

# HAMILTON COUNTY DEPARTMENT OF EDUCATION REGISTRATION FORM

Date Enrolled \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Gender:  Male  Female SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Race (Check all that apply):  Asian  Black  Hispanic  Indian (American)  Pacific Islander  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 \_\_\_\_\_

County of Birth \_\_\_\_\_ State/Province of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

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

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? \_\_\_\_\_ 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 \_\_\_\_\_