

Metropolitan Nashville Public Schools
Registration Packet Cover Sheet
2026-2027 Grades 1 – 12

190

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 United 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 (New to MNPS)

- 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: _____



Student 1-12 Registration

GRADE (circle one)

1 2 3 4 5 6 7 8 9 10 11 12

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

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 addressRelationship 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

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/SchoolMint ____

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

Military ____ Migrant ____ Medical Alert ____



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: _____
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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>