

DEKALB COUNTY SCHOOLS STUDENT ENROLLMENT DATA FORM

Name: _____ Grade: _____ Homeroom: _____
Last First Middle

Gender: ___ Male ___ Female Date of Birth: _____ Social Security Number: _____

Ethnicity: Not Hispanic/Latino Hispanic/Latino Bus _____ AM _____ PM

Race: American Indian/Alaskan Asian Black/African American Pacific Islander/Native Hawaiian White

State of Birth: _____ County of Birth: _____ City of Birth: _____

Mother's Maiden Name: _____ Copy of Birth Certificate: ___ Yes ___ No

Last School Attended: _____

Other siblings attending this school: _____

Language Spoken Most _____ Native Language _____

Language Spoken At Home _____

(It is the parent/guardian's responsibility to make sure any information is updated as soon as possible... please notify your school as soon as possible if you have had a phone number or address change.)

1. Parent/Guardian: _____ Relationship: _____

Custodial Parent Emergency Contact Can pick child up Skyward Family Access (see attachment)

Mailing Address: _____
Number & Street City State Zip

Primary Phone: () _____ Home Secondary Phone: () _____ Cell
(This will be the number used for School Messenger)

Employer: _____ Employer Phone No. : _____

Email Address: _____ (Required for Skyward Family Access See Skyward section)

2. Parent/Guardian: _____ Relationship: _____

Custodial Parent Emergency Contact Can pick child up Skyward Family Access (see attached)

Mailing Address: _____
(If Different) Number & Street City State Zip

Primary Phone: () _____ Home Secondary Phone: () _____ Cell
(This will be the number used for School Messenger)

Employer: _____ Employer Phone No.: _____

Email Address: _____ (Required for Skyward Family Access See Skyward section)

Name: _____ Grade: _____ Homeroom: _____
Last First Middle

The following persons are authorized to check my child out of school and may be contacted in the event of an emergency and/or medical situation if parents/guardians are unavailable.

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Student Schedule Information (FOR OFFICE USE ONLY)

Name: _____ Grade: _____ Homeroom: _____
Last First Middle

Kindergarten – 2nd Grade ONLY

Has any family member attended a READY class? Yes No

The McKinney-Vento Act requires the completion of the following information.

Where does student stay at night? ___ Home/apartment owned or rented by parent/guardian,
___ With a relative or friend (family does not have a residence), ___ In a shelter, ___ In a motel/hotel,
___ In an automobile, ___ A campsite, ___ In housing that is inadequate (no electricity, running water, etc.),
___ Other housing (please explain) _____

Early Dismissal

Due to inclement weather conditions, it may become necessary to dismiss school early. We need to have an early dismissal plan on file for your child. It is your responsibility to keep up with the weather conditions and be prepared for the possibility of early dismissal. This information will be on the local television, local radio stations and will be sent through the Alert Notification System. Students will not be able to call home due to the large amount of students that attend school. Therefore it is imperative that we have a plan on file. Remember, it may be several months before this plan is used, if instructions change, please come by the office to update information. Please update this form if you tell the student to do something different as this plan will be followed.

___ Ride bus number _____ to _____
Address

___ Parent Pick-Up

Parent/Guardian Signature

Date

Picture/Name Recognition

There are times throughout the year that our students are recognized for their accomplishments such as any activity, yearbook photos, or other special events that may take place at our school. Because of privacy and custody issues, we are not legally allowed to post your child's name or image in the newspaper, television, our local news website, on the radio or in the yearbook without your prior consent.

I do give my permission.

Parent/Guardian Signature

Date

Name: _____ Grade: _____ Homeroom: _____
Last First Middle

Internet Usage

See Parent/Student Handbook for DeKalb County Schools Student Internet Use Terms and Conditions

The use of the internet is consistent with educational objectives. Precautions have been taken to restrict access to controversial materials. In addition, students will be instructed in the acceptable use of the internet and internet etiquette. However, on a global network, it is impossible to control all materials that may be discovered. By signing below, agreement is made to abide by the terms and conditions established in the DeKalb County Schools Student Internet Use Terms and Conditions Policy 4.406. Should any violations occur, school disciplinary actions may be taken. Use of the internet is a privilege, not a right, and inappropriate use will result in loss of privileges.

Parent/Guardian Signature

Student Signature

Date

Truancy Policy

See Parent /Student Handbook for Truancy Policy of DeKalb County School System

TCA 49-6-3001, 3007 and 3009

State law states that students who are of school age must attend school. Students who accrue 5 unexcused absences during the school year must be turned over to the juvenile authorities in their county of residence. Each successive accumulation of 5 unexcused shall also be reported. Any parent, guardian or other person who has control of the student who violates the provisions may have a juvenile petition filed against them.

Parent/Guardian Signature

Date

Skyward Family Access

See Parent /Student Handbook for full description

Skyward Family Access will allow parent/guardians to view their child's information, grades, and academic progress. We assure you that your child's privacy is very important to us. Access to information is restricted by a secure parent log-on and password, and state-of-the-art technology for encryption that scrambles the information as it is transferred to your computer via the internet. By signing below, you are stating that you are the parent/guardian of the student and have the right to access their private information.

