

- \_\_\_\_\_ 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)** \_\_\_\_\_

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**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).

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**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 \_\_\_\_\_

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**\*\*\*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 dia 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.

<b>Student State ID:</b>	<b>Enrollment Date:</b>	<b>District ID:</b>
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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:**

**ROGERSVILLE CITY SCHOOLS**

116 BROADWAY  
ROGERSVILLE, TN 37857  
(423) 272-7651  
(423) 272-7790 Fax

**CONSENT FOR RELEASE OF STUDENT RECORDS**

Full Name of Student Enrolling \_\_\_\_\_

DOB: \_\_\_\_\_ Grade to be enrolling in: \_\_\_\_\_ grade for the \_\_\_\_\_ year

Student's Social Security Number (Optional) \_\_\_\_\_

Name and address of school last attended:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I request and authorize the above school to forward copies of all pertinent school records including but not limited to transcripts, academic, scholarship, test records, attendance, special education, health records, immunizations, birth certificate, social security card to:

Agent or Person: Rogersville City School  
ATTN: Vickie Knox  
116 Broadway  
Rogersville, TN 37857  
(423) 272-7651 (423) 272-7790 FAX

I understand that this request form represents my notice that these records are being transmitted and that I may obtain a copy of these records if I desire. Also, I may have the opportunity to challenge the content of these records.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Current Home Address, Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Current Area Code) (Telephone Number)