

STEM School Chattanooga REGISTRATION FORM

Date Enrolled _____ Grade _____

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 _____ Student's Email Address _____

Lives with: ___ Both Parents ___ Mother ___ Father ___ Other (Guardian) _____

Mother - Name (Last, First) _____ Day Phone _____

Address, if different _____ Cell Phone _____

Employer _____ Work Phone _____

Father - Name (Last, First) _____ Day Phone _____

Address, if different _____ Cell Phone _____

Employer _____ Work Phone _____

Parent/Guardian Email address(es) for school contact: _____

Name of Legal Guardian (if other than parent) _____ Day Phone _____

(current documentation required) Cell Phone _____

Address, if different _____ Relationship to Student _____

Employer _____ Work 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) _____

Health/Emergency Information

Child's known health problems: _____

Allergies Asthma Diabetes Epilepsy Heart (Please provide documentation regarding any of the listed 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 _____