

_____ Tuition Application (if applicable)

_____ Registration Form

_____ Home Language Survey Form

_____ Migrant Education Survey Form

_____ Military Survey Form

_____ Immunizations/Physical (Tennessee Form)

_____ Proof of Age Affidavit (Examples Birth Certificate, Insurance Papers, Doctor Records, Etc.)

_____ Social Security Card (Copy & Number) (Optional – Not Required)

_____ Proof of Residence – Utility Bill (electric, water, gas, etc.) or lease agreement

_____ Custody Papers or Parenting Plan (if applicable)

_____ Driver's License Copy

_____ Record Release Form

_____ Grades/Attendance/Discipline – from Previous School

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
	<input type="checkbox"/>	CHICKENPOX	_____
	<input type="checkbox"/>	WHOOPING COUGH	_____
	<input type="checkbox"/>	RHEUMATIC FEVER	_____
	<input type="checkbox"/>	MEASLES	_____
	<input type="checkbox"/>	MUMPS	_____
OTHER ILLNESSES:	<input type="checkbox"/>	TONSILLECTOMY	_____
	<input type="checkbox"/>	APPENDECTOMY	_____
	<input type="checkbox"/>	DISCHARGING EARS	_____
	<input type="checkbox"/>	CRIPPLING CONDITION	_____
	<input type="checkbox"/>	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.

Rogersville City School
116 Broadway
Rogersville, TN 37857

423-272-7651 423-272-7790(fax)

HOME LANGUAGE SURVEY

Student Name _____ Date: _____

What is the first language this child learned to speak? _____

What language does the child speak most often outside of school? _____

What language is usually spoken in the child's home? _____

Who speaks this language?

_____ Father _____ Mother _____ Everyone in family

This form is required to be completed by all students enrolling in Rogersville City School. As well, this form is required by the Every Student Succeeds Act, Title I, Title III, Title VI and the Office of Civil Rights.

School Year _____
Grade _____
Date _____

**Rogersville City School
Military Survey**

1. Student's Name _____
2. Name of Parent/Guardian 1 _____
3. Name of Parent/Guardian 2 _____
4. Is either parent/guardian enlisted **full-time** in the Army, Navy, Air-Force, Marine Corps, Coast Guard, National Guard, or Active Guard Reserve?
 - a. Yes, Parent/Guardian 1
 - b. Yes, Parent/Guardian 2
 - c. Yes, both parents/guardians
 - d. No
5. Does either parent/guardian participate in the National Guard on a **part-time** basis?
 - a. Yes, Parent/Guardian 1
 - b. Yes, Parent/Guardian 2
 - c. Yes, both parents/guardians
 - d. No
6. Does either parent/guardian participate on a **part-time** basis in the reserves of a branch of the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?
 - a. Yes, Parent/Guardian 1
 - b. Yes, Parent/Guardian 2
 - c. Yes, both parents/guardians
 - d. No

As required under the Every Student Succeeds Act (ESSA), § 1111(h)(1)(C)(ii), each state's report card must include information for students with a parent who is a member of the Armed Forces. Beginning in the 2017-18 school year, districts are required to identify students whose parent(s) or legal guardian(s) fall within military-related classifications. According to the U.S. Department of Education (USED): "We want all military-connected school children to have an equal and fair opportunity for academic success. This requires that those individuals who make up our nation's educational system, our teachers, principals, school nurses, coaches, and counselors understand the unique situations the children of our service members experience."

Encuesta Ocupacional de Tennessee

Para mejor servir a sus hijos, nuestro distrito escolar le gustaría identificar a estudiantes quienes pueden calificar para programas educacionales adicionales, como tutoría, materiales escolares, almuerzo gratis o a precio reducido, campamentos de verano y otros servicios. **La información que proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese este formulario a la escuela.

Fecha	Nombre del Padre/Guardian
Primer Nombre de Estudiante	Apellido de Estudiante
Escuela	Grado

1 ¿Durante los últimos tres años usted o alguien en su familia ha trabajado temporalmente o por temporadas en los siguientes trabajos en los Estados Unidos?

- No
- SI. Marque todas las que apliquen y enumere el numero de meses trabajados:**



Trabajo de campo/Agricultura
(sembrar, plantar, pizar, cosechar, empacar, s ortear vegetales, frutas, algodón, etc.)

Total de meses trabajado: _____



Procesamiento/Empaque de alimentos y carnes (vegetales y carne de res, pollo, cerdo, etc)

Total de meses trabajado: _____



Lecheria/Ganaderia (Ordeñar, alimentar, acorralar)

Total de meses trabajado: _____



Vivero/Invernadero (sembrar, cultivar, plantar flores, plantas)

Total de meses trabajado: _____



Trabajo Forestal (sembrar, plantar, cultivar, cosechar arboles; paisajista no incluido)

Total de meses trabajado: _____



Pesca/Procesamiento de Pescado (sortear, empacar, pescado o mariscos)

Total de meses trabajado: _____

2. En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado?

- No
- SI. Cuanto tiempo lleva en su actual dirección?**
 _____ Años _____ Meses _____ Semanas

Si respondio "si" a las preguntas, porfavor llenar las siguientes preguntas.

Domicilio	Apt #
Cuidad	Estado
	Codigo Postal
Numero de Telefono	Mejor día de la semana y hora para llamar

For School Use Only: Please send survey with two **YES** responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:	Enrollment Date:	District ID:
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Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date **Parent/Guardian First & Last Name**

Student First Name **Student Last Name**

School Name **Student Grade**

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- No
 Yes. **Check all that apply and list the total number of months worked:**



Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



Dairy/Cattle Raising (feeding, milking, rounding up)

Total Months Worked: _____



Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



Forestry (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



Commercial Fishing & Processing (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

- No
 Yes. **How long have you resided in your current address?**

_____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address **Apt #**

City **State** **Zip Code**

Telephone Number **Best Day of Week & Time of Day to Call**

For School Use Only: Please send survey with two **YES** responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:	Enrollment Date:	District ID:
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