

**\*\*NEW KINDERGARTEN REGISTRATION:**

\_\_\_\_\_ 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

\_\_\_\_\_ Preschool Attendance Verification Form



Dear "Upcoming" Kindergarten Parents,

Welcome to the Rogersville City School Kindergarten! Enclosed in this packet is information that we feel will be useful to you as you and your Kindergartener prepare to come to Kindergarten this next school year.

Going to Kindergarten is a big step not only for the child but the parents as well. Please know that we make every effort possible to provide a smooth transition from the home to the structured environment of school. We also want to work with you as your child learns, grows and prepares for First Grade.

The RCS Kindergarten classes are full-day, Monday through Thursday and half-day every Friday with pick up @ 12:00 noon. Parents need to make necessary arrangements to have their child picked up at that time. It is important that students be picked up on time, due to the fact that the Kindergarten teachers may have a grade level meeting planned or a parent conference. It is also their planning time for the following week.

Your child will have teachers other than his/her homeroom teacher. We have Related Arts as part of our Kindergarten curriculum. Those Related Arts classes are Art, Music, Physical Education and Library.

During the months prior to school beginning, please give your child opportunities to "just be a kid" by playing ~ indoor and outdoor. Play is beneficial to their growth and well being. Also, please visit our public library located in downtown Rogersville. Their Summer Reading Program for children could provide lots of enrichment for your child. You might even consider allowing your child to have his/her own library card. We encourage you to spend quality time together reading, reading, and reading! 😊

Before school starts, your child's teacher will give you a call to touch base with you and to welcome you into our RCS Kindergarten family. They will also be scheduling your child's Kindergarten Screening day.

We look forward to joining in partnership with you on this new phase of your child's life. If we can be of assistance to you, please feel free to contact us by calling RCS at 272-7651. We also encourage you to visit our Classroom Web Pages on our school's web site at: [www.rcschool.net](http://www.rcschool.net)

Sincerely,

Rogersville City School Kindergarten Teachers:

Mrs. Julie Atkins, Mrs. Grace Bond,  
Mrs. Hannah Duncan, Mrs. Kelley Russell



For your child to get off to a great start in Kindergarten, it is to your child's advantage to know/be able to do the following. Please use this list as a 'checklist' to see how your child "shapes up" and work on these skills prior Kindergarten.

### Reading Readiness

- Knows what a letter is
- Recognized all 26 letters of the alphabet
- Has been read to frequently or daily
- Recognizes some nursery rhymes
- Identifies parts of the body
- Pronounces own full name (first, middle and last)
- Prints own first name using one capital letter and the rest lowercase: ex. Jason and knows the name of the letters of his/her first name
- Identifies own name in print
- Completes a sentence with the proper word
- Uses left to right progression (a book is read left to right)
- Answers questions about a story
- Knows personal information-full address, birthday, age and phone number

### Numbers

- Counts orally 1-20
- Counts objects with a one-to-one correspondence
- Understands the concept of more and less
- Recognizes the numbers 1-10

### Colors and Shapes

- Identifies the 11 basic colors: red, blue, yellow, green, orange, purple, pink, gray, black, brown and white
- Identifies 6 basic shapes-circle, rectangle, square, triangle, oval and diamond
- Matches shapes or objects based on shape
- Draws the 6 basic shapes

### Position and direction

Understands up, down, in, out, front, back, over, under, top, bottom, middle, beside and next to.

### Size

Understands big and little and long and short  
Matches shapes or objects based on size

### Listening and sequencing

Following simple directions  
Listens to a short story  
Retells simple stories in sequence  
Listens without interrupting

### Motor Skills

Able to hold and use scissors correctly/cutting on lines and gluing objects  
Able to button and zip  
Able to put on and take off coat or jacket without assistance  
Able to zip or buckle backpack without assistance  
Completes simple puzzles  
Draws and colors beyond a simple scribble  
Able to correctly hold a pencil/crayon  
Able to tie shoes

### Social and emotional development

Takes care of toilet needs independently and appropriately  
Knows how to use a handkerchief or tissue  
Plays and shares with other children  
Recognizes and respects authority  
Able to stay on task  
Able to work independently  
Able to hold a conversation and speak understandably  
Uses words to express feelings instead of using force, hitting or having a temper tantrum

## Kindergarten Supply List for Rogersville City School 2022-2023

~~ Ticonderoga Pencils (They write and erase the best!!)

