METRO NASHVILLE PUBLIC SCHOOLS

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Metropolitan Nashville Public Schools
Registration Packet Cover Sheet
2026-2027 Kindergarten

Only a custodial parent or legal guardian may register a student.
****Incomplete packets will not be accepted or held by the Enrollment Center or School ****

*Please **print** the Student's Legal Name as it is stated on the Birth Certificate*

_____ _____ _____

Last Name First Name Middle Name

Required for students enrolling from another school within the State of Tennessee:

____ **Proof of Residence**

Current Utility Bill or Lease/Mortgage Document in the Parent/Guardian's name (See Enrollment staff if you do not have this)

____ **Parent/Guardian Photo ID**

____ **Student Record of Birth**

____ **Current TN Immunization Certificate (unless appropriate medical or religious exemption documentation is provided)**

a. Students transferring from another TN school have 30 days to provide proof of immunization.

b. Transferring from outside the State of Tennessee: Immunization records must be transferred to the Tennessee certificate.

____**School physical**

a. Students transferring from another US school have 30 days to complete and provide documentation of their physical examination. Exam must be within 12 months of enrollment date.

b. Students transferring from outside the Unites States must provide proof of a physical to enroll today.

____**Proof of Guardianship** if applicable) custody papers, court order or DCS Educational Passport. (See Enrollment staff if you do not have this.

____**Educational Passport** for students in DCS custody.

*Students experiencing homelessness as defined by the McKinney-Vento Act will be immediately enrolled, even if they are unable to provide required enrollment documents, including proof of residency [42 U.S.C. § 11432(g)(3)(C)(i)(I)] or proof of immunizations. Enrollment Center staff or school staff will assist in completing the paperwork that needs to be on file.

What if I Don't Have All of the Required Documents?

If you are unable to provide any of the documents listed above, please contact an Enrollment Center for assistance. Our team will work with you to address any barriers to enrollment.

Statement of Residence**:** Where does the student stay at night? (Please check ONE option from below)

_____Home/Apartment owned or rented by the student's parent/legal guardian (proof of residence in parent/legal guardian name required)

_____In a shelter

_____renting a hotel/motel room _____at a campsite _____in an automobile

_____With a relative or friend and lease or mortgage is not in parent/legal guardian's name (family does not have a residence)

_____Other housing (please explain) _____

Home Language Survey

1. What is the first language your child learned to speak? _____
2. What language does this child speak most often outside of school? _____
3. What is the language that is most often spoken to this child at home? _____

Parent Signature: _____ Date: _____

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Kindergarten Registration

Registering to attend MNPS School Name_____

What is the name of the last school this student attended _____

Previous school city, state _____

Previous school phone number (_____) _____-_____

Student's Last Name(s) _____ **First Name(s)** _____

Middle Name(s) _____ (*circle one*) Male / Female

Student's age ____ Date of Birth_____/_____/_____ Ethnicity (*circle one*) Hispanic / Non-Hispanic

Race (*circle all that apply*) American Indian/Alaskan Native Asian Black/African American Pacific Islander/Native Hawaiian White

Country of Birth _____ Date entered US _____State of Birth _____

County of Birth _____ City of birth _____

Date student 1st entered a US School _____ Mother's Maiden Name _____

Does the student receive any of the following services: IEP? **YES / NO** 504? **YES / NO** EL? **YES / NO**

Was student asked to leave or expelled from the last school? **YES / NO**

Student's Residential Address

Residential Address _____ Apt # _____ City _____State ____ Zip _____

Mailing Address _____ Apt # _____ City _____ State ____ Zip _____

(*If different from residential address*)

Parents or Guardians living in the same household with this student (*please list each Parent/Guardians on separate lines)*

1.) Relationship to student: (*circle one*) Mother / Father / Legal Guardian / Step Parent

Last Name _____ First Name _____ MI ____

Date of Birth _____ / _____ / _____ (*circle one*) Male / Female Language _____

Cell Phone (_____) _____-_____ Home Phone (_____) _____-_____

Email Address _____

This person needs access to: (***circle all that apply***) portal / attendance / behavior / mailings / teacher / messages

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2.) Relationship to student: (*circle one*) Mother / Father / Legal Guardian / Step Parent

Last Name _____ First Name _____ MI ____

Date of Birth _____ / _____ / _____ (*circle one*) Male / Female Language _____

Cell Phone (_____) _____-_____ Home Phone (_____) _____-_____

Email Address _____

This person needs access to: (***circle all that apply***) portal / attendance / behavior / mailings / teacher / messages

Parent or Guardian living at a different address

Relationship to student: (*circle one*) Mother / Father / Legal Guardian

Last Name _____ First Name _____ MI ____

Date of Birth _____ / _____ / _____ (circle one) Male / Female Language _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Cell Phone (_____) _____-_____ Home phone (_____) _____-_____

Email Address _____

This person needs access to: (***circle all that apply***) portal / attendance / behavior / mailings / teacher / messages

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Please list students in the same household that are enrolled in a Metro Nashville Public or Charter School

1. Name _____ DOB ____/____/_____ School _____
2. Name _____ DOB ____/____/_____ School _____
3. Name _____ DOB ____/____/_____ School _____
4. Name _____ DOB ____/____/_____ School _____

Emergency Contacts to call, in order listed below, if school personnel cannot reach parent or guardian:

1. Contact Name _____ DOB ____/____/_____

   Relationship to student _____Phone# (_____) _____-_____ (Male / Female)

2. Contact Name _____ DOB ____/____/_____

   Relationship to student _____Phone# (_____) _____-_____ (Male / Female)

Legal Notice

Are there any court orders or Legal issues involving this student? ___Y ___N

(If you answered yes regarding Legal Notice, you must provide a current Magistrate/Judge signed court order document.)

