

CHRISTIANA MIDDLE SCHOOL

2018-2019

Very Important Parent Information

Rutherford County Board of Education is requiring every student in Rutherford county schools to update school records with proof of residence for the 2018-2019 school year. **Proof of residence is a lease or mortgage statement and a current utility bill (electric, gas or water bill) provided in the parent/guardian's name.**

Please write your student's name on your proof of residence.

If you have more than one student at CHMS, you can use the same proof of residence documentation.

This information must be turned in between July 16 and July 27 even if you have submitted one at orientation. Only July or August statements/bills will be accepted.

RUTHERFORD COUNTY SCHOOLS

Department of School Health Services
2240 Southpark Drive
Murfreesboro, TN 37128
Phone 615-893-5815, ext 22077
Fax 615-904-3888

To: Parents/Guardians of Students Entering 7th grade

From: Sarah Delbridge RN, MSN
Director of School Health Services

Re: **IMMUNIZATION REQUIREMENTS FOR ENTRANCE INTO 7th GRADE**

The state of Tennessee requires the following immunizations for entrance into 7th grade. These two immunizations listed below must be documented on the "Tennessee Department of Health CERTIFICATE OF IMMUNIZATION" to attend 7th grade. All children entering the 7th grade must show proof of these two immunizations.

- ◆ **Tetanus-diphtheria-pertussis booster (Tdap)**—Tdap is required for 7th grade entry; it is not required if a Td booster dose was given in the 5 years before 7th grade entry.
- ◆ **Verification of immunity to varicella (2 doses or history of disease)**—Two doses of varicella vaccine are required for all children entering 7th grade. If given before age 13, the doses should be separated by 3 months; however, the 2nd dose does not need to be repeated if administered more than 1 month after the 1st dose. If given on or after the 13th birthday, the doses should be separated by 4 or more weeks. A dose may be administered as single dose varicella or in combination as MMRV. The certificate allows for serology, diagnosis of varicella, or history of varicella as designated by Healthcare Provider (MD, DO, APN, PA, or Health Department)
- ◆ Those students deemed "homeless" who have not obtained any required immunizations shall be referred to the school's homeless liaison for assistance in obtaining their immunization record.

Registration Card

2018-2019

FOR OFFICE USE STATE ID FROM EIS: _____ PIN # _____

Proof of Residence 1. _____ 2. _____ Zone Exemption _____ Affidavit _____
TN Immunization Card _____ Birth Certificate _____ Custody Papers _____

Student Name: _____
First Middle Last

Date of Birth: _____ / _____ / _____ Primary Telephone Number: _____
Month Day Year

Social Security Number: _____ - _____ - _____ Gender: ___ Male ___ Female
Preferred - not required

Race: American Indian/Alaska Native Asian Black/African American Hispanic Grade: _____
Native Hawaiian/Pacific Islander White Non-Hispanic 2018-2019
Circle all that apply Check one

Student's Residential Address: _____
House Number Street Name

Address Line 2: _____
Apartment Number City/State/Zip Code

Transportation: A.M. Bus # _____ P.M. Bus # _____ Miles _____ Other _____
From home to school Walk, Bicycle, Car rider, Other

Military Dependent: Active Duty National Guard Reserve Student in Foster Care

Previous School: _____
Name of the most recent school attended Address, City, State, and Zip

Country of Birth: _____ Mother's Maiden Name: _____

Parent/Guardian Contact #1: _____

First Name Last Name

Home Phone#

Cell Phone#

Work Phone#

Put a star next to the primary number to be called first

(Check if same as student)

Address

Relationship: _____ Custodian: Yes No Email: _____

Parent/Guardian Contact #2: _____

First Name Last Name

Home Phone#

Cell Phone#

Work Phone#

Put a star next to the primary number to be called first

(Check if same as student)

Address

Relationship: _____ Custodian: Yes No Email: _____

(proceed to page two on the back)

Local Emergency Contacts:

Name	Telephone #	Relationship to student
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please list contacts that you are authorizing to sign out and transport your child.)

Special Alerts: *(Pick-up restrictions, restraining orders, etc.)* _____

(Restrictions pertaining to custody issues must be supported with official documentation.)

Brothers and Sisters: *(Please list K-12th grade siblings only.)*

Name: _____	Age: _____	School _____
Name: _____	Age: _____	School _____
Name: _____	Age: _____	School _____

Special Services: Has this child ever received any of the following services? *(Please check each one that is applicable.)*

Speech/Hearing _____	Resource/Special Education _____	Gifted _____
Pre-Kindergarten _____	504 Accommodations _____	ESL _____

What is the first language this student learned to speak?	English _____	Other _____
What language does this student speak most often outside of school?	English _____	Other _____
What language do people usually speak in this student's home?	English _____	Other _____
Has this child been evaluated for special education services?	Yes _____	No _____

Where does your child stay at night? *(Please check one)*

Home/Apartment owned or rented by parent(s)/guardian(s)
 With a relative or friend (family does not have a residence)
 In a shelter In a motel In an automobile A campsite
 In housing that is inadequate (i.e. no electricity, running water, etc.)
 Other housing (please explain) _____

**Title 49, Chapter 6, Part 30 of the Tennessee Code states that parents and/or guardians shall notify the school principal in writing if the student has ever been adjudicated delinquent for an offense involving: 1) first degree murder, 2) second degree murder, 3) rape, 4) aggravated rape, 5) aggravated robbery, 6) especially aggravated robbery, 7) kidnapping, 8) aggravated kidnapping, 9) especially aggravated kidnapping, 10) aggravated assault or 11) felony reckless endangerment.*

Is your child currently suspended or expelled from another school system or suspended from school transportation? *(Circle)* Yes No **If yes, from what school system?** _____

Medical Information: *(Please circle)* previous asthma attack, blood disorder, diabetes, heart, kidney, stomach/intestinal, ADD/ADHD, hearing/visually impaired, muscular/orthopedic, seizures, or other _____

Allergies: _____

Take medication on a regular basis? *(Circle)* Yes No **If yes, what?** _____

Parent/Guardian Signature

Date