

STUDENT DATA INFORMATION FORM
REVISED 03/05/12

ENROLLMENT DATE: (SCHOOL USE ONLY) _____

STUDENT PIN (SCHOOL USE ONLY) _____ HOMEROOM: (SCHOOL USE ONLY) _____

FULL LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE

LAST NAME _____ FIRST NAME _____

MIDDLE NAME _____ GENERATION _____ (JR., II, III, ETC....)

PREFERRED NAME _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE (mm/dd/yyyy) _____

MOTHER'S MAIDEN NAME _____ STUDENT'S CITY OF BIRTH _____

STUDENT'S COUNTY OF BIRTH _____ STUDENT'S STATE OF BIRTH _____

STUDENT'S COUNTRY OF BIRTH _____ IF NOT BORN IN THE UNITED STATES,

THEN DATE FIRST ENTERED A UNITED STATES SCHOOL (Month, Day, Year) _____

GENDER: _____ MALE _____ FEMALE _____ GRADE LEVEL _____

PLEASE CHOOSE ONE OF THE ETHNIC CODES BELOW:

HISPANIC _____ **NON-HISPANIC** _____

RACE CATEGORIES:

A student may be a member in just one racial group, or may be a member in two or more racial groups. We are required to capture all racial groups to which a student belongs.

_____ AMERICAN INDIAN OR ALASKAN NATIVE

_____ ASIAN

_____ WHITE

_____ NATIVE HAWAIIAN OR PACIFIC ISLANDER

_____ BLACK OR AFRICAN AMERICAN

RELATION OF PERSON THAT STUDENT LIVES WITH: _____

RELATION OF PERSON WHO HAS LEGAL CUSTODY: _____

COUNTY WHERE STUDENT LIVES: _____

IS HOME INSIDE THE CITY LIMITS OF ROGERSVILLE OR KINGSPORT? _____

SCHOOL WHERE STUDENT IS ZONED TO ATTEND: _____

BUS (#) (AM) _____ (PM) _____ DISTANCE YOU LIVE FROM SCHOOL _____

BUS (#) THAT COMES BY YOUR HOUSE (car riders): AM _____ PM _____

PLEASE LIST ALL SIBLINGS AND THE SCHOOL THEY ATTEND.

NAME: _____ SCHOOL: _____

NAME: _____ SCHOOL: _____

NAME: _____ SCHOOL: _____

FIRST CONTACT (PARENT(S)/GUARDIAN(S)): Both parents living in the same household can be listed as one contact

NAME _____

RELATIONSHIP TO STUDENT _____

PLEASE CHECK THE FOLLOWING MAILINGS THAT THIS CONTACT IS PERMITTED TO RECEIVE:

Attendance Scheduling Grading Discipline Mailings Testing

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ PLACE OF EMPLOYMENT: _____

EMAIL ADDRESS: _____

HOME ADDRESS: (CANNOT BE A P.O. BOX)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS: (If different than Home Address)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SECOND CONTACT (PARENT/GUARDIAN OR EMERGENCY CONTACT):

NAME _____

RELATIONSHIP TO STUDENT _____

PLEASE CHECK THE FOLLOWING MAILINGS THAT THIS CONTACT IS PERMITTED TO RECEIVE:

Attendance Scheduling Grading Discipline Mailings Testing

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ PLACE OF EMPLOYMENT: _____

EMAIL ADDRESS: _____ PERMISSION TO PICK UP (YES/NO) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

THIRD CONTACT: (EMERGENCY CONTACT)

NAME _____ RELATIONSHIP TO STUDENT _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ PERMISSION TO PICK UP (YES/NO) _____

FOURTH CONTACT: (EMERGENCY CONTACT)

NAME _____ RELATIONSHIP TO STUDENT _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ PERMISSION TO PICK UP (YES/NO) _____

STUDENT INFORMATION

LEGAL ALERT: It is the responsibility of the parent(s)/guardian(s) to notify the school of any custody/legal issues (custody papers, restraining order, power of attorney, etc.....) pertaining to your child. **LEGAL DOCUMENTS MUST BE ON FILE IN THE SCHOOL OFFICE**

