

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 _____

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 _____