

Emergency Health Information

Please list any medical/health conditions and/or disabilities _____

Please list any food intolerances (such as milk or wheat) _____

Please list any diagnosed severe food/drug allergies _____

Insurance Provider _____ Policy # _____ Group # _____

Please list any medications the student is taking on a regular basis _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Hospital Name: _____ Phone: _____

Emergency Contacts					
List in order to be contacted. (Parents and Guardians listed on previous page do not need to be listed again.)					
Name	Relationship to Student		Home Number	Cell Number	Can check my child out of school
	Stepmother	Stepfather			YES / NO
	Grandparent	Family Friend			
	Other Relative: _____				
	Stepmother	Stepfather			YES / NO
	Grandparent	Family Friend			
	Other Relative: _____				
	Stepmother	Stepfather			YES / NO
	Grandparent	Family Friend			
	Other Relative: _____				
	Stepmother	Stepfather			YES / NO
	Grandparent	Family Friend			
	Other Relative: _____				

Information Updates and Accuracy of Information

If any of the information I have provided in this form changes during the course of the school year, I will contact my Child's school immediately to provide updated information. If I choose to withdraw my child from Alcoa City Schools for any reason, it is my responsibility to go to my child's school and complete a formal withdrawal prior to enrolling in another school system.

I certify that all of the information I have provided is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I certify that I am the legal parent/guardian/custodian of the child identified on this enrollment form.

_____ Please initial here that you have read and agree with the preceding statements

District Handbook Folder

Important state and federal policies are contained in the District Student/Parent Handbook folder. Please sign below to indicate that you received this folder, have had the opportunity to read it, and understand that it represents the policies and procedures used by Alcoa City Schools.

Parent/Guardian Signature _____ Date _____

Parental Consent

_____ Y _____ N I agree the school system may send student information to institutions of higher education.

_____ Y _____ N I agree the school system may send student information to military recruiters.

Parent/Guardian Signature _____ Date _____



**2018-2019
Alcoa City Schools Enrollment Form**

Welcome to Alcoa City Schools. The details you provide will help us keep you informed since communication between home and school is so important in the growth of your child. Please answer all the questions and check for accuracy. If anything changes, please contact the school immediately as we use this information for school closings and emergencies. Please read and sign where indicated and return as soon as possible.

_____ New Enrollment: This child has never attended Alcoa City Schools.

_____ Returning Enrollment: This child attended Alcoa City Schools in grades _____ - _____ in the past.

Last School Attended _____ Date Withdrawn _____

Last School's Address _____

Student's name as appears on Birth Certificate: (Please provide a copy)

Last Name _____ First Name _____

Middle Name _____ Suffix (Jr., II) _____

Date of Birth _____ Grade _____

Gender _____

Student's Birth City _____ Birth Country _____

Birth State _____ Birth County _____

Date First Enrolled in a US School _____

If not born in the US, date the student entered the country _____

Student's Birth Mother's Maiden Name from Birth Certificate _____

Student's Social Security Number (Please provide a copy of card) _____

Federal Ethnicity (Hispanic/Latino) ___Y ___N

Federal Race (Please mark ALL that apply)

- ___ American Indian/Alaska Native
- ___ Asian
- ___ Black/African American
- ___ Native Hawaiian or other Pacific Islander
- ___ White

Is the child currently placed in Foster Care? ___Y ___N

If yes, has the DCS worker provided Alcoa City Schools with the Education Passport? ___Y ___N

Is the student now receiving special education services? ___Y ___N

Has the student received special education services before? ___Y ___N

Has the student received speech therapy? ___Y ___N

Is the student currently on a 504 plan? ___Y ___N

Is the student currently under Suspension or Expulsion from another school? ___Y ___N

_____ Number of parents/guardians enlisted as Active Duty Military

(Full-time Army, Navy, Air Force, Marine Corps, or Coast Guard duty or Full-time National Guard duty or Active Guard Reserve (full-time Reserve duty))

_____ Number of parents/guardians who participate in the National Guard on a part-time basis

_____ Number of parents/guardians who participate in the Reserves of a branch of the armed forces on a part-time basis

(Army, Navy, Air Force, Marine Corps, or Coast Guard)

Responsible/Acceptable Use / Internet Safety Policy

Please see the Responsible/Acceptable Use/Internet Safety Policy included in the District Student/Parent Handbook Folder. Please read and discuss with your child.

Student: My signature says that I understand I can be denied access to the Internet and other electronic media if I do not follow all the terms of the Acceptable Use/Internet Safety Policy. I also understand that the school administration will consider it a major disciplinary offense.

Student Name (please print) _____

Student Signature _____ **Date** _____

Parent: My signature below indicates that I have read the acceptable use policy from the District Handbook Folder. I understand that the school tries to make information available to students while at the same time trying to assure the appropriateness of this information. By signing below, I give permission for my child to have access to the Internet and other technology resources under the conditions of the Responsible/Acceptable Use/Internet Safety Policy.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date** _____

Internet at Home:

Do you have wireless internet access/wifi at home in order to connect a device such as a computer, laptop or tablet?

___Y ___N

Media Releases

Please see the **Web Site Policy** included in the District Student/Parent Handbook Folder.

___Y ___N I agree the school system may feature my child on the official school or district web sites following the policies outlined in the District Student/Parent Handbook Folder.

Parent/Guardian Signature _____ **Date** _____

Please see the **Media Access to Students Policy** included in the District Student/Parent Handbook Folder.

___Y ___N I agree the school system may feature my child in the local public broadcast and print media (for example, Tornado TV, WBIR, Daily Times, News Sentinel, etc.) following the policies outlined in the District Student Parent Handbook Folder.

Parent/Guardian Signature _____ **Date** _____

Transportation

My child most often arrives at school via: (Circle One) Car Walk Bus (AM Bus # _____) Miles Transported by Bus: _____

My child most often departs from school via: (Circle One) Car Walk Bus (PM Bus # _____) Miles Transported by Bus: _____

To the following address: _____

Federal Reporting Questions

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

- In a shelter or transitional housing
- Doubled Up (living with other persons due to economic reasons)
- Unsheltered (Cars, parks, campgrounds, abandoned building, substandard housing) or
- In a motel/hotel due to lack of alternative adequate accommodations
- None of these apply***

***If you selected "None of these apply", you DO NOT need to answer Question 2; if you selected any other option, please answer Question 2.**

2. **With whom does the student live?**

- 1 Parent 2 Parents 1 Parent and another adult A relative/friend (s) or other adult(s)
- An adult that is not the parent or the legal guardian Alone with no adults

Parent/Guardian Information

Is there any legal information the school should know about your child? ___Y ___N

If yes, please attach all legal forms and list brief description below

Parent/Guardian Information

Please list all siblings: (add separate page if needed)

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Family 1 Home Address:

House # _____ Street Name _____ City _____ State _____ Zip _____

Mailing Address (if different): _____

Alcoa City Resident ___Y ___N (Tuition is payable at each school. Proof of Residency required for all students living in the City of Alcoa)

Family 1 Parents/Guardians: List all parents/guardians who live at Family 1 home address.

First Name: _____ Last Name: _____

Email Address: _____

****Please Note: In order to provide login credentials to your Skyward Family Access as soon as possible, we need your email address!**

Phone 1: () _____ - _____

Phone 2: () _____ - _____

Employer Name: _____

Work Phone: () _____ - _____ ext. _____

Emergency Contact: Y N Custodial Parent: Y N Can Pick Up: Y N

Relationship to Student	
Mother	Father
Stepmother	Stepfather
Grandparent	Guardian
Foster Parent	Family Friend
Other Relative: _____	

First Name: _____ Last Name: _____

Email Address: _____

****Please Note: In order to provide login credentials to your Skyward Family Access as soon as possible, we need your email address!**

Phone 1: () _____ - _____

Phone 2: () _____ - _____

Employer Name: _____

Work Phone: () _____ - _____ ext. _____

Emergency Contact: Y N Custodial Parent: Y N Can Pick Up: Y N

Relationship to Student	
Mother	Father
Stepmother	Stepfather
Grandparent	Guardian
Foster Parent	Family Friend
Other Relative: _____	

Family 2 Home Address:

House # _____ Street Name _____ City _____ State _____ Zip _____

Mailing Address (if different): _____

Alcoa City Resident ___Y ___N (Tuition is payable at each school. Proof of Residency required for all students living in the City of Alcoa)

Family 2 Parents/Guardians: List all parents/guardians who live at Family 2 home address.

First Name: _____ Last Name: _____

Email Address: _____

****Please Note: In order to provide login credentials to your Skyward Family Access as soon as possible, we need your email address!**

Phone 1: () _____ - _____

Phone 2: () _____ - _____

Employer Name: _____

Work Phone: () _____ - _____ ext. _____

Emergency Contact: Y N Custodial Parent: Y N Can Pick Up: Y N

Relationship to Student	
Mother	Father
Stepmother	Stepfather
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Phone 1: () _____ - _____

Phone 2: () _____ - _____

Employer Name: _____

Work Phone: () _____ - _____ ext. _____

Emergency Contact: Y N Custodial Parent: Y N Can Pick Up: Y N

Relationship to Student	
Mother	Father
Stepmother	Stepfather
Grandparent	Guardian
Foster Parent	Family Friend
Other Relative: _____	

The most current grades and report cards are available in Skyward Family Access. Please contact the front office if you still wish to receive paper report cards.