

**Metropolitan Nashville Public Schools
Registration Packet Cover Sheet
MNPS Pre-K to Kindergarten
2026-2027**

***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

**MNPS Pre-K students promoting to kindergarten
must have the following to enroll:**

____ **Parent/Guardian Photo ID**

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

Document must show eligibility for kindergarten entry.

____ **Proof of Residence (only required for change of address)** Current Utility Bill or Lease/Mortgage Document in the Parent/Guardian's name (See Enrollment staff if you do not have this)

____ **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) _____

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

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

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

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

MNPS Student Information Sheet

Student's Last Name _____ First _____

Middle Name _____ Date of Birth ____ / ____ / ____

Other MNPS Students Living in the Same Household

1. Name _____ School _____

2. Name _____ School _____

3. Name _____ School _____

4. Name _____ School _____

#1 Parent/Guardian Living in the Household With Student

Relationship to Student Mother / Father / Legal Guardian / Power of Attorney

(Circle one)

Name _____

Last

First

Middle Initial

Home Address _____ APT# _____ City _____ ST _____ Zip _____

Mailing Address if different _____

Phone #1 _____ Phone #2 _____ Date of Birth ____ / ____ / ____

Email Address _____ Male / Female (circle one)

#2 Parent/Guardian

Does this Parent/Guardian Live with the Student? Yes / No (circle one)

Relationship to Student Mother / Father / Legal Guardian / Power of Attorney

(Circle one)

Name _____

Last

First

Middle Initial

Home Address _____ APT# _____ City _____ ST _____ Zip _____

Mailing Address if different _____

Phone #1 _____ Phone #2 _____ Date of Birth ____ / ____ / ____

Email Address _____ Male / Female (circle one)

Emergency Contacts other than Parent/Guardian

#1 Contact _____ (Male / Female) Phone _____ - _____
Last First Middle Initial circle one

#2 Contact _____ (Male / Female) Phone _____ - _____
Last First Middle Initial circle one

*I certify that the above information is true, accurate, and subject to verification. *

Parent Signature _____ Date ____ / ____ / ____



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: