

### HAMILTON COUNTY DEPARTMENT OF EDUCATION REGISTRATION FORM

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

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

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

**TRANSPORTATION:**

Bus# AM \_\_\_\_\_ PM \_\_\_\_\_  
Car Rider AM PM  
Other AM \_\_\_\_\_ PM \_\_\_\_\_

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 \_\_\_\_\_

*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/deedee 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 \_\_\_\_\_

revised 8/2012

