

ENROLLMENT DATE: (SCHOOL USE ONLY) _____

STUDENT PIN (SCHOOL USE ONLY) _____ **HOMEROOM: (SCHOOL USE ONLY)** _____

FULL LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE

LAST NAME _____ **FIRST NAME** _____

MIDDLE NAME _____ **GENERATION** _____ (JR., II, III, ETC....)

PREFERRED NAME _____

SOCIAL SECURITY NUMBER (Optional) _____ **BIRTHDATE (mm/dd/yyyy)** _____

MOTHER'S MAIDEN NAME _____ **STUDENT'S CITY OF BIRTH** _____

STUDENT'S COUNTY OF BIRTH _____ **STUDENT'S STATE OF BIRTH** _____

STUDENT'S COUNTRY OF BIRTH _____ **IF NOT BORN IN THE UNITED STATES,**

THEN DATE FIRST ENTERED A UNITED STATES SCHOOL (Month, Day, Year) _____

GENDER: _____ **MALE** _____ **FEMALE** _____ **GRADE LEVEL** _____

RACE CATEGORIES: (Please mark all that apply)

_____ **AMERICAN INDIAN OR ALASKAN NATIVE**
_____ **ASIAN** _____ **NATIVE HAWAIIAN OR PACIFIC ISLANDER**
_____ **BLACK/AFRICAN AMERICAN** _____ **WHITE**

ETHNIC CATEGORY: (Please choose one of the below)

HISPANIC _____ **NON-HISPANIC** _____

NAME AND RELATION OF PERSON THAT STUDENT LIVES WITH: _____

NAME AND RELATION OF PERSON WHO HAS LEGAL CUSTODY: _____

COUNTY WHERE STUDENT LIVES: _____

IS HOME INSIDE THE CITY LIMITS OF ROGERSVILLE? _____

SCHOOL WHERE STUDENT IS ZONED TO ATTEND: _____

BUS (#) (AM) _____ **(PM)** _____ **DISTANCE YOU LIVE FROM SCHOOL** _____

BUS (#) THAT COMES BY YOUR HOUSE: AM _____ **PM** _____

CAR RIDER: AM/PM YES _____ NO _____

WALKER: AM/PM YES _____ NO _____

FIRST CONTACT (PARENT(S)/GUARDIAN(S)): Both parents living in the same household can be listed as one contact

PARENT/GUARDIAN NAME/S _____

RELATIONSHIP TO STUDENT _____

PLEASE CHECK THE FOLLOWING MAILINGS THAT THIS CONTACT IS PERMITTED TO RECEIVE:

Attendance Scheduling Grading Discipline Mailings Testing

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

HOME ADDRESS FOR ABOVE PARENTS/GUARDIANS: (CANNOT BE A P.O. BOX)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS FOR ABOVE: (If different than Home Address) (P.O. BOX SHOULD GO HERE)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SECOND CONTACT (PARENT/GUARDIAN OR EMERGENCY CONTACT):

NAME _____

RELATIONSHIP TO STUDENT _____

PLEASE CHECK THE FOLLOWING MAILINGS THAT THIS CONTACT IS PERMITTED TO RECEIVE:

Attendance Scheduling Grading Discipline Mailings Testing

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ EMAIL ADDRESS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PLACE OF EMPLOYMENT: _____

PERMISSION TO PICK UP MY CHILD: (YES/NO) _____

THIRD CONTACT: (EMERGENCY CONTACT)

NAME _____

RELATIONSHIP TO STUDENT _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

WORK PHONE: (____) _____ EMPLOYER'S NAME: _____

PERMISSION TO PICK UP (YES/NO) _____

FOURTH CONTACT: (EMERGENCY CONTACT)

NAME _____

RELATIONSHIP TO STUDENT _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

WORK PHONE: (____) _____ EMPLOYER'S NAME: _____

PERMISSION TO PICK UP (YES/NO) _____

STUDENT INFORMATION

LEGAL ALERT: It is the responsibility of the parent(s)/guardian(s) to notify the school of any custody/legal issues (custody papers, restraining order, power of attorney, etc.....) pertaining to your child. **LEGAL DOCUMENTS MUST BE ON FILE IN THE SCHOOL OFFICE**