~~ Pack of Elmer's Stick Glue

~~ Fiskar Scissors (No plastic)

~~ 2 packs of Crayola Crayons (24 count)

~~ Plastic Pencil Box (Please no zip arounds.)



~~ Spill proof drinking cup/sports bottle

~~ Backpack (no rolling backpacks) Make sure your child can open and close the backpack by themselves-unaided by an adult.

~~ Liquid Soap

~~ Kleenex (1 large box)

~~ Baby Wipes (1 package)

~~ Clorox Wipes

~~ Germ-X

~~ 1 pkg. of white or colored cardstock

~~ 1 pair of headphones for your child to use while on ipads

~~ 1 change of clothes in case of accidents (shirt, pants, underwear, socks)

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.**

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**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:**

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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:

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**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.\*\*\***

**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.**

Rogersville City School  
116 Broadway  
Rogersville, TN 37857

423-272-7651

423-272-7790 (Fax)

## Home Language Survey

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_

WHAT IS THE FIRST LANGUAGE THIS CHILD LEARNED TO SPEAK? \_\_\_\_\_

WHAT LANGUAGE DOES THIS CHILD SPEAK MOST OFTEN OUTSIDE OF SCHOOL?  
\_\_\_\_\_

WHAT LANGUAGE DO PEOPLE USUALLY SPEAK IN THE CHILD'S HOME?

Language Spoken: \_\_\_\_\_

WHO SPEAKS THIS LANGUAGE?

\_\_\_ FATHER \_\_\_ MOTHER \_\_\_ EVERYONE

**This form is required to be completed by all students enrolling in Rogersville City School. This form is required by Title 1, the No Child Left Behind Act, Title III, Title VI, and the Office of Civil Rights.**

Amended 8-18-2010

Rogersville City School  
116 Broadway  
Rogersville, TN 37857

423-272-7651

423-272-7790 (Fax)

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Sch. Yr. \_\_\_\_\_

### **Military Survey**

1. Student 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 2017-2018 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 individual 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."

**PRESCHOOL ATTENDANCE VERIFICATION FORM**

All students entering Rogersville City School Kindergarten must provide the school with proof of a physical exam. The physical must be completed within the calendar year that the child is entering school. (Example: Physical must be dated sometime between January, 2022 and July, 2022.)

If a child attended a State Licensed Preschool and can show proof of a physical, they do not need another physical. (They have met the requirements for a physical.)

If you have a preschool student that plans to attend Rogersville City School, please provide us with the student's name and name of the preschool the student attended for our records. This will assist us when we audit our records.

Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Preschool Attended \_\_\_\_\_

Thanks,

Karen Stubblefield R.N.

## 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.

<b>Today's Date</b>	<b>Parent/Guardian First &amp; Last Name</b>
<b>Student First Name</b>	<b>Student Last Name</b>
<b>School Name</b>	<b>Student Grade</b>

**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 at your current address?**

\_\_\_\_\_ Years      \_\_\_\_\_ Months      \_\_\_\_\_ Weeks

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

<b>Home Street Address</b>	<b>Apt #</b>
<b>City</b>	<b>State</b>
	<b>Zip Code</b>
<b>Telephone Number</b>	<b>Best Day of Week &amp; Time of Day to Call</b>

**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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## 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.

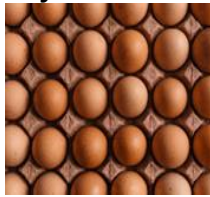
<b>Fecha</b>	<b>Nombre del Padre/Guardian</b>
<b>Primer Nombre de Estudiante</b>	<b>Apellido de Estudiante</b>
<b>Escuela</b>	<b>Grado</b>

**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.**

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

**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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**INFORMATION MUST BE FILLED OUT  
COMPLETELY AND TURNED IN TO BE VALID**

FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_ by \_\_\_\_\_

**NON-RESIDENT TUITION APPLICATION  
(NEW KINDERGARTEN ONLY)**

**YOUR CHILD MUST BE 5 YEARS OLD ON OR BEFORE AUGUST 15<sup>th</sup> OF THE  
CURRENT YEAR IN ORDER TO BE ELIGIBLE FOR KINDERGARTEN THIS YEAR**

