

HAMILTON COUNTY DEPARTMENT OF EDUCATION REGISTRATION FORM

Date Enrolled _____ Grade _____ Teacher _____

Student Name _____

Last First Middle

GENDER: Male Female SSN _____ Birth Date _____

ETHNICITY: Is the student Hispanic? YES NO (according to the US Dept. of Education, Hispanic is an ethnicity; not a race)

RACE (MUST check at least one): Asian Black American Indian/Alaskan Native Pacific Islander/Hawaiian Native White

Student Address _____
Street City State Zip Student's Cell Phone

Lives with: Both Parents Mother Father Other (Guardian) _____

Mother - Name (Last, First) _____ Home Phone _____

Address, if different _____ Cell Phone _____

Employer _____ Work Phone _____

Father - Name (Last, First) _____ Home Phone _____

Address, if different _____ Cell Phone _____

Employer _____ Work Phone _____

Name of Legal Guardian (if other than parent) _____ Home Phone _____
(current documentation required)

Address, if different _____ Relationship to Student _____

Employer _____ Work Phone _____ Cell Phone _____

TRANSPORTATION:

Bus# AM _____ PM _____

Car Rider AM PM

Other AM _____ PM _____

The information requested in this box is required by the State of Tennessee for enrollment in a public school:

Student's Mother's Maiden Last Name _____ Student's City of Birth _____

Student's County of Birth _____ Student's State/Province of Birth _____ Student's Country of Birth _____

Primary Language Spoken at Home (if other than English, complete the Home Language Survey) _____

Immigrant Student YES NO If YES, date of first U.S. Entry _____

Last School Attended _____ City/State _____ Leave Date _____

If not coming from another Hamilton County School, have you ever attended a Hamilton County School? YES NO

Siblings (list name, age, and school attending) _____

Do you have a computer in your home? YES NO Email address _____

Health/Emergency Information

Child's known health problems: _____

Allergies Asthma Diabetes Epilepsy Heart Other
(Please provide documentation regarding any of the above health problems)

Person(s) who you would like us to call in case of emergency, if parent cannot be reached:

Name _____ Phone # _____

Name _____ Phone # _____

Emergency Permission:

In case of emergency and I cannot be contacted, take my child to: _____ Hospital.
(I will assume financial responsibility.)

Signature _____ Family Doctor _____

DISMISSAL INFORMATION

Is there a court order/decreed prohibiting anyone from dismissing child? YES (copy must be on file at school) NO

Persons permitted to dismiss this child:

1 _____ 2 _____ 3 _____

Persons NOT permitted to dismiss this child:

1 _____ 2 _____ 3 _____