

# Bradley County Schools

## Registration Form



Registering for:

School: \_\_\_\_\_

Grade: \_\_\_\_\_

When a call is made about your child, what number should we call?

1. \_\_\_\_\_

2. \_\_\_\_\_

Student Name (as it appears on the Birth Certificate):

Preferred Name: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender/Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

Country of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

ETHNICITY (Circle one): Hispanic or Non-Hispanic

RACE (Check ALL that apply): Asian American Indian/Alaskan Native Black/African American Pacific Islander / Native Hawaiian White

Student's Address: \_\_\_\_\_

Number Street Name City State Zip

Home Phone Number: \_\_\_\_\_ List other Children in Family: \_\_\_\_\_

Special Services he/she receives: Resource \_\_\_\_\_ Title I Reading \_\_\_\_\_ Title 1 Math \_\_\_\_\_ Speech \_\_\_\_\_ Does he/she have an IEP? \_\_\_\_\_ or 504 plan? \_\_\_\_\_

### \*\*\*\* EMERGENCY CONTACT (Other than Parent)

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

CHECK OUT INFORMATION: \_\_\_\_\_ may check out my child

CUSTODY:  BOTH PARENTS  MOTHER  FATHER  STATE CUSTODY  OTHER-LEGAL GUARDIAN

Are there Legal/Custody issues we should be aware of? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Employed By: \_\_\_\_\_

Employed By: \_\_\_\_\_

Does the parent presently serve in the  Active Military  National Guard Military  Reserve Military

CUSTODY OTHER - LEGAL GUARDIAN'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Employed By: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

\*\*\*\*\*  
Last School your child attended: \_\_\_\_\_ Address: \_\_\_\_\_

Last School Phone: \_\_\_\_\_ Last School Fax: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For children entering Kindergarten or First Grade (Circle if attended) Pre-school Day Care Kindergarten

**There MUST be a complete medical examination for every student entering school. The required TN Child Health Record must be on the Certificate of Immunization developed and authorized by the TN Department of Health. The immunization and physical exam will be recorded on the Certificate and placed in the student's school record.** Children entering Kindergarten must be five years of age on or before August 15 (MUST have proof of birth). Children entering First Grade must have attended a State Approved Kindergarten.

Do you plan to enter another school next year? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: PRIORITY \_\_\_\_\_ BUS \_\_\_\_\_ TEACHER ASSIGNED \_\_\_\_\_ FIRST DAY OF SCHOOL \_\_\_\_\_

Please complete both sides

**STUDENT MEDICAL INFORMATION** - My student has the following health conditions that may require special care during school hours:



**MY CHILD HAS NO SPECIAL HEALTH NEEDS**

(check ONLY those that apply)

\_\_\_ Asthma Triggers: \_\_\_\_\_  
Treatment: \_\_\_ at home with medication  
\_\_\_ an inhaler will be needed and provided for use during school

\_\_\_ Diabetes Treated with: \_\_\_ diet \_\_\_ insulin injections or pump

\_\_\_ Food Allergy to: \_\_\_\_\_ Describe Reaction: \_\_\_\_\_  
Current Required Treatment: \_\_\_\_\_

\_\_\_ Other Severe Allergy to: \_\_\_\_\_ Describe Reaction: \_\_\_\_\_  
Current Required Treatment: \_\_\_\_\_

\_\_\_ Vision Impairment \_\_\_ glasses \_\_\_ contacts

\_\_\_ Hearing Impairment \_\_\_ left \_\_\_ right

\_\_\_ Physical Impairment Describe: \_\_\_\_\_

\_\_\_ Seizure Disorder Type: \_\_\_\_\_  
Treatment: \_\_\_ medicated at home  
\_\_\_ emergency medication is ordered and will be provided for use at school  
Medication \_\_\_\_\_

\_\_\_ ADD / ADHA \_\_\_ medicated at home  
\_\_\_ will require medication during school hours (as prescribed by MD)

OTHER MEDICAL ISSUES NOT LISTED ABOVE: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office Number: \_\_\_\_\_

**Parent or Guardian - Please initial each line to indicate you have read and understand the information below:**

- \_\_\_ The information provided above is true and accurate to the best of my knowledge.
- \_\_\_ I acknowledge that students cannot transport medication of any kinds. The parent must bring medication into school and sign appropriate paperwork.
- \_\_\_ It is my responsibility to notify the school if my child's medical condition changes and/or they have developed any medical needs that may require attention during school hours.
- \_\_\_ The school may use over-the-counter first aid products such as Neosporin, Benadryl spray/cream, wound cleanser, etc (Topical First Aide) as needed for my student as they have no known sensitivity to these items. **This does not include medication taken by mouth.** \_\_\_ yes \_\_\_ no
- \_\_\_ The school may use over-the-counter Tylenol, Ibuprofen, cough drops, or TUMS as needed for my student as they have no known sensitivity to these items. \_\_\_ yes \_\_\_ no

**\*\* IF NO INFORMATION IS GIVEN, IT WILL BE ASSUMED THAT YOUR CHILD HAS NO SPECIAL HEALTH NEEDS \*\***

**HOME LANGUAGE SURVEY** - In an effort to comply with Title VI of the Civil Rights Acts, we have been asked to survey parents to see if we are meeting the needs of students who may speak English as their second language.

1. What is the first language that your child learned to speak? \_\_\_\_\_
2. What language does your child speak most often outside of school? \_\_\_\_\_
3. What language do people usually speak in your child's home? \_\_\_\_\_

**Date first enrolled in U. S. Schools:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

**STUDENT RESIDENCY INFORMATION** - As part of the ESSA requirements, each school registrant should complete the following information.

**WHERE DOES THE STUDENT STAY AT NIGHT?** \_\_\_ in his/her home owned/rented by parent \_\_\_ in a shelter \_\_\_ with a relative or friend (family does not have a residence) \_\_\_ in a motel/hotel \_\_\_ in housing that is inadequate (i.e. no electricity, running water, etc.) \_\_\_ unsheltered (cars, parks, campgrounds, temporary trailer, abandoned building) \_\_\_ other (explain): \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_