

## Checklist for New Students Enrolling at Greeneville High School – 2018-2019

### Submit the following items:

In order to set a registration appointment the following items need to be submitted to the counseling office, by email ([hunters@gcschools.net](mailto:hunters@gcschools.net)) or fax (423-787-0837). All items should be submitted to Greeneville High School Counseling Office before a registration appointment can be made. Once these items are reviewed and approved, you will be contacted to complete the registration process.

- \_\_\_\_\_ Copy of child's certified birth certificate
- \_\_\_\_\_ Copy of social security card
- \_\_\_\_\_ Current Immunization Form; this form can be obtained only from a health care provider (i.e., physician or health department). **MUST BE ON TN HEALTH FORM. (example copy attached)**
- \_\_\_\_\_ Current physical (within last year); copy of physical OR documentation on the immunization form (as stated above). **MUST BE ON TN HEALTH FORM. (example copy attached)**
- \_\_\_\_\_ Copy Custody papers (if parents are divorced)
- \_\_\_\_\_ Provide **\*Proof of Residence information (copy attached).**
- \_\_\_\_\_ Copies of transcript, grade card, test scores, attendance and discipline for previous year and/or current year. If receiving any special services, include current IEP and documentation.
- \_\_\_\_\_ Complete online **NEW student registration @ [www.gcschools.net](http://www.gcschools.net) opening on April 2, 2018.**

\*\*\*\*\*  
**TUITION STUDENTS:** Tuition forms and rates for 2018-2019 are **NOT** available at this time. A copy of 2017-2018 is available for review. *Rates are the same as 17-18.*

\*\*\*\*\*  
**\*PROOF OF RESIDENCE:** See attached Proof of Residence Form 2018-2019 for details on submitting appropriate documents for this purpose.

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**YOU WILL BE CALLED FOR A REGISTRATION APPOINTMENT WHEN THE ABOVE PAPERWORK IS COMPLETE AND RETURNED TO THE GHS COUNSELING OFFICE.**

Rev. 03/2018

*Please forward information to [hunters@gcschools.net](mailto:hunters@gcschools.net).*

Today's Date: \_\_\_\_\_

## INFORMATION SHEET FOR NEW STUDENTS 2018-2019

**PLEASE PRINT**

Student's Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) (Middle)

Grade: \_\_\_\_\_ (for 2018-2019)

Parent's Name: Mother: \_\_\_\_\_  
Cell Phone/Contact No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Father: \_\_\_\_\_  
Cell Phone/Contact No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Location of Residence Address: \_\_\_\_\_ City \_\_\_\_\_ County

Mailing Address (if different): \_\_\_\_\_

Who has physical custody? Name \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Custodial parent address: \_\_\_\_\_

School currently attending \_\_\_\_\_

Does your child have an IEP, 504 plan, or receive any support services?

If yes, please explain.

\_\_\_\_\_

Any other special circumstances to note: \_\_\_\_\_

\_\_\_\_\_

You will be called for a registration appointment as soon as possible. Please make sure you have all the information listed on the checklist.

# Greeneville City Schools

## Proof of Residence 2018-2019

Parents of students enrolling in Greeneville City Schools for the first time are required to have their address verified as the first step in registering for school. The form will need to be completed and returned to the school. Copies of the required documentation (listed below) should be attached to this form. *The student(s) will not be enrolled until this process is complete.*

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Residence Address of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Proof of Residence (This must be your residential address):**

① (1) Property tax card; OR lease/rental agreement signed by both parties consisting of written evidence that a current valid agreement exists. Also to be included with this agreement shall be the name, address and/or telephone number of the lessor; OR the most recent mortgage statement.

AND

② (2) A monthly utility (gas, telephone, water or power) statement issued within the last 30 days which includes the service address (remittance portion of statement not accepted).

AND

③ (3) Photo ID with address shown.

OR

(4) Affidavit of Residence (back of this form) – *must be notarized.*

AND

(5) Photo ID of both the resident and the parent/guardian.

# SAMPLE

Use required on or after July 1, 2010.

Tennessee Department of Health

## CERTIFICATE OF IMMUNIZATION



Denotes physical

Child's Name (Last name, first name, middle)

Birthdate (mm/dd/yyyy)

### Section 1a. Religious Exemption

Check here if religious exemption to immunization

Parent/Guardian Name (Last name, first name, middle)

### 1b. Health Examination Documentation (if required)

This child has been examined: MM / DD / YY

Certified by (Signature/Stamp)

Phone (please include area code xxx-xxx-xxxx)

### 1c. Screenings needed

Dental Screening

Vision Screening

Address

City State Zip Code

Must be signed and dated to verify physical

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	Diagnosed (M)	Serology (M)	History (M)	Medical Exemption (M)
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### Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)

Hib Child Care Only (<5 years)										
Pneumococcal (PCV) Child Care Only (<5 years)										
DTP, DTaP, DT, Td										
Poliomyelitis										
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used								YY		
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011								YY		
Measles								YY		
Mumps								YY		
Rubella								YY		
Varicella							YY	YY	YY	
Tdap Booster 7 <sup>th</sup> Grade Entry Only										

### 2b. Recommended Vaccines (Documentation Optional)

Rotavirus										
Influenza										
Meningococcal										
HPV										

### Section 3. Provider Assessment (Select one; not valid if blank)

- A) Temporary Certificate - Expires MM / DD / YYYY  
*Expiration date one month after date next catch-up immunization is due!*
  - B) Up to Date for Child Care Entry and <18 Months of Age  
*Only if requirements incomplete, but up to date for age. Expires at 19 months of age.*
  - C) Complete for Child Care / Pre-School\*  
*Fulfills all requirements for child care / pre-school or pre-K under 5 years of age!*
  - D) Complete K-6<sup>th</sup> Grade\*  
*Fulfills requirements, Kindergarten through 6<sup>th</sup> grade.*
  - E) Complete 7<sup>th</sup> Grade or Higher  
*Fulfills requirements, 7<sup>th</sup> grade or higher.*
- \*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Section 4. (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

2. \_\_\_\_\_ MM | DD | YYYY  
Certified by (Signature/Stamp) Date of Issue

RDA-N/A

must be signed and dated to verify immunizations