

Bradley County Schools

Registration Form



Registering for:

School: _____

Grade: _____

When a call is made about your child, what number should we call?

1. _____

2. _____

Student Name (as it appears on the Birth Certificate):

Preferred Name: _____

Last: _____ First: _____ Middle: _____

Gender/Sex: _____ Date of Birth: _____ Student's Social Security Number _____

Country of Birth: _____ State of Birth: _____ County of Birth: _____ City of Birth: _____

ETHNICITY (Circle one): Hispanic or Non-Hispanic

RACE (Circle ALL that apply): Asian American Indian/Alaskan Native Black/African American Pacific Islander / Native Hawaiian White

Student's Address: _____

Number Street Name City State Zip

Home Phone Number: _____ List other Children in Family: _____

Special Services he/she receives: Resource _____ Title I Reading _____ Title 1 Math _____ Speech _____ Does he/she have an IEP? _____ or 504 plan? _____

**** EMERGENCY CONTACT (Other than Parent)

Phone: _____

Name: _____ Relationship: _____

CHECK OUT INFORMATION: _____ may check out my child

CUSTODY: BOTH PARENTS MOTHER FATHER STATE CUSTODY OTHER-LEGAL GUARDIAN

Are there Legal/Custody issues we should be aware of? Yes ___ No ___ What? _____

FATHER'S NAME: _____

MOTHER'S NAME: _____ MAIDEN: _____

Address: _____

Address: _____

Home #: _____ Cell #: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

Work #: _____ Email: _____

Employed By: _____

Employed By: _____

Does the parent presently serve in the Active Military National Guard Military Reserve Military

CUSTODY OTHER - LEGAL GUARDIAN'S NAME: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____ Email: _____

Employed By: _____ RELATIONSHIP TO STUDENT: _____

Last School your child attended: _____ Address: _____

Last School Phone: _____ Last School Fax: _____ City: _____ State: _____ Zip: _____

For children entering Kindergarten or First Grade (Circle if attended) Pre-school Day Care Kindergarten

There MUST be a complete medical examination for every student entering school. The required TN Child Health Record must be on the Certificate of Immunization developed and authorized by the TN Department of Health. The immunization and physical exam will be recorded on the Certificate and placed in the student's school record. Children entering Kindergarten must be five years of age on or before August 15 (MUST have proof of birth). Children entering First Grade must have attended a State Approved Kindergarten.

Do you plan to enter another school next year? Yes ___ No ___ Where? _____

Parent or Legal Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY: PRIORITY _____ BUS _____ TEACHER ASSIGNED _____ FIRST DAY OF SCHOOL _____

Please complete both sides

STUDENT MEDICAL INFORMATION - My student has the following health conditions that may require special care during school hours:

MY CHILD HAS NO SPECIAL HEALTH NEEDS

(check ONLY those that apply)

- ___ Asthma Triggers: _____
 Treatment: ___ at home with medication
 ___ an inhaler will be needed and provided for use during school
- ___ Diabetes Treated with: ___ diet ___ insulin injections or pump
- ___ Food Allergy to: _____ Describe Reaction: _____
 Current Required Treatment: _____
- ___ Other Severe Allergy to: _____ Describe Reaction: _____
 Current Required Treatment: _____
- ___ Vision Impairment ___ glasses ___ contacts
- ___ Hearing Impairment ___ left ___ right
- ___ Physical Impairment Describe: _____
- ___ Seizure Disorder Type: _____
 Treatment: ___ medicated at home
 ___ emergency medication is ordered and will be provided for use at school
 Medication _____
- ___ ADD / ADHA ___ medicated at home
 ___ will require medication during school hours (as prescribed by MD)

OTHER MEDICAL ISSUES NOT LISTED ABOVE: _____

Primary Care Physician: _____ Office Number: _____

Parent or Guardian - Please initial each line to indicate you have read and understand the information below:

- ___ The information provided above is true and accurate to the best of my knowledge.
- ___ I acknowledge that students cannot transport medication of any kinds. The parent must bring medication into school and sign appropriate paperwork.
- ___ It is my responsibility to notify the school if my child's medical condition changes and/or they have developed any medical needs that may require attention during school hours.
- ___ The school may use over-the-counter first aid products such as Neosporin, Benadryl spray/cream, wound cleanser, etc (Topical First Aide) as needed for my student as they have no known sensitivity to these items. **This does not include medication taken by mouth.** ___ yes ___ no
- ___ The school may use over-the-counter Tylenol, Ibuprofen, cough drops, or TUMS as needed for my student as they have no known sensitivity to these items. ___ yes ___ no

**** IF NO INFORMATION IS GIVEN, IT WILL BE ASSUMED THAT YOUR CHILD HAS NO SPECIAL HEALTH NEEDS ****

HOME LANGUAGE SURVEY - In an effort to comply with Title VI of the Civil Rights Acts, we have been asked to survey parents to see if we are meeting the needs of students who may speak English as their second language.

1. What is the first language that your child learned to speak? _____
2. What language does your child speak most often outside of school? _____
3. What language do people usually speak in your child's home? _____

Date first enrolled in U. S. Schools: ____/____/____ (month/day/year)

STUDENT RESIDENCY INFORMATION - As part of the ESSA requirements, each school registrant should complete the following information.

WHERE DOES THE STUDENT STAY AT NIGHT? ___ in his/her home owned/rented by parent ___ in a shelter ___ with a relative or friend (family does not have a residence) ___ in a motel/hotel ___ in housing that is inadequate (i.e. no electricity, running water, etc.) ___ unsheltered (cars, parks, campgrounds, temporary trailer, abandoned building) ___ other (explain): _____

Parent or Legal Guardian's Signature: _____ Date: _____