

MIDDLESBORO INDEPENDENT SCHOOLS
ENROLLMENT INFORMATION
2025-2026

Legal Name of Student (Last) _____ (First) _____ (Middle) _____
_____ Male _____ Female Nickname: _____ SS# _____
Date of Birth: (Month) _____ (Day) _____ (Year) _____ Birthplace (State) _____ County _____
Race (See right) _____ White _____ Black _____ Hispanic _____ Asian/Pacific Islander _____ American Indian/Alaskan Native _____ Other _____
Student's Address (Street) _____ City _____ State _____ Zip _____
Student's Mailing Address (Street) _____ City _____ State _____ Zip _____
Citizenship: _____ U.S. Citizen _____ U.S. Resident _____ Non-Resident _____ Alien _____ Other: _____
Does your child have special needs; or does he/she receive special education services? _____ Yes _____ No
Does your child have a 504 plan? _____ Yes _____ No Have you attended a Middlesboro School? _____ Yes _____ No
Last School Attended: _____
School Address: _____ Telephone # _____
Does either parent/guardian work on government property? _____ Yes _____ No or reside in federal housing? _____ Yes _____ No
Contact e-mail address _____
Which school will your child attend? (Circle One) MES MMS MHS
Which grade will your child be going into? _____

Race/Ethnic Group Categories:
Black (not Hispanic): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black (not Hispanic): A person having origins in any of the black racial groups of Africa.
Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race.
Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains culture identification through tribal affiliation or community recognition.
Other _____

Parents/Guardians Living Within Household with Student

Last Name: _____
First Name: _____ MI: _____
Sex: _____ Relationship to Student: _____
Phone: Home _____ Work: _____
Cell Phone: _____ Place of Employment _____
E-Mail Address: _____
DOB: _____

Last Name: _____
First Name: _____ MI: _____
Sex: _____ Relationship to Student: _____
Phone: Home _____ Work: _____
Cell Phone: _____ Place of Employment _____
E-Mail Address: _____
DOB: _____

Siblings Living Within Household

Last Name: _____ Suffix _____
First Name: _____ MI _____
Birthdate: ____/____/____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently attending a Middlesboro School? _____ Yes _____ No
Name of School: _____

Last Name: _____ Suffix _____
First Name: _____ MI _____
Birthdate: ____/____/____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently attending a Middlesboro School? _____ Yes _____ No
Name of School: _____

Parents/Guardians Living at Another Address

Does this parent/guardian have joint custody? _____ Yes _____ No
Should this parent/guardian receive school mailings? _____ Yes _____ No
Last Name: _____ Suffix: _____
First Name: _____ MI: _____
Sex: _____ Relationship to Student: _____
Address: _____
City: _____ State: _____
Phone: Home _____ Work: _____
Cell Phone: _____ Place of Employment: _____
E-Mail Address: _____

Does this parent/guardian have joint custody? _____ Yes _____ No
Should this parent/guardian receive school mailings? _____ Yes _____ No
Last Name: _____ Suffix: _____
First Name: _____ MI: _____
Sex: _____ Relationship to Student: _____
Address: _____
City: _____ State: _____
Phone: Home _____ Work: _____
Cell Phone: _____ Place of Employment: _____
E-Mail Address: _____

Is there a court order restricting this parent/guardian's access to the student?
_____ Yes _____ No (If yes, a copy of the court order MUST be provided.)

Is there a court order restricting this parent/guardian's access to the student?
_____ Yes _____ No (If yes, a copy of the court order MUST be provided.)

Legal Name of Student: (Last) _____ (First) _____
(Middle) _____

Primary Transportation to School: _____ Car Rider _____ Walker _____ School Bus

Transportation by bus _____ A.M. _____ P.M. _____ More Than 1 Mile _____ Less Than 1 Mile _____ Not sure of distance

Child's Birth Country: _____

What is the language most frequently spoken at home? _____

What language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? _____

In case of an accident or emergency of any kind, when parent/guardian cannot be contacted please call and/or release my child to one of the following:

Is able to check your child out of school:

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Parent's/Guardian's Signature: _____ Date: _____

Equal Opportunity/Affirmation Action Employer Offering Equal Educational Opportunities.