

# HAMILTON COUNTY DEPARTMENT OF EDUCATION REGISTRATION FORM

Date Enrolled \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

GENDER:  Male  Female SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

ETHNICITY: Is the student Hispanic?  YES  NO (according to the US Dept. of Education, Hispanic is an ethnicity; not a race)

RACE (MUST check at least one):  Asian  Black  American Indian/Alaskan Native  Pacific Islander/Hawaiian Native  White

Student Address \_\_\_\_\_  
Street City State Zip Student's Cell Phone \_\_\_\_\_

Lives with:  Both Parents  Mother  Father  Other (Guardian) \_\_\_\_\_

Mother - Name (Last, First) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address, if different \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father - Name (Last, First) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address, if different \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Legal Guardian (if other than parent) \_\_\_\_\_ Home Phone \_\_\_\_\_  
(current documentation required)

Address, if different \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### TRANSPORTATION:

Bus# AM \_\_\_\_\_ PM \_\_\_\_\_

Car Rider AM  PM

Other AM \_\_\_\_\_ PM \_\_\_\_\_

*The information requested in this box is required by the State of Tennessee for enrollment in a public school:*

Student's Mother's Maiden Last Name \_\_\_\_\_ Student's City of Birth \_\_\_\_\_

Student's County of Birth \_\_\_\_\_ Student's State/Province of Birth \_\_\_\_\_ Student's Country of Birth \_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_ (completed Home Language and Occupational Surveys must be on file)

Immigrant Student  YES  NO If YES, date of first U.S. Entry \_\_\_\_\_

Last School Attended \_\_\_\_\_ City/State \_\_\_\_\_ Leave Date \_\_\_\_\_

If not coming from another Hamilton County School, have you ever attended a Hamilton County School? YES NO

Siblings (list name, age, and school attending) \_\_\_\_\_

Do you have a computer in your home?  YES  NO Email address \_\_\_\_\_

### Health/Emergency Information

Child's known health problems: \_\_\_\_\_  
Allergies  Asthma  Diabetes  Epilepsy  Heart  Other \_\_\_\_\_

(Please provide documentation regarding any of the above health problems)

Person(s) who you would like us to call in case of emergency, if parent cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Permission:

In case of emergency and I cannot be contacted, take my child to: \_\_\_\_\_ Hospital.  
(I will assume financial responsibility.)

Signature \_\_\_\_\_ Family Doctor \_\_\_\_\_

### DISMISSAL INFORMATION

Is there a court order/decreed prohibiting anyone from dismissing child?  YES (copy must be on file at school)  NO

Persons permitted to dismiss this child:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Persons NOT permitted to dismiss this child:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

# HEALTH INFORMATION FORM

Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Email address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email address \_\_\_\_\_

## Emergency Contact Number (other than parent):

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

## Child's known health problems:

Heart \_\_\_\_\_ Epilepsy \_\_\_\_\_

Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_

Other \_\_\_\_\_

Any medications taken on a regular basis: yes \_\_\_\_\_ no \_\_\_\_\_

If so list them below:

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## Persons permitted to dismiss this child:

1. \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Phone # \_\_\_\_\_
3. \_\_\_\_\_ Phone # \_\_\_\_\_
4. \_\_\_\_\_ Phone # \_\_\_\_\_



**HAMILTON COUNTY DEPARTMENT OF EDUCATION**  
 3074 Hickory Valley Road - Chattanooga, TN 37421  
 423-498-7020

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Dear Parent or Guardian:

In compliance with the requirements of The Family Educational Rights and Privacy Act (FERPA), Hamilton County Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary. The primary purpose of directory information is to allow Hamilton County Schools to include this type of information from your child's education records in certain school publications. Examples include:

- The annual yearbook
- Honor roll or other recognition list
- Graduation programs
- Sports activity sheets

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks, colleges, and universities. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Hamilton County Schools to disclose directory information from your child's education records without your prior written consent, **you must sign and return the following statement TO YOUR STUDENT'S SCHOOL by August 25, 2017.**