MEDICAL ALERT: (List any Dr. diagnosed information that pertains to the health of your child that would be helpful for the school to know: (allergies, asthma, ADD, ADHD, Diabetes, heart condition, vision or hearing impairment, HIV, Hepatitis A, Hepatitis B, or Hepatitis C). **Documentation must be provided to the school to support this diagnosis.**

DISABILITY (if any) _____

PLEASE MARK YES OR NO TO ALL THAT APPLIES:

PERMISSION TO;

CALL DOCTOR _____, CALL AMBULANCE _____,

CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR CHILD _____

DOCTOR'S NAME _____ DR. PHONE # _____

DOCTOR'S ADDRESS: _____

PLEASE INDICATE ALL OF THE FOLLOWING THAT YOUR CHILD HAS HAD:

CHILDHOOD DISEASES:	YES/NO		YEAR
	_____	CHICKENPOX	_____
	_____	WHOOPING COUGH	_____
	_____	RHEUMATIC FEVER	_____
	_____	MEASLES	_____
	_____	MUMPS	_____
OTHER ILLNESSES:	_____	TONSILLECTOMY	_____
	_____	APPENDECTOMY	_____
	_____	DISCHARGING EARS	_____
	_____	CRIPPLING CONDITION	_____
	_____	OTHER (list) _____	_____

IF YOUR CHILD IS TRANSFERRING FROM ANOTHER SCHOOL, PLEASE LIST THE NAME OF THE SCHOOL AND A COMPLETE ADDRESS FOR THE SCHOOL ALONG WITH A TELEPHONE NUMBER:

HAS YOUR CHILD ATTENDED ANY OTHER SCHOOLS THIS SCHOOL YEAR OR FINISHED THE LAST DAY OF THE LAST SCHOOL YEAR IN ANOTHER TN SCHOOL SYSTEM? **If yes, please list the school name(s).**

WHERE DOES YOUR CHILD STAY AT NIGHT? (PLEASE CHECK ONE OF THE FOLLOWING CHOICES)

- HOME/APRMENT OWNED OR RENTED BY THE 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 INADEQUEATE (i.e. NO ELECTRICITY, RUNNING WATER, ETC.)

OTHER HOUSING (PLEASE EXPLAIN) _____

DOES YOUR CHILD HAVE ANY PREVIOUS SCHOOL EXPERIENCE? (PLEASE INCLUDE PRE-K)

YES NO TYPE: _____

DID YOUR CHILD PARTICIPATE IN IMAGINATION LIBRARY? YES NO

WHICH HAND DOES YOUR CHILD USE? RIGHT LEFT

PLEASE LIST ANY OTHER INFORMATION WHICH YOU THINK WOULD BETTER ENABLE YOUR CHILD'S TEACHER / SCHOOL TO UNDERSTAND AND WORK WITH YOUR CHILD:

Education Level of Parent (s) (Circle highest completed level)

Mother: SOME HIGH SCHOOL GED HS GRAD ASSOCIATE BS/BA MS/MBA/MEd+ Other _____

Father: SOME HIGH SCHOOL GED HS GRAD ASSOCIATE BS/BA MS/MBA/MEd+ Other _____

If information should change during the school year, you are required to notify the school office immediately.

STATE AND FEDERAL LAW REQUIRES THE FOLLOWING DOCUMENTATION FOR ENROLLMENT:

- BIRTH CERTIFICATE
- SOCIAL SECURITY NUMBER (A copy of the Social Security card will be made at the school)
- IMMUNIZATION RECORD OR EXEMPTION (Medical or Religious)
- PHYSICAL FORM DATED WITHIN THE LAST CALENDAR YEAR FOR STUDENTS ENTERING SCHOOL FOR THE FIRST TIME.

THE ONLY EXCEPTIONS ARE STUDENTS THAT FALL UNDER THE MCKINNEY-VENTO ACT, TITLE X, PART C OF THE NO CHILD LEFT BEHIND ACT OR STUDENTS THAT ARE CONSIDERED MIGRANT.

IF THERE ARE QUESTIONS CONCERNING THE ENROLLMENT OF YOUR CHILD, PLESE CALL THE HAWKINS COUNTY BOARD OF EDUCATION AT 423-272-7629 AND ASK TO SPEAK TO A SUPERVISOR.