

# Claiborne County Schools Enrollment Form

**Please fill out both sides completely.**

Teacher \_\_\_\_\_ School \_\_\_\_\_  
State ID \_\_\_\_\_ (School use only)

**Student Information** Enroll Date \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female

Ethnicity (choose one)  Hispanic  Non-Hispanic

Race (circle all that apply) White (W) Black (B) Asian (A) American Indian (I) Pacific Islander (P)

School last attended \_\_\_\_\_

Previous School's Address & Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Information for person(s) student lives with (student's primary home address)

Is student a ward of the state?  No  Yes

**Primary Contact** Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Relation to student: \_\_\_\_\_ Legal Custody  Yes  No

If no, specify person(s) with legal custody \_\_\_\_\_

Phone: **Primary** (number to call first) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Secondary** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Work** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Ext \_\_\_\_) Work location name \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Secondary Contact** Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Relation to student: \_\_\_\_\_ Legal Custody  Yes  No

If no, specify person(s) with legal custody \_\_\_\_\_

Phone: **Home** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Work** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Ext \_\_\_\_) Work location name \_\_\_\_\_ **E-Mail** \_\_\_\_\_

## Student Address information (must provide physical address)

House # \_\_\_\_\_ Street \_\_\_\_\_ Lot # \_\_\_\_\_ or Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (only if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Information required by U. S. Govt.

Where does your child stay at night? (Please check one)

Home/apt owned or rented by parent(s)/guardian(s)  With a relative or friend (family does not have residence)

Shelter  Motel  Automobile  Campsite  Housing that is inadequate (no electricity, running water, etc.)

Other housing (please explain): \_\_\_\_\_

Is parent/guardian currently military personnel?  Yes  No (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)

**Information required by State of TN**

Mother's Maiden Name \_\_\_\_\_

Student's: Birth Country \_\_\_\_\_ Birth County \_\_\_\_\_ Birth City \_\_\_\_\_ Birth State \_\_\_\_\_

Date first entered US schools \_\_\_\_\_ Country of Origin \_\_\_\_\_

**Emergency Contact Information** Use this area to complete information for persons who you would like to be contacted in case of an emergency and/or have permission to pick up your child.

**Contact 1** Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_\_

Relation to student: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (Ext \_\_\_\_)

**Contact 2** Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_\_

Relation to student: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (Ext \_\_\_\_)

**Pick up restrictions** Please provide information concerning who may/may not pick up your child(ren).

Persons allowed to pick up student (other than listed above) \_\_\_\_\_

Persons not allowed to pick up student \_\_\_\_\_

**School Information**

Transported by parent(s)  No  Yes Bus Available  No  Yes If no, specify why \_\_\_\_\_

**Bus Information** Morning Bus # \_\_\_\_\_ Miles transported one-way \_\_\_\_\_

Evening Bus # \_\_\_\_\_ Miles transported one-way \_\_\_\_\_

*Even if your child does not normally ride the bus, please provide bus information if a bus is available. Your child will NOT be placed on a bus without your permission.*

**In case of emergency, I/we give permission for authorized personnel to have my child transported to the hospital by EMS if the parent/guardian cannot be reached. In such cases:**

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Medical Insurance?  No  Yes

Allergies \_\_\_\_\_ Current medications \_\_\_\_\_

**In case of early dismissal, my child should:**

Ride the bus  Remain at school until picked up by someone authorized by parent/guardian

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_