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**Please sign below and return this letter to the student's school immediately.**

Your signature indicates your **denial of consent** for \_\_\_\_\_  
(name of school)  
 to grant access to directory information as defined above for \_\_\_\_\_  
(student's name)

\_\_\_\_\_  
 (Signature of Parent/Guardian) \_\_\_\_\_  
 Date

***AFTER COMPLETION OF THIS LETTER, PLEASE RETURN TO STUDENT'S SCHOOL.***



# Hamilton County Department of Education (HCDE) Permission Form – Elementary School

*Please print all information*

Student Name (First Name, Middle Name, Last Name): \_\_\_\_\_

Parent/Guardian (First Name, Middle Initial, Last Name): \_\_\_\_\_

**I confirm my child's participation in the areas identified with a check mark below:**

<b>PERMISSION</b>	<b>Y</b>	<b>N</b>
As we participate in our community, we have opportunities to provide photos of our students in newsworthy events. Photos and video footage may be used in newspapers, school promotions, school brochures and fliers, TV news and district publications. Please indicate if we have your permission to publish your child's photo and/or video footage.		
My child has permission to be photographed or video-recorded for *social media accounts.		
My child has permission to access networked computer services such as electronic mail (e-mail) and the Internet. I further understand that deliberate misuse by the student resulting in hardware and/or software damage will be the responsibility of the parent/guardian.		
My child has permission to participate in vision and hearing health screenings.		
My child has permission to participate in height, weight and blood pressure health screenings.		

\*Social media is defined as forms of electronic communication (as websites for social networking, Facebook, Twitter and microblogging) through which users create online communities to share information, ideas, personal messages, and other content including pictures and videos, deemed appropriate by school staff.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



2017-2018  
Attendance Notification Contract

- Tennessee State Law requires that all children between the ages of six (6) and seventeen (17), both inclusive, must attend school regularly.
- The Hamilton Co. Department of Education has determined that each child will be allowed three (3) absences per school year that may be excused by a note from a parent/guardian. These should only be used in cases when a child is sick, but the parent/guardian determines that a doctor visit is not necessary.
- After three (3) parent/guardian excused personal illness days, any further absences must be excused by professional documentation. These include doctors, mental health professionals, dentists, courts, or other professional services. Other legal reasons for excused absences are death in immediate family, religious holiday regularly observed by the faith (prior approval required), and approved school sponsored activities. (HCDE Board Policy 6.200)
- Excused must be turned in to the appropriate school official within five (5) days of the student returning to school.
- After five (5) unexcused days, the school will notify the parent/guardian that their child must attend school on a regular basis by mailing the Attendance Notification Letter.
- Upon receipt of the Attendance Notification Letter, if the parent disagrees with the number of absences, it is their responsibility to contact the school for an attendance meeting and to provide documentation to support claims.
- If a student acquires ten (10) or more unexcused days (no legal reason for absences as defined above) the school will make a formal referral to the School Social Worker.
- If the child continues to accrue unexcused absences after the referral, a Legal Notice will be mailed to the parent/guardian indicating that their child has become truant. This notice shall serve as intent to file a petition with Hamilton County Juvenile Court unless proper documentation is provided to the school within five (5) days of receipt of this notice.

**Please print all information except signature**

School \_\_\_\_\_

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, have read and understand the information regarding Tennessee State Law and Hamilton Co. Department of Education Attendance Policy as they apply to my child.

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

**\*\*Please return to the school office for placement in your cumulative record.**

Tennessee Department of Education (TDOE)  
Title I, Part C of the Elementary and Secondary Education Act (ESEA)

**Migrant Education Program  
Occupational Survey**

Student Information: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last Name First Name Gender Race

District: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Migrant students may be eligible for additional services and assistance. Please answer the following questions and return the survey to the school so that we can determine if your child qualifies for migrant services.

