



Clinton City Schools Kindergarten Registration

Registration is required for all upcoming Kindergarten students who will be attending Clinton City Schools for the 2020-21 school year. Children must be five years old on or before August 15, 2020, to meet age requirements.

When:

May 13 - May 14, 2020

By Appointment Only

Call (865) 457- 0159 to schedule your one on one appointment

Parents or guardians will register at the school your child is planning to attend.

Transfer students and students requesting a zone exception may do so during this appointment. There is a one-time nonrefundable \$25 fee for transfer students.

Please bring the following items to the registration appointment:

- Proof of residency
- Proof of birth
- Social Security Card
- Immunization and physical
- Court documentation, if applicable
- Driver's license or photo identification of parent or guardian

Registration packets will be available on the Clinton City Schools website, at our Central Office, or at any of the three schools during the Continuation of Instruction Distribution Days.

Questions??

Contact Lori Smith
Student Services

smithl@clintonschools.org

865 457-0159

212 N. Hicks Street

Clinton, TN 37716



STUDENT INFORMATION FORM

School	_____
Teacher	_____
Transfer	_____
Zone Exception	_____
Medical Alert	_____
Allergy	_____
EpiPen	_____

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

Student's Preferred Name: _____ Gender: Male Female

Birthday (mm/dd/yyyy): _____ Registering for Grade: _____

Student's Social Security Number: _____ - _____ - _____
(Optional) Has your child ever attended Clinton City Schools? Yes No

Home Address: _____ Apt. _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ Apt.: _____

(If different)

City: _____ State: _____ Zip: _____ County: _____

Please choose one of the ethnic codes: Non-Hispanic Hispanic

Race: (Check all that apply):

- American Indian/Alaskan Native
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White

PARENT/LEGAL GUARDIAN INFORMATION

Legal Guardianship: (check one) Mother Father Both _____ Other (please specify)

Parents must provide school with appropriate legal documentation from judicial system regarding divorce/custody restrictions and Orders of Protection.

Please list phone numbers below where we can reach you during the hours of 7:30 AM until 4:00 PM.

Parent/Guardian <i>Person with whom the student is living</i>	Parent/Guardian <i>Can this parent be called to pick child up? Yes / No</i>
Name: _____	Name: _____
Relationship: _____ Custody: Yes / No	Relationship: _____ Custody: Yes / No
Address: _____ <small>(mailings will go to this address)</small>	Address: _____ <small>(if different from student)</small>
Driver's License Number: _____	Driver's License Number: _____
State Issued: _____	State Issued: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
E-mail Address: _____	E-mail Address: _____

Emergency Contacts (List in order to be contacted if parent or legal guardian cannot be reached.)
 Please be advised that by listing these individuals you are giving permission for the school to share emergency information regarding your child.

	Name	Relationship	Phone Number	May Pick Child Up
1.				
2.				
3.				

EMERGENCY INFORMATION

Medical Alert: List any Doctor diagnosed information that pertains to the health of your child that would be helpful for the school to know: (allergies, asthma, ADHD, Diabetes, heart condition, vision or hearing impairment, etc.)

Documentation must be provided to the school to support this diagnosis.

Medical Conditions or Physical Limitations: _____

Allergies: Documentation required from Physician

List any food items that your child is allergic to and the reaction it causes: _____

List any plant, vegetation or insect your child is allergic to and the reaction it causes: _____

List any medications your child is allergic to and the reaction it causes: _____

EpiPen prescribed: No _____ Yes _____ (Documentation required from Physician)

Albuterol Inhaler: No _____ Yes _____ (Documentation required from Physician)

Medication(s): _____ Administered at Home / School / Both: (Circle one)

Doctor: _____ Telephone Number: _____

Hospital Preferred: _____

Clinton City Schools cannot administer prescription or over-the-counter medication without prior written doctor approval. If your child requires medication at school, please obtain the appropriate form at your child's school or on the district website.

Clinton City Schools is not obligated to provide over-the-counter medications, but some commonly used OTC medications will be stocked in the nurse's office. These include ointments, antiseptics, and first aid treatments. It is necessary for the nurse to be aware of each student's medical history and any contraindications to the administration of certain medications. **If you have a problem with any of the listed common OTC medications below, please contact the school nurse.**

- Antacid (Tums)
- Bacitracin antibiotic cream (for minor wounds)
- Sore throat lozenge/cough drop
- Hydrocortisone cream (for minor skin irritations)
- Calamine lotion/Caladryl clear (for minor skin irritations)
- Vaseline (for chapped lips)
- Sting kill (Benzocaine for bee stings)
- Hydrogen Peroxide (for minor cuts and scrapes)
- Burn spray/Lidocaine HCL 2% (external analgesic for minor burns)
- Epinephrine for anaphylaxis

Within the last two years has your child been served by:

Individual Education Program (IEP):

Speech/Language _____
Inclusion/Resource _____
CDC Placement _____

Other Support Services:

EL Program (English Learner) _____
504 