Parent/Guardian Signature

Email Address

Date

Dress Code

See Parent/Student Handbook for full description

Students shall dress and groom in a clean, neat, and modest manner that will not distract or interfere with the operation of the school. Everyone is expected to dress each day with good taste. All attire must meet normal standards and pose no threat to safety, health or call attention in a way that disrupts the academic process. When a student is attired in a manner, which is likely to cause disruption or interference with the operation of the school, the principal shall administer appropriate punishment, which may include suspension. **The school principal or assistant principal will be the final judge on issues of dress based on school board policies.**

Parent/Guardian Signature

Date

DWS

Homeroom

Student Name: _____
Last First Middle

Date of Birth: ____/____/____ Sex: ____ State or Country of Birth: _____ Main Language Spoken: _____

Student Address: _____ City: _____ State: _____ Zip: _____

Name of Mother/Legal Guardian: _____ Phone: _____ - _____ - _____ Work/Cell: _____ - _____ - _____

Name of Father/Legal Guardian: _____ Phone: _____ - _____ - _____ Work/Cell: _____ - _____ - _____

Emergency Contact: _____ Relationship to Student: _____ Phone Numbers: _____

TENNESSEE STATE LAW / RULES & REGULATIONS REQUIRES THAT YOUR CHILD IS IMMUNIZED (TCA 49-6-5002) AND RECEIVES A COMPREHENSIVE PHYSICAL EXAM (0520-1-3-.08) BEFORE ENTERING DEKALB COUNTY SCHOOLS FOR THE FIRST TIME.

	CONDITION	YES	COMMENTS		CONDITION	YES	COMMENTS
*	Allergies (food, insects, drugs, latex)			*	Diabetes		
	Allergies (seasonal)			*	Head or spinal injury		
*	Asthma or breathing problems			*	Hearing problems or deafness		
*	Attention-Deficit/Hyperactivity Disorder			*	Heart problems		
*	Behavioral problems				Hospitalizations		
*	Developmental problems			*	Lead poisoning		
*	Bladder problem			*	Muscle problems		
*	Bleeding problem			*	Seizures / Neurological		
*	Bowel problem			*	Sickle Cell Disease (not trait)		
*	Cerebral Palsy			*	Speech problems		
*	Cystic fibrosis				Surgery		
*	Dental problems				Vision problems/glasses, contacts, other?		

(*) Requires physician documentation.

Describe any other important health-related information about your child (for example, feeding tube, oxygen support, hearing aid, etc.):

List all prescriptions, over-the-counter, and herbal medicines your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority: Yes No
Please provide the following:

	NAME	PHONE	DATE OF LAST APPOINTMENT
Pediatrician/Primary Care Physician			
Specialist			
Dentist			
Case Worker (if applicable)			

Student Health Insurance: _____ None _____ Medicaid _____ TennCare _____ Private/Commercial/Employer sponsored

I, _____ (do _____) (do not _____) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Please read the following carefully and if in agreement, sign below:
I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL HEALTH SERVICES AS SOON AS POSSIBLE IF I FEEL MY CHILD'S HEALTH CONDITION REQUIRES NURSING PROCEDURES (I.E., INJECTIONS [SHOTS], TUBE FEEDINGS, ETC.). I UNDERSTAND THAT IF MY CHILD'S HEALTH CONDITION REQUIRES EMERGENCY MANAGEMENT (I.E., EPI-PEN, ETC.), IT IS MY RESPONSIBILITY TO CONTACT SCHOOL HEALTH SERVICES AS SOON AS POSSIBLE FOR MORE INFORMATION ON AN INDIVIDUAL HEALTH PLAN FOR MY CHILD. I UNDERSTAND THAT IF MY CHILD REQUIRES MEDICATION DURING THE SCHOOL DAY, IT IS MY RESPONSIBILITY TO BRING THE MEDICATION TO THE SCHOOL, COMPLETE THE PARENTAL PERMISSION FORMS, AND COMPLY WITH THE SCHOOL'S MEDICATION POLICY GUIDELINES.

Parent / Guardian's Signature

Date

Parent/Guardian Signature Page
Parent Notification

Student _____ Date _____
Classroom Teacher _____ Grade _____

Dear Parents/Guardians:

Please review the items attached and listed below. **Please read each of the following, sign where appropriate, and return to the classroom teacher.**

Policy for Technology

Access to Internet within school-use guidelines (Additional information in registration packet)

_____ I do give permission _____ I do NOT give permission

Right to Publish

Student Name and/or photo in local paper, school yearbook, hallway or DWS website (www.dws.dekalbschools.net)

_____ I do give permission _____ I do NOT give permission

*Parents/Guardians - If you use social media websites (Facebook, etc.), please respect others' privacy and only post **your** child's school photo(s). (Example: field day, classroom activities, etc.) Please do not post photos of other DWS students without parent permission.

Parent Initials _____

Residency Statement

_____ I am a resident of DeKalb Co. _____ I am NOT a resident of DeKalb Co.

Corporal Punishment

_____ I do give permission _____ I do NOT give permission
(I will come to school immediately when requested. Student punishment will likely be suspension.)

Textbook Agreement

I understand that my child will receive textbooks at no charge and that these textbooks must be returned when requested by the teacher. I further agree to pay for any textbooks that are lost or damaged.

Parent Initials _____

Educational studies

Participation in educational research studies (with student anonymity): as approved by school officials.

_____ I do give permission _____ I do NOT give permission

Student Handbook

I have received and read the Student Handbook (in Student Planner). My child and I have reviewed, understood and agree to attend school daily under conditions of the handbook. We have paid particular attention to the sections on Code of Conduct, Zero Tolerance, Sexual Harassment, and Non-discrimination.

Student Signature

Parent/Guardian Signature Date