

Spring City Elementary School

270 East Jackson Avenue

Spring City, TN 37381

Office: (423)365-6451

Fax: (423)365-7075

REQUIREMENTS FOR SCHOOL ADMISSION

1. Birth Certificate
2. Social Security
3. State-required immunization form
4. Current medical examination. This applies only to kindergarten, first grade, and other students transferring from a non-public school.
5. Proof of residency of Spring City area. (electric, water, rent receipt, etc.)

The name used on the records of a student entering school must be the same as that shown on the birth certificate unless evidence is presented that such name has been legally changed through a court as prescribed by law.

ALL PAPERWORK MUST BE COMPLETED AND TURNED IN BY 10:00 AM IN ORDER FOR YOUR CHILD TO START SCHOOL THE FOLLOWING DAY

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Date: _____

The following students(s) have enrolled in our school:

_____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

Previous School Attended: _____

School Address: _____

City/State/Zip: _____

Phone/Fax Number: _____

Please list any Rhea County School that your child previously attended.

Please send all records including:

1. Grades
2. Test Scores
3. Special Education Records
4. Attendance Records
5. Copy of Birth Certificate, Social Security Card, and Immunization

Parent Signature: _____

Date: _____

Phone number: _____

Principal: Mrs. Tammy Boles

Assistant Principal: Mrs. Lesia Garrison

Spring City Elementary Student Information Form

Student's Legal Name _____
Last First Middle

Date of Birth _____

Gender _____

Social Security Number _____

Phone Number _____

Grade Level _____

Mother's Name _____

Father's Name _____

Guardian's Name _____

Sibling's Name(s) _____

Parent or Guardian's Home Address

Street, Apt/Suite _____

City _____, State _____ Zip _____

Mailing Address

Street, Apt/Suite _____

City _____, State _____ Zip _____

What is the student's race? Please circle one below:

American Indian / Asian / Black or African American / Hispanic or Latino / White / Native Hawaiian

Father's Day Phone _____

Father's Employer _____

Father's Home Phone _____

Mother's Day Phone _____

Mother's Employer _____

Mother's Home Phone _____

Emergency Contact Information

Contact # 1 - Contact Name _____
Last First Middle

Relationship _____

Phone# _____

Contact # 2 - Contact Number _____
Last First Middle

Relationship _____

Phone# _____

Contact # 3 - Contact Name _____
Last First Middle

Relationship _____

Phone# _____

State Required Student Tracking Information

Mother's Maiden Name _____

Student's City of Birth _____

Birth Country _____

Birth State/Province _____

Birth County _____

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BUS TRANSPORTATION

One Sheet Per Student Please!

Please complete the following information concerning bus transportation. It is important that we receive this information even if your child rarely rides a bus. The transportation funding our county receives is based on this information. PLEASE PRINT!

Full Name of Student _____

Main Address _____

Emergency Contact and Phone

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Grade: _____ School: _____

How often do you expect your child to ride a school bus this year? (Circle only one choice)

- A. My child rides the bus every day.
- B. My child rides the bus a couple of times a week.
- C. My child rides the bus a couple of times a month.
- D. My child rides a bus in emergencies/field trips only.

1. If your child rides a school bus, even just one time this year, which bus number would he or she ride?

Bus Number To School	
Bus Number From School	
Middle and High schools ONLY Transfer Bus Number	

If the bus numbers TO SCHOOL and FROM SCHOOL are different,
please explain why:

2. Please circle A or B:

- A. The Distance my child rides the bus is LESS than a mile.
- B. The Distance my child rides the bus is MORE than a mile.



SchoolCast Numbers

SchoolCast is a flexible notification system our school uses to communicate with our parents, faculty, staff, board members, business/community leaders, media, and etc. The numbers you provide will be used to contact you in the event of school delays, cancellations, and event reminders. SchoolCast makes it easy for everyone to receive alerts and notifications at home, at work, in their cars, on campus - anywhere!

Student's Name: _____

Grade: _____

Teacher: _____

1.

2.

3.

4.

5.

* if area code is different than 423 please include it with the phone number.