Student Health Information

Does the child have any health problems? Yes ___ No ___ (If yes, please provide the school with documentation)

Health issues to be noted on student record_____

I certify that I am the parent or guardian of the child named above and I have provided MNPS with accurate information as required by State Law and that the above address is the primary residence where my child and I live. I will notify the school of any change in residency status within 10 days of that change.

Parent or Guardian Signature _____

Parent or Guardian Print Name _____

Date Signed _____/_____/_____

*** INFORMATION BELOW IS FOR MNPS ENROLLMENT CENTER USE ONLY**

Enrollment Specialist that accepted/reviewed this packet (Please Print) _____

Please check off each task as completed: **Greeter**: Search Campus ____ Search Zone Finder/SAS ____

Processor: Search EIS ____ Packet uploaded to IC ____ HERO/emailed ____ POA/Legal Alert ____

Pre-K Survey ____ Military ____ Migrant ____ Medical Alert ____

12.30.25 RB

TN Department of Education

Tennessee Parent Occupational Survey

Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. **The information provided below will be kept confidential.**

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 agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.

_____ **NO**
_____ **YES. Check all that apply:**

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation ☐	**Processing & Packaging**: fruit, vegetables, chicken, pork, beef, eggs, etc. ☐	**Dairy/Cattle Raising**: feeding, milking, rounding up. ☐
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting ☐	**Forestry**: soil preparation, planting, cutting trees; does not include landscaping. ☐	**Other**: Any other agriculture or fishing work, please list here: _____ _____

2. In the past 3 years, has your family moved to another state, city, school district, and/or county?

_____ **NO**
_____ **YES. My family has moved within the past 3 years. Indicate how long ago below.**

_____ Years _____ Months _____ Weeks

If you answered "Yes" to question 1 above, please complete the information below.
A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address _____ **Apt #** _____

City _____ **Zip Code** _____

Telephone Number _____ **Language** _____

Email Address _____ **Best Day of Week and Time to Call** _____

For School Use Only: Please forward all surveys with a "YES" responses to Questions 1 and 2 to your district migrant liaison. If the OS has not answered "Yes" to Question 2, but there are other signs that indicate the family may qualify, please submit them to your district migrant liaison. The District migrant liaison will submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID:	**Enrollment Date:**	**District ID:**

MILITARY CONNECTIONS SURVEY

School Name: _____ **Grade:** _____

Student #: _____ **Student Name:** _____ **Birthdate:** _____

Under ESSA regulations, school districts are required to identify students whose parent(s) or legal guardian(s) fall within the three military-related classifications shown below. Classifications are only collected for parent(s) and/or legal guardian(s) of students not for students enlisting in the military.

4-Active Duty Military: *Parent or guardian on National Guard duty or Active Guard Reserve (full-time Reserve duty) or Active duty in a branch of the Armed Forces.*
5-National Guard Military: *Parent or guardian who participates in the National Guard on a part-time basis.*
6-Reserve Military: *Parent or guardian who participates on a part- time basis in the Reserves of a branch of the armed forces*

Parent(s)/legal guardian(s) for students must match Guardian information contained in MNPS student records.

Name of Parent or Legal Guardian	Start Date of Current Military Service	Classification: 4- *Active Duty*, 5- *National Guard*, or 6- *Reserve*	Branch: (*Army, Navy, Air Force, Marine Corps, or Coast Guard*)

Parent/Guardian Signature: _____ Date: _____

For more information about USED commitment and services for military families: https://www.ed.gov/veterans-and-military-families

Metropolitan Nashville Public Schools
2026-2027 Pre-Kindergarten Experience Survey

MNPS | RAE Dept. www.mnps.org/research

Metropolitan Nashville Public Schools would like to know how different types of preschool and/or child care experiences prepare your children for Kindergarten. The information collected will be used to determine best practices in early childhood education.
During a typical week during this school year, (August 15, 2025 – May 15, 2026), how many hours did your child spend in each child care or preschool setting? Please circle the number of hours in each setting, if they apply. If you choose not to participate in this study or your child always stayed home with parent, family, or guardian, please bubble in the response.

Student Name

Student ID

I don't know or choose not to participate in this survey ○

Child always stayed home with parent, family, or guardian ○

Did your child spend any time in this kind of setting during a typical week during this school year (*Aug 15, 2025 – May 15, 2026*)?			**If yes, about how many hours per week?**				
Public school Pre-Kindergarten [A Pre-K classroom at a public elementary school or Early Learning Center. *Example: Pre-K classroom at Whitsitt Elementary*]	Yes	No	1-10	11-20	21-30	31-40	40+
Head Start [*Example: Susan Gray Head Start*]	Yes	No	1-10	11-20	21-30	31-40	40+
Private school Pre-Kindergarten [Non-public tuition-based Pre-K classroom at a private school *Example: Pre-K classroom at Christ the King School*]	Yes	No	1-10	11-20	21-30	31-40	40+
Child care center or preschool [Public, private, or faith-based preschool program with no grades beyond Kindergarten *Example: Preschool at Blakemore Children's Center*]	Yes	No	1-10	11-20	21-30	31-40	40+
Home-based child care [Fee-based child care provided in someone's home *Example: Agape Group Childcare Home*]	Yes	No	1-10	11-20	21-30	31-40	40+

Please sign your name upon completion of this form:

This activity is supported by Metropolitan Nashville Public Schools