



Student ID	
Grade	
Admission Date / Entry Code	
Homeroom / Team	
Enrolling School	

Proof of Residency <i>More than 2 proofs may be required</i>	Utility Bill	Phone Bill (<i>not</i> Cell Phone)	Rent/Lease Agreement
	USPS Official Change of Address Form		Other

Student Information			Date of Birth	
Legal Last Name			First Name	
Middle Name			Preferred First Name	
Ethnicity (check one)	Gender Male Female		Primary Phone No.	
<input type="checkbox"/> Hispanic	Primary 911 Address			
<input type="checkbox"/> Non-Hispanic				
Race (Check All Applicable)	Street No. & Name		City & Zip Code	
<input type="checkbox"/> Am Indian/Alaska Native	Mailing Address (if different from 911 Address)			
<input type="checkbox"/> Native Hawaiian/Pacific Islander	Street No. & Name		City & Zip Code	
<input type="checkbox"/> Black/African-American	Last School Attended Information			
<input type="checkbox"/> Asian				
<input type="checkbox"/> White				
	Location-City, State			

School Age Siblings					
Last Name		Sibling 1	Last Name		Sibling 2
First Name		Relationship	First Name		Relationship
DOB			DOB		
Last Name		Sibling 3	Last Name		Sibling 4
First Name		Relationship	First Name		Relationship
DOB			DOB		

In the case of joint custody, correspondence and phone communication will be provided to the Primary Address and Phone No. listed above, unless other arrangements have been made with the school.

Parent/Guardian/Legal Custodian Information

If the parents are separated or divorced, the school needs the following information to determine the legal rights of the parents. As a general rule, both parents have an equal right to make decisions regarding their child's education, to visit with their child at school, and to access their child's education records. These rights may be restricted to one parent by court order or agreement. A COPY OF THE CUSTODY PAPERS MUST BE SUPPLIED TO THE SCHOOL.

Parent's Marital Status (choose one)	Married	Separated	Divorced	Widow(er)	Single
If separated/divorced, who has primary physical custody	Father	Mother	Joint	Other	
If separated/divorced, student lives with	Father	Mother	Joint	Other	

Parent/Guardian Information			Parent/Guardian Information		
Last Name			Last Name		
First Name			First Name		
Language of Parent			Language of Parent		
Employer			Employer		
Occupation			Occupation		
Business Phone			Business Phone		
Home Phone			Home Phone		
Cell Phone			Cell Phone		
Address (if different)			Address (if different)		
Email Address			Email Address		

Special Programs	Please check if your child has been served in any of the following programs:				
Exceptional Children (IEP)	504	Gifted/AIG	Title I Reading	ESL	Other (specify)

*****FORM CONTINUES ON THE NEXT PAGE OR BACK OF THIS ONE*****

Student Name: _____

Medical Information

Physician Name		Phone #	
Dentist Name		Phone #	
Preferred Hospital		List Medications taken regularly AND/OR health conditions	Life Threatening Y N
Allergies/Reactions			

Has your child experienced a head injury of any kind (e.g., concussion) in the last year? Yes - If so When? _____ No

Does your child carry an Epipen? Y N Does your child carry an Asthma Inhaler? Y N

If my child needs to receive medications at school, I understand my doctor and I must complete the proper Health Forms obtained from the school.

Emergency Contacts - Who to contact if Parents/Guardians listed above cannot be reached-DO NOT LIST PARENTS a second time

Anyone NOT listed will be unable to pick up the student without prior parent consent-please list in the order you would like called

Last Name		Last Name	
First Name		First Name	
Relationship		Relationship	
Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Last Name		Last Name	
First Name		First Name	
Relationship		Relationship	
Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Last Name		Last Name	
First Name		First Name	
Relationship		Relationship	
Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Certification Statement Must be signed by ALL applicants

I, _____ (Parent/Guardian/Legal Custodian) certify that all information provided is correct and complete to the best of my knowledge.

TYPE OR PRINT

Signature of Parent/Guardian/Legal Custodian _____ Date _____

SAFE SCHOOLS DECLARATION For students transferring from outside the Davidson County School System ONLY

The child I am enrolling with this form is not under suspension or expulsion from attendance at a private or public school in this or any other state and has not been convicted of a felony in this or any other state. Note: If student is under suspension or expulsion or has been convicted of a felony, please give an explanation. You must include the length of this suspension or expulsion.

Please do not sign until directed to do so by a Notary Public

Signature of Parent/Guardian/Legal Custodian _____ Date _____

Dated this ____ day of _____, 20____, _____ personally appeared before me, is personally known by me, or has proven their identity by providing adequate documentation to me, and in my presence signed the Safe Schools Declaration above. This person made an oath or affirmed to me that the information given is true.

Witness my hand and official seal this ____ day of _____, 20____.

Notary Public _____ My commission expires _____