

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.\*\*\***

**STATE AND FEDERAL LAW REQUIRES THE FOLLOWING DOCUMENTATION FOR ENROLLMENT:**

- **BIRTH CERTIFICATE**
- **SOCIAL SECURITY NUMBER (A copy of the Social Security card will be made at the school)**
- **IMMUNIZATION RECORD OR EXEMPTION**
- **PHYSICAL FORM DATED WITHIN THE LAST CALENDAR YEAR FOR STUDENTS ENTERING SCHOOL FOR THE FIRST TIME.**

**THE ONLY EXCEPTIONS ARE STUDENTS THAT FALL UNDER THE MCKINNEY-VENTO ACT, TITLE X, PART C OF THE NO CHILD LEFT BEHIND ACT OR STUDENTS THAT ARE CONSIDERED MIGRANT.**

**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.**