MEDICAL ALERT: (List any Dr. diagnosed information that pertains to the health of your child that would be helpful for the school to know: (allergies, asthma, ADD, ADHD, Diabetes, heart condition, vision or hearing impairment, HIV, Hepatitis A, Hepatitis B, or Hepatitis C). **Documentation must be provided to the school to support this diagnosis.**

DISABILITY (if any) _____

PLEASE MARK YES OR NO TO ALL THAT APPLIES BELOW:

PERMISSION TO:

CALL DOCTOR _____ CALL AMBULANCE _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR CHILD _____

DOCTOR'S NAME _____ DR. PHONE # _____

DOCTOR'S ADDRESS: _____

IF YOUR CHILD IS TRANSFERRING FROM ANOTHER SCHOOL, PLEASE LIST THE NAME OF THE SCHOOL AND A COMPLETE ADDRESS FOR THE SCHOOL ALONG WITH A TELEPHONE NUMBER:

HAS YOUR CHILD ATTENDED ANY OTHER SCHOOLS THIS SCHOOL YEAR OR FINISHED THE LAST DAY OF THE LAST SCHOOL YEAR IN ANOTHER TN SCHOOL SYSTEM? If yes, please list the school name(s).

WHERE DOES YOUR CHILD STAY AT NIGHT? (Please check one of the following):

- CHILD LIVES IN A: _____ HOME/APARTMENT OWNED OR RENTED BY THE PARENT(S)/GUARDIAN(S)
_____ WITH A RELATIVE OR FRIEND (family does not have a residence)
_____ IN A SHELTER
_____ IN A MOTEL
_____ IN AN AUTOMOBILE
_____ A CAMPSITE
_____ IN HOUSING THAT IS INADEQUATE (i.e. no electricity, running water, etc.)
_____ OTHER

IF OTHER HOUSING, PLEASE LIST _____

DOES YOUR CHILD HAVE ANY PREVIOUS SCHOOL EXPERIENCE? (PLEASE INCLUDE PRE-K)

_____ YES _____ NO

TYPE: _____

DID YOUR CHILD PARTICIPATE IN IMAGINATION LIBRARY? _____ YES _____ NO

WHICH HAND DOES YOUR CHILD USE? _____ RIGHT _____ LEFT

WHAT LANGUAGE IS SPOKEN IN THE HOME? Language Spoken: _____

WHO SPEAKS THIS LANGUAGE? _____ FATHER _____ MOTHER _____ EVERYONE

WHAT IS THE FIRST LANGUAGE THE STUDENT LEARNED TO SPEAK? _____

WHAT LANGUAGE DOES THE STUDENT SPEAK MOST OFTEN OUTSIDE OF SCHOOL? _____

HAS THE FAMILY MOVED DURING THE LAST 36 MONTHS SEEKING EMPLOYMENT IN AGRICULTURAL RELATED JOBS OR THE FISHING INDUSTRY? YES _____ NO: _____

PLEASE INDICATE ALL OF THE FOLLOWING THAT YOUR CHILD HAS HAD:

CHILDHOOD DISEASES:	YES/NO		YEAR
	_____	CHICKENPOX	_____
	_____	WHOOPING COUGH	_____
	_____	RHEUMATIC FEVER	_____
	_____	MEASLES	_____
	_____	MUMPS	_____
OTHER ILLNESSES:	_____	TONSILLECTOMY	_____
	_____	APPENDECTOMY	_____
	_____	DISCHARGING EARS	_____
	_____	CRIPPLING CONDITION	_____
	_____	OTHER (list) _____	_____

PLEASE LIST ANY OTHER INFORMATION WHICH YOU THINK WOULD BETTER ENABLE YOUR CHILD'S TEACHER / SCHOOL TO UNDERSTAND AND WORK WITH YOUR CHILD:

Education Level of Parent (s) (Circle highest completed level)

Mother: SOME HIGH SCHOOL GED HS GRAD ASSOCIATE MASTERS+ Other _____

Father: SOME HIGH SCHOOL GED HS GRAD ASSOCIATE MASTERS+ Other _____

*****If information should change during the school year,
you are required to notify the school office immediately. *****

**IF THERE ARE QUESTIONS CONCERNING THE ENROLLMENT OF YOUR CHILD, PLEASE CALL THE
ROGERSVILLE CITY BOARD OF EDUCATION AT 423-272-7651 AND ASK TO SPEAK TO THE ATTENDANCE
SUPERVISOR.**