



# SCIENCE HILL HIGH SCHOOL

1509 John Exum Parkway  
Johnson City, Tennessee 37604  
(423) 232-2190 Fax (423) 926-1622



DEPARTMENT OF SAFETY USE ONLY



STATE OF TENNESSEE  
DEPARTMENT OF SAFETY  
CERTIFICATION OF  
COMPULSORY SCHOOL ATTENDANCE

INSTRUCTIONS: PLEASE PRINT WITH A DARK INK PEN (NOT RED OR FELT TIP) OR USE A TYPEWRITER.  
SIGNATURES MUST ALSO BE WRITTEN IN INK.

|         |                                               |  |       |                        |               |                                 |     |
|---------|-----------------------------------------------|--|-------|------------------------|---------------|---------------------------------|-----|
| STUDENT | FULL NAME: FIRST MIDDLE LAST                  |  |       | AGE                    | DATE OF BIRTH | RACE                            | SEX |
|         | DRIVER LICENSE NUMBER                         |  | STATE | SOCIAL SECURITY NUMBER |               | TELEPHONE NUMBER<br>(AREA CODE) |     |
|         | STREET ADDRESS                                |  |       | CITY                   | STATE         | ZIP                             |     |
|         | PARENT/LEGAL GUARDIAN NAME: FIRST MIDDLE LAST |  |       | RELATIONSHIP           |               |                                 |     |
|         |                                               |  |       |                        |               |                                 |     |

|                 |                                        |  |                      |                                   |              |
|-----------------|----------------------------------------|--|----------------------|-----------------------------------|--------------|
| SCHOOL OFFICIAL | SCHOOL SYSTEM NAME:<br>SHHS            |  | COUNTY<br>Washington | TELEPHONE<br>(AREA CODE) 232-2190 |              |
|                 | MAILING ADDRESS<br>1509 John Exum Pkwy |  | CITY<br>JC           | STATE<br>TN                       | ZIP<br>37604 |
|                 |                                        |  |                      |                                   |              |

|                                                                                                                                                                                                                        |           |                                                    |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|------|
| IMPORTANT: THE FOLLOWING INFORMATION TO BE COMPLETED BY THE AUTHORIZED ATTENDANCE TEACHER OR SUPERINTENDENT ONLY.                                                                                                      |           |                                                    |      |
| I. THE UNDERSIGNED SCHOOL OFFICIAL, PURSUANT TO T.C.A. 55-50-321, DO HEREBY CERTIFY THAT THE ABOVE STUDENT IS:                                                                                                         |           |                                                    |      |
| CERT. <input type="checkbox"/> IN COMPLIANCE WITH THE COMPULSORY SCHOOL ATTENDANCE LAWS AS REQUIRED IN T.C.A. 49-6-3017.                                                                                               |           |                                                    |      |
| NAME (PRINT)                                                                                                                                                                                                           | SIGNATURE | TITLE                                              | DATE |
| NOT IN COMPLIANCE WITH T.C.A. 49-6-3017, AND SHOULD BE SUSPENDED OR DENIED PURSUANT TO T.C.A. 55-50-502. MARK APPROPRIATE BLOCK                                                                                        |           |                                                    |      |
| 374 <input type="checkbox"/> FAILED TO MAINTAIN SATISFACTORY ACADEMIC PROGRESS                                                                                                                                         |           | 467 <input type="checkbox"/> WITHDRAWN FROM SCHOOL |      |
| NAME (PRINT)                                                                                                                                                                                                           | SIGNATURE | TITLE                                              | DATE |
| 468 <input type="checkbox"/> ENROLLED IN SCHOOL AND HAS MADE SATISFACTORY ACADEMIC PROGRESS (A PASSING GRADE IN AT LEAST THREE FULL UNIT SUBJECTS) OR OTHERWISE QUALIFIES FOR REINSTATEMENT PURSUANT TO TCA 49-6-3017. |           |                                                    |      |
| NAME (PRINT)                                                                                                                                                                                                           | SIGNATURE | TITLE                                              | DATE |

IMPORTANT: WHEN A STUDENT APPLIES FOR A DRIVER LICENSE OR PERMIT, THIS FORM IS VALID FOR 30 DAYS DURING THE SCHOOL YEAR. DURING SUMMER, IT MAY BE DATED WITHIN THE LAST 30 DAYS OF THE SPRING SEMESTER.  
FULL INSTRUCTIONS ON THE BACK.