

Student Legal Name: _____ Parent Email(s): _____
Last First Middle

What types of social media do parents and/or students use? (Please check all that apply) Facebook ___ Twitter ___ Instagram ___

Date Entered: ___/___/___ Race (circle): Asian Black Hispanic White Indian Other Grade: _____

Birthdate: ___/___/___ Social Security Number: ___-___-___ Sex (Circle): M F

Sometime during the school year, there may be times when after-school will be cancelled (weather related) even though the regular school day meets normally. If we find out about this cancellation before the buses are loaded, we need to know how to handle your child's transportation. Please mark below the appropriate action we should take. Remind 101 or an automated call may be used.

Afternoon Bus #: _____ Car Rider: _____ Student Driver: _____

Custody (Circle): Both Mother Father Other

Note: If a child is in any custody other than both parents, a copy of custody papers MUST be included in child's records.

With whom does the student live?

___ Parents (both) ___ Parent (only one) ___ Parent and another adult ___ Alone with no adults
___ A relative, friend(s), or other adult(s) ___ An adult that is not the parent or the legal guardian ___ DCS or Foster Parent

Where does the student stay at night?

___ Home/Apartment owned or rented by the Parent(s)/Guardian(s) ___ In a motel/hotel ___ In a shelter ___ At a campsite ___ In an automobile ___ In housing that is inadequate (i.e. no electricity, running water, ect.) ___ With a relative or friend (family does not have a residence) ___ Other (please explain) _____

Parent/Guardian 1: _____ Relation: _____

Parent/Guardian 2: _____ Relation: _____

911 Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone # _____ Secondary Phone #(s) _____

Do you or your spouse work on federally owned property? ___ Yes ___ No

Mother's Employer _____ Phone _____

Father's Employer _____ Phone _____

Student's Mother's Maiden Last Name _____

Student's City of Birth _____ Student's County of Birth _____

Student's State of Birth _____ Student's Country of Birth _____

School Last Attended _____ Address _____

Persons to call when parents cannot be reached.

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Is your child in: RTI (Remedial Reading or Math) ___ YES ___ NO SPECIAL ED. (Resource) ___ YES ___ NO

Siblings Name(s):

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Does your child take medication on a regular basis? Yes No

If yes, please explain and give any special instructions: _____

If you can't be reached and your child should need emergency treatment by a physician or hospital attendant, do you give permission for your child to receive medical attention? Yes No

Child's Physician: _____ Phone: _____
Hospital _____ Insurance Information _____

Please explain any food or drug allergies or medical conditions of which your child's teacher should be aware _____

List any persons allowed to check your child out of school or visit with him/her: _____

List any persons NOT allowed to check your child out of school or visit with him/her: _____

If an unauthorized person comes to pick up your child, you will be contacted for verification. If we are unable to contact you, your child will not be allowed to leave school, unless a note or phone call has been provided by you.

List any information we need to know about your child (physical/medical problems, suspensions, probation, custody problems, etc.):

What is the first language your child learned to speak? English Other(please list): _____

What language does your child speak most often outside of school? English Other(please list): _____

What language do people usually speak in your child's home? English Other(please list): _____

Please review the policies below. After reviewing, please initial in the appropriate response and sign the form at the bottom of the page.

Textbook/Library Book Agreement: I understand the agreement.

Participation in educational research studies (with student anonymity): as approved by school officials. I agree I do not agree.

Right to publish student name/photograph in publication, local paper, school yearbook/hall/ website etc. promoting school. I agree I do not agree.

Access to Internet and Computer Lab: I agree I do not agree.

Disciplinary Policy and Attendance:

I understand that three disciplinary actions and/or three late pick-ups will result in the dismissal from the after school program. Excessive absences may also result in dismissal from program.

Transportation:

I understand that it is my responsibility to provide transportation to the before school portion of the program and from the after school portion of the program. Furthermore, only a person on the list I provide will be allowed to pick up my child.

I understand the Department of Children's Services requires child care centers (including after-school programs) to have a written policy regarding intoxicated adults or adults who display behavior which may place the child/children in immediate risk when picking up. Smith County School Extended Program will inform adults who appear intoxicated or display "erratic" behavior that they allow us to call another adult from the transportation list to pick up the child. Should the adult take the child in the car anyway, we are required to contact the police or child protective services and report the incident.

Automated Phone Calls: I give permission to receive automated phone calls from the Smith County

Board of Education to the primary phone number listed on this enrollment form. I agree I do not agree.

Participation in the Extended Learning End of the Year survey as approved by school officials: I agree I do not agree.

Student Handbook: My child and I have reviewed, understand, and agree to attend school daily under the conditions of the school handbook. We have paid particular attention to the section of conduct, zero tolerance, harassment, and discrimination.

I agree I do not agree.

Please sign and return this page:

Parent Signature: _____ Date: _____