2026-2027 Claiborne County Schools Enrollment Form

Enrollment date: _____ **Homeroom Teacher**:_____ **Student ID#**_____

Last Name: _____**First Name**: _____ **Middle:**_____ **Suffix**: _____

Date of Birth: _____ **Gender**(Choose one): □Male □ Female **Ethnicity**(Choose one): □Hispanic □Non-Hispanic

Race: (Circle all that apply): White Black Asian American Indian Pacific Islander **Grade**: _____

Physical Address: House Number: _____ **Street**: _____ **Lot #/Apt #**: _____

City: _____ **State**_____ **Zip**_____

Mailing Address if different:_____

School Last Attended:_____

Address of the School Last Attended: _____

Is the student a ward of the state: □ Yes □ No **Custody** (Circle one): Mother Father Both Other Legal Guardian

Primary Contact Last Name: _____**First Name**:_____ **Middle Initial**: _____

Relationship to student: _____ **Primary Number**:_____

Work Number:_____**Work Location**:_____**Email**:_____

Secondary Contact Last Name: _____**First Name**:_____**Middle Initial**: _____

Relationship to student: _____**Legal Custody**: □ Yes □ No **Cell Number**:_____

Work Number:_____**Work Location**:_____**Email:**_____

Emergency Contact Name:_____**Phone:**_____**Relationship:**_____

(Required by the United States Government)

Is Either Parent Active Duty Military? □ Yes □No (If yes, check all that apply)

□Full-time active duty military (including Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard or Reserve)

□Part-time National Guard duty

□ Part-time Military Reserve duty (Army, Navy, Air Force, Marine Corps, or Coast Guard)

(Required by the United States Government)

Where does your child stay at night? (Please check one) □Home/Apt owned or rented by parents/guardians □ With a relative or friend □ Shelter □ Motel □ Automobile □ Campsite □ Housing that is inadequate (no electricity, running water, etc.) □ Other housing (please explain):_____

(Information required by the State of Tennessee)

Student's Full Name: _____Mother's Maiden Name:_____

Student's birth country: _____ **Birth County**: _____ **Birth City**: _____

Birth State:_____ **Date first entered US Schools**: _____ **Country of Origin**: _____

Transportation Method: □ Bus #_____ □ Car Rider □ Walker___ Mileage One-way_____

Is a bus available at your residence? □ Yes □ No

In case of an early dismissal, should your child □ Ride the bus home □ Be a car rider

Please list the first and last names of individuals who may pick up your child from school:

_____

_____

Please list the first and last names of individuals who may not pick up your child from school:

_____

_____

ASPEN Access

Aspen allows parents and guardians to view their children's grades and attendance information.

□ Yes, I would like access to the Aspen Student Portal System.

□ I already have access to my child's Aspen Student Portal System.

□ No, I would not like access to the Aspen Student Portal System.

Chronic Absenteeism

Chronic Absenteeism is defined as a student missing 10 percent or more of the days the student is enrolled for any reason, including excused absences and out-of-school suspensions. Chronic absences and missing 10 percent of the school year, or just 2-3 days a month, can lead to third-graders unable to master reading, sixth-graders failing courses, and ninth-graders dropping out of high school. Students who have been chronically absent the previous year will have an attendance plan and attendance meetings for the school year.

Parent/Guardian Signature: _____ Date:_____

Handbook Access and Acknowledgment

Please select an option below to access the school handbook.

□ My child and I have read and understand the handbook online and do not need a paper copy.

□ My child and I need a paper copy and will read the handbook together. If we have any questions, we will reach out to the school.

Student Signature: _____ Date:_____

Parent/Guardian Signature: _____ Date:_____

Student's First Name: _____ **Student's Last Name:_____**
Physician's Name: _____ **Physician's Number**: _____

Please list any known allergies:

_____

_____

Does your child require medication during school hours? ☐ Yes ☐ No
If yes, list the medications and dosages:

_____

_____

Severe or Life-Threatening Health Conditions:

Condition	Check if Yes	Comment
Severe Allergies/Anaphylaxis	☐	Foods: _____ Insect Sting: _____ Latex: _____ Epinephrine prescribed? Yes____ No ___
Asthma	☐	Triggers: _____ Inhaler prescribed? Yes___ No___ Nebulizer Treatment prescribed? Yes___ No___
Diabetes	☐	☐ Type 1 ☐ Type 2
Seizures	☐	Type of Seizure: _____
Other: _____	☐	

Medical Attention:
Please check all that you agree to.

- ☐ I permit my child to be treated with first aid in the event of minor injuries.
- ☐ I permit my child to be transported by school officials or 911 should an emergency arise, and I cannot be reached.
- ☐ In my absence, I authorize Claiborne County School to seek medical treatment for my child.

Permission to Publish:

My child's image and accomplishments can be published in the newspaper/media. ☐ Yes ☐ No

My child's image and accomplishments can be published on the school/district website. ☐ Yes ☐ No

My child's image and accomplishments can be published on the school/district's social media. ☐ Yes ☐ No

My child's image and accomplishments can be published in the yearbook. ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date:_____

Responsible Use Policy Signed Agreement:

I understand that any violation of the Responsible Use Policy may result in the loss of my network and/or device privileges and other disciplinary action. As the parent or legal guardian of the student signing below, I grant permission for him/her to access networked computer services such as electronic mail (e-mail) and the Internet. The policy is located at https://bit.ly/4c7O9Js

Student/Guardian Signature: _____ Date:_____

Parent/Guardian Signature: _____ Date:_____

Health Screening Permission Agreement:

My child is allowed to participate in dental screenings at school. ☐ Yes ☐ No

My child is allowed to participate in vision screenings at school. ☐ Yes ☐ No

My child is allowed to participate in hearing screenings at school. ☐ Yes ☐ No

My child is allowed to participate in general health screening at school. ☐ Yes ☐ No

Email/Device Permission Agreement:

Please check all that you agree to.

☐ My student may be issued a school G-Suite (Google) email account.

☐ My student may be issued a device.

☐ I understand that any damages or loss of the technology will be the user's responsibility to pay for damages.

Parent/Guardian Signature: _____ Date:_____