

# HAMILTON COUNTY DEPARTMENT OF EDUCATION REGISTRATION FORM

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

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

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

|                        |    |                          |                             |
|------------------------|----|--------------------------|-----------------------------|
| <b>TRANSPORTATION:</b> |    |                          |                             |
| Bus#                   | AM | PM                       |                             |
| Car Rider              | AM | <input type="checkbox"/> | PM <input type="checkbox"/> |
| 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/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 \_\_\_\_\_