middle School
801 Martin Luther King Drive
Carthage, MS 39051
601.267.8909

Kris Upchurch, **Principal**
Tearsanne Hall, **Assistant Principal**
Christy Mangum, **Counselor**

Tameka Russell, **Secretary**
Craig Smith, **Bookkeeper**
Kimberly McDonald, **Parent Liason**

Welcome to Leake Middle School!

NEW STUDENT REGISTRATION

We are SO excited to add you as a Leake Middle School GATOR!
The following items are REQUIRED to register as a new student here at Leake Middle School:

- ☐ Withdrawal Form from your previous school–signed and approved by an administrator and at least one other staff member
- ☐ Discipline report from your previous school
- ☐ Copy of Official Birth Certificate
- ☐ MOST RECENT Copy of Immunization form (Form 121 from Health Department or personal physician)
- ☐ Parent Driver's License or other Official Photo ID
- ☐ OFFICIAL Guardianship Paperwork and Photo ID (if not the legal parent listed on the child's birth certificate)
- ☐ TWO proofs of residency–must have the name of the parent/guardian who is registering the student AND the current address being used in registration (Examples include, but are not limited to Driver's License, Utility bill, Voter Registration, Medicaid letter, etc.)
- ☐ HOME LANGUAGE SURVEY
- ☐ STUDENT INFORMATION SHEET

FOR STUDENTS WITH AN IEP or LSP(EL):

- ☐ We must have the latest IEP/LSP ruling and placement determination in order to provide services immediately

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From the Counselor:

Welcome to Leake Middle School! We are thrilled to have you as part of our school community and look forward to an exciting and successful year ahead. At LMS, we are dedicated to creating a positive, supportive, and engaging environment where students can thrive academically, socially, and emotionally. Our teachers and staff are committed to helping each student reach their full potential and discover their unique strengths.

As we embark on this new school year, we encourage you to get involved, ask questions, and communicate with us. Working together, we can make this year an unforgettable journey of learning and growth.

Thank you for being a part of the LMS family. Let's make it a great year!

¡Bienvenidos a la escuela secundaria Leake! Estamos encantados de tenerlo como parte de nuestra comunidad escolar y esperamos tener un año emocionante y exitoso por delante. En LMS, nos dedicamos a crear un ambiente positivo, de apoyo y atractivo donde los estudiantes puedan prosperar académica, social y emocionalmente. Nuestros maestros y personal están comprometidos a ayudar a cada estudiante a alcanzar su máximo potencial y descubrir sus fortalezas únicas.

A medida que nos embarcamos en este nuevo año escolar, lo alentamos a participar, hacer preguntas y comunicarse con nosotros. Trabajando juntos, podemos hacer de este año un viaje inolvidable de aprendizaje y crecimiento.

Gracias por ser parte de la familia LMS. ¡Hagamos que sea un gran año!

Warm regards,

Christy Mangum
Leake Middle School School Counselor

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Student Information Sheet / Date:_____

NAME _____ Race _____ Gender _____
Student's Birthdate: _____ Grade: _____ (for THIS school year)

Has your child ***previously*** attended a school in *Leake County School District*? YES NO
If YES, choose one of the following:

- ☐ Leake Middle School
- ☐ Leake Central Elementary
- ☐ Leake County Elementary
- ☐ Leake County HS
- ☐ Other _____

Has this student ever been retained or held back in school? ☐ YES ☐ NO
If YES, please explain:

_____

_____

Parent Contact Information

PARENT NAME _____
ADDRESS _____
PHONE ( ) _____ EMAIL _____

- ☐ FATHER
- ☐ MOTHER
- ☐ LEGAL GUARDIAN (legal papers must be presented or in the student's record to continue student registration)

PARENT NAME _____
ADDRESS _____
PHONE ( ) _____ EMAIL _____

- ☐ FATHER
- ☐ MOTHER
- ☐ LEGAL GUARDIAN (legal papers must be presented or in the student's record to continue student registration)

EMERGENCY CONTACTS (List on back of this page)

Leake County School District seeks to provide the safest and most secure environment for your child. We would like to provide a safe, secure procedure for student check-in, check-out, and emergency contacts. Parents/guardians may designate other trusted adults to come to the school to check in/check out your student. SCHOOL EMPLOYEES may NOT be listed to check out your child unless the employee is an immediate family member (i.e. grandparent, aunt, uncle, etc).

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APPROVED CHECK OUT LIST

ANYONE checking out a student from our campus WILL BE EXPECTED TO PRESENT A CURRENT PHOTO ID.

Name	Phone #	Check-in/ Check-out	Emergency Contact?	Relation to Student
		YES NO	YES NO	
		YES NO	YES NO	
		YES NO	YES NO	
		YES NO	YES NO	
		YES NO	YES NO	

PLEASE list anyone (other than parents listed on Birth Certificate) that you wish to have access to school records: (report cards, progress reports, as well as personal identification information)

_____

_____

TRANSPORTATION

How will the student get TO school in the mornings?	☐ BUS	☐ CAR	☐ WALK
How will the student get home FROM school?	☐ BUS	☐ CAR	☐ WALK

If school is dismissed early due to emergencies:

- ☐ The primary Parent/Guardian will pick up this child
- ☐ Allow this child to walk or ride a bicycle home
- ☐ Allow this child to ride home with any Parent/Guardian marked emergency contact
- ☐ This student is a bus student and should ride the bus home

DISCIPLINE

I give permission for my child to receive corporal punishment: ☐ YES ☐ NO

NOTES/COMMENTS:

Parent/Guardian Signature _____ Date _____

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FEDERAL PROGRAMS AND SPECIAL SERVICES:

STUDENT NAME: _____

- MILITARY BACKGROUND:

1. Is the student's parent/guardian enlisted in the military? ☐ YES ☐ NO
   If YES, check all that apply:

☐ AIR FORCE ☐ ARMY ☐ COAST GUARD ☐ USMC ☐ NAVY ☐ SPACE FORCE
☐ NATIONAL GUARD ☐ RESERVES ☐ ACTIVE DUTY

- SPECIAL SERVICES:

1. Is the parent or the student in need of an interpreter? ☐ YES ☐ NO
2. Is your child an English Language Learner requiring ELL services (primary language spoken in the home is NOT English)?
   ☐ YES ☐ NO
   Language Spoken at home (Other than English)? _____

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3. Does your child currently receive Special Education services? ☐ YES ☐ NO
   If YES, please choose all that apply:
   ☐ IEP ☐ 504 ☐ Speech ☐ Gifted

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4. Are you living in a temporary residence? ☐ YES ☐ NO
5. Are you a foster parent? ☐ YES ☐ NO
   *ADDITIONAL FEDERAL PROGRAMS INFORMATION WILL BE PROVIDED TO ANYONE WHO ANSWERS "YES" TO #4-5

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6. Does the child have any medical conditions we must be made aware of?
   ☐ YES ☐ NO
   IF YES, please explain:
   _____
   _____
   _____
   *This information will be provided to the school nurse, but please make sure you have completed and turned in the medical information form provided by our school nursing staff.

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Additional NEW STUDENT registration packet forms. Please ask office staff to provide you with these forms:

- ☐ VERIFICATION OF RESIDENCY
- ☐ HOME LANGUAGE SURVEY
- ☐ Medical Form (for the Nurse)
- ☐ Email Permission Form
- ☐ DISTRICT HANDBOOK SIGNATURE, PHOTOGRAPHY PERMISSION, AND ACCEPTABLE USE POLICY/COMPUTER PERMISSION (Not Available until School Board Approves the 2026-2027 Student Handbook)