1. Did you or someone in your family come to Tennessee looking for temporary or seasonal work in a factory processing foods or working in agriculture, fishing, or dairy (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, pork, chickens, vegetables, etc.)?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please mark which member of the family does or did this kind of work:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

2. Do you or someone in your family currently work in a factory processing foods or in agriculture, fishing, or dairy? (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, pork, chicken, vegetables, etc).

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please mark which member of the family does or did this kind of work:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

3. If your current job is not temporary work in agriculture or fishing, did you or someone in your family work in a temporary or seasonal agriculture or fishing in the last 3 years?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, where? \_\_\_\_\_  
City State Country

If you answered "yes" to any of the questions above, please answer questions 4, 5, and 6.

4. How long have you been in this county in Tennessee? \_\_\_\_\_  
months years

5. What is your current address? \_\_\_\_\_  
Street Address City State Zip Code

6. What is your current telephone number with the area code? (\_\_\_\_) \_\_\_\_\_

**NOTE TO THE SCHOOL:** Please send all surveys with at least one "yes" response to your district migrant liaison. Please make sure the form is filled out completely.

**NOTE TO DISTRICT MIGRANT LIAISON:** All surveys with at least one "yes" answer should be uploaded to the TNMEP site upon receipt. Please email [migrated@blomand.net](mailto:migrated@blomand.net) to inform Jessica Castañeda that new surveys have been uploaded.

**EAST BRAINERD SCHOOL  
EMERGENCY DISMISSAL FORM  
2017-2018**

We need emergency dismissal forms for ALL students so that we have current and correct information in the case of an early dismissal because of emergency conditions. You will be contacted by a Hamilton County Connect Ed call regarding early dismissal. **Please listen to radio and television stations for school closings if conditions become hazardous.**

**PLEASE REVIEW THESE PROCEDURES WITH YOUR CHILD**

Indicate on this form the emergency procedures to be followed in the event of the early closing of school because of emergency conditions. If no one is at home during the day, please indicate the address to which your child should go as all children must be sent to some addressee and not remain at school. **The YMCA After-School Program does not operate if we dismiss early. Not all daycare centers pick up for emergency dismissals.**

STUDENT NAME \_\_\_\_\_ TEACHER \_\_\_\_\_

\_\_\_\_\_ Daycare Rider Please list name of Daycare \_\_\_\_\_

\_\_\_\_\_ Car Rider      \_\_\_\_\_ Walker      \_\_\_\_\_ Ride bus as usual.

\_\_\_\_\_ Ride bus # \_\_\_\_\_ to the following address \_\_\_\_\_  
(THIS ADDRESS MUST BE ON ONE OF OUR REGULAR BUS ROUTES)

Please list all children in your family attending East Brainerd Elementary and Intermediate Schools.

Childs Name	Grade	Teacher
_____	_____	_____
_____	_____	_____

Additional names and phone numbers of relatives or neighbors

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parental Notification Form

Parents/guardians are requested to sign and date this form. A signature acknowledges receipt of the Nondiscrimination Policy and Grievance Procedure.

**NOTICE OF NONDISCRIMINATION**

It is policy of the Hamilton County Boards of Education not to discriminate on the basis of sex, race, national origin, creed, age, or religion in any of the programs or practices in the school system. A complaint may be filed by anyone who has a grievance regarding discrimination as set forth in one of the following statutes: (1) The Rehabilitation Act of 1972, Section 504; (2) Title VI of the Civil Rights Act of 1964; or (3) Title IX of the Educational Amendments 1972. The school system encourages the reporting party or complainant to use the complaint form available from the principal of each school or available from the central office location.

Mrs. Marsha J. Drake  
Title VI and IX Coordinator  
3074 Hickory Valley Road  
Chattanooga TN 37421  
(423) 209-8654

Mrs. Nancy Reed/Gloria Reed  
504 Coordinators  
3074 Hickory Valley Road  
Chattanooga TN 37421  
(423)209-8590/209-8589

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Date \_\_\_\_\_

Parent Signature \_\_\_\_\_