**SCHOOL YEAR 2023-2024**

This form is to be used by parents/legal guardians who reside outside the City Limits of Rogersville and would like their child to attend the Rogersville City School. Students are considered for admission on the following criteria: 1) space availability as determined by the principal, 2) child of Rogersville City School full-time faculty/staff, 3\*) siblings of currently enrolled students at Rogersville City School, 4\*) grandchild of full-time Rogersville City School faculty/staff, 5\*) all other applicants who meet the deadline, 6\*) all applicants who did not meet the deadline. **(Any child who has attended Rogersville City School Pre-School and is now a county resident will be considered separately for kindergarten enrollment under the same six admission criteria as listed above.)** *\*Criteria 3,4,5,6 represents a weighted scale for admission. Merely because a child falls into a given category does not guarantee admission.*

Name of Child \_\_\_\_\_ 2023-2024  
Grade Kindergarten

Name of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_

**\*I agree that my child/children will abide by the rules and regulations of the Rogersville City School System.  
I understand that "acceptance" of tuition students is a privilege, not a right.**

**Non-resident (tuition) students, or parents of said students, who cause undue hardship to teachers or administrators will result in the student being asked to immediately terminate their enrollment/attendance in the Rogersville City School System.**

\_\_\_\_\_  
\*Signature of Parent/Legal Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Director of Schools \_\_\_\_\_  
Date

Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_  
Approved pending payment of previous tuition balance \_\_\_\_\_

# ATTENDANCE REQUIREMENTS

## LEGAL RESIDENCE DEFINED

A child shall be considered a resident only if his/her parent/legal guardian are residents in the corporate limits of the Town of Rogersville.

## TUITION RATES FOR NON-RESIDENCE

Effective (starting) school year 2022-23 anyone not residing in the City, but within Hawkins County, must pay a tuition fee of \$250.00 one (1) child, \$300.00 two (2) children, \$350.00 three (3) children, \$400.00 four (4) children, \$450.00 five (5) children.

Out of county tuition, not residing in Hawkins County, is \$1,000 one (1) child, \$1,400.00 two (2) children, \$1,750.00 three (3) children, \$2,050.00 four (4) children, \$2,300.00 five (5) children. If a student is a city resident and moves to the county during the school year, tuition will be pro-rated.

## IN-COUNTY

Effective (starting) school year 2022-23, the tuition payment as stated above, is due and shall be paid to the principal's office after July 1 and before July 30<sup>th</sup> at 3:00 p.m. (Last business day before August 1<sup>st</sup>) Payment may be made in two parts: one-half by July 31<sup>st</sup> at 3:00 p.m. and the second half the first day following Christmas Break at 3:00 p.m. A late fee of \$50.00 will be assessed if payment is not received by 3:00 p.m. on each of these days. If parents fail to make payment in the required time, the next eligible applicant will then fill the vacated space.

## OUT-OF-COUNTY

Effective (starting) school year 2022-23, the tuition payment as stated above, is due and shall be paid to the principal's office after July 1<sup>st</sup> and before July 30<sup>th</sup> at 3:00 p.m. (Last business day before August 1<sup>st</sup>) Payment may be made in two parts: one-half by July 31<sup>st</sup> at 3:00 p.m. and the second half the first day following Christmas Break at 3:00 p.m. A late fee of \$50.00 will be assessed if payment is not received by 3:00 p.m. on each of these days. If parents fail to make payment in the required time, the next eligible applicant will then fill the vacated space.

***TENNESSEE LAW: TCA 49-6-3003(c)(1)(A) (amended) Any parent/custodian who enrolls an out-of-district student in a school and fraudulently represents the address for the domicile for enrollment purposes is liable for restitution to the school district for an amount equal to the local per pupil expenditure for the district. Restitution shall be cumulative for each year the child has been fraudulently enrolled. The statute of limitations for actions by the school district will be 6 years.***

## APPLICATIONS

In-County/Out-Of-County applications will be considered yearly.

***IF CLASS SIZE NUMBERS EXCEED THE STATE MANDATED NUMBERS,  
COUNTY STUDENTS MAY BE ASKED TO ENROLL IN THEIR DISTRICT OF RESIDENCE.***

The Rogersville City School System does not discriminate in employment or admission on the basis of race, color, sex, age, national origin, religion, or handicap. The Rogersville City School System complies with the provisions of Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973.