

# Claiborne County Schools Enrollment Form

**Please fill out both sides completely.**

Teacher School \_\_\_\_\_

State ID \_\_\_\_\_ (School use on \_\_\_\_\_)

**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 \_\_\_\_\_