

School Name _____
BEDFORD COUNTY SCHOOLS
STUDENT REGISTRATION FORM 2015-2016

FOR SCHOOL USE ONLY: TN State ID # _____
Homeroom Teacher _____
Special Services _____
Exemption Yes _____ No _____

_____ Please check if student has an IEP.

Date Form Completed ____/____/____ Grade to be Enrolled _____ Student goes by _____

Student's Legal Name: _____
(As on Birth Certificate) (First) (Middle) (Last) (Suffix Jr., III, etc.)

Has the student been enrolled in the Bedford County School System before? Yes _____ No _____
Has the student been enrolled in a TN Public School System before? Yes _____ No _____

Date of Birth ____/____/____ Gender: Male _____ Female _____ SSN _____

Student Home Address _____
Street or Road City Zip

Mailing Address _____
If different from above Street or Road City Zip

School Last Attended: _____ Name of Teacher: _____ Grade: _____

School Address _____
Street or Road City, State Zip

Bus Rider: Yes _____ No _____ Car Rider: Yes _____ No _____ Other: _____

Mother's Name: _____
(First) (Middle) (Last) Home Phone _____
Cell Phone _____

Employer: _____ Work Phone _____

Mother's Email Address: _____

Father's Name: _____
(First) (Middle) (Last) Home Phone _____
Cell Phone _____

Employer: _____ Work Phone _____

Father's Email Address: _____

Circle one
Legal Guardian: (1) Both Parents (2) Mother (3) Father (4) Other (complete information below if different from above)

Guardian Name: _____
(First) (Middle) (Last) Home Phone _____
Cell Phone _____

Home Address: _____
Street or Road City, State Zip

Employer: _____ Work Phone _____

Guardian's Email Address: _____

Step-Mother's Name _____ Home Phone _____

Cell Phone _____

Step-Father's Name _____ Home Phone _____

Cell Phone _____

Names and ages of other children in the family: _____

Is student registered in Imagination Library? Yes _____ No _____