

CHEATHAM COUNTY SCHOOLS SYSTEM INFORMATION FORM 2017-2018

SCHOOL (Circle One) ACES ECES KSES PES PVES WCES CMS HMS SMS CCCHS HHS SHS RIVERSIDE ACAD.

GRADE _____

Homeroom: _____

(This area for office staff only)

Student's Legal Name: _____
(Last) (First) (Middle)

Date of Birth: ____ - ____ - ____ Sex: ____
mm day year

Social Security Number: _____

Race/Ethnicity: Check race that applies:		
____ Caucasian	____ African-American	____ American Indian
____ Hispanic/Latino	____ Asian	____ Pacific Islander

MILITARY CONTACT: I give permission for my child's name and phone number to be disclosed to military recruiters:
____ Yes, I give my permission ____ No, I do not give my permission

COLLEGE CONTACT: I give permission for my child's name and phone number to be disclosed to Colleges:
____ Yes, I give my permission ____ No, I do not give my permission

PUBLIC RECOGNITION: Your child's name and/or photo may be used or published in the district publications or in local newspapers, magazine Articles, videos or letters relating to school activities. Please check below:
____ Yes, I give my permission ____ No, I do not give my permission

Who has Legal Custody? (Circle one answer) Parents - Mother - Father - Shared - State - Other

Is student from a single-parent household? Yes ____ or No ____

Guardian #1 Name _____ Relationship _____

Home Address: _____

City _____ State _____ Zip Code _____

Mailing Address (If different than residence address) _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Cell Number _____ Work Number _____

Email Address _____

Guardian #2 Name _____ Relationship _____

Home Address: _____

City _____ State _____ Zip Code _____

Mailing Address (If different than residence address) _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Cell Number _____ Work Number _____

Email Address _____

List in order any persons who should be contacted to pick up your child if they are sick or hurt at school and we cannot reach you (other than parents):

Name: _____ Phone Number: _____ Relation _____

Name: _____ Phone Number: _____ Relation _____

Name: _____ Phone Number: _____ Relation _____

Your child will only be released to persons named on this registration form unless you send a note giving permission for someone else to pick up your child. We will ask for a picture ID

Continue on back side

Does your child have any unusual health problems: Yes ___ No ___ (If yes, explain) _____

Does your child have any allergies? Yes ___ No ___ (If yes, list all and be specific): _____

If your child is required to take medication at school, we must have the appropriate forms filled out by your doctor. Please ask office personnel for the form. **No child will be given medication at school without the doctor's form.** This includes prescription and over the counter medications.

****Please sign after reading the above statement:*** _____

I have received and read the Cheatham County School District Attendance Policy.

****Please sign:*** _____

In order to identify student living conditions please complete the following question: Where does your child stay at night? (Please check one)
___ Home/apartment owned or rented by the parent(s)/guardian(s) ___ With a relative or friend (family does not have a residence) ___ In a shelter
___ In a motel ___ In an automobile ___ A campsite ___ In housing that is inadequate (i.e. no electricity, running water, etc)

Is Student an *active* Military Dependent? Yes/No (Please circle) Name of parent in Military _____

Is Student an *active* National Reserve Dependent? Yes/No (Please circle) Name of parent in the Reserve _____

Is Student an *active* National Guard Dependent? Yes/No (Please circle) Name of parent in the Guard _____

Is your child a Car Rider: ___ Walker: ___ Bus Rider: ___ Bus Number: ___

If someone other than parents transports your child to and from school, please complete:

A.M Person's Name: _____ Phone Number: _____

P.M. Person's Name: _____ Phone Number: _____

CORPORAL PUNISHMENT: I give permission for my child to be spanked/paddled. (Will not apply to Pre-K)

___ Yes, I give my permission ___ No, I do not give my permission

FIELD TRIPS: Over the course of the year, your child may have the opportunity to participate in educational field trips requiring your child to leave the school grounds. Can your child participate? Please check below:

___ Yes, I give my permission ___ No, I do not give my permission

HEALTH SCREENINGS: I give my child permission to participate in free health screenings.

Please write (yes or no) in each of the following free health screenings for your child:

Hearing ___ Height/Weight ___ Vision ___ Blood Pressure ___

If your child has been enrolled in any special classes, please list below. (Some examples would be speech, resource, life-skills, etc.)

Names of brothers and sisters in other Cheatham County Schools:

Name _____	School _____
Name _____	School _____
Name _____	School _____
Name _____	School _____

In the event of an illness/injury and I cannot be reached or cannot respond at the time of the emergency, 911 will be contacted:

Hospital Preference: _____

Physician name: _____

Physician phone: _____

Dentist Name: _____

Dentist Phone: _____

(Legal Guardian's Signature)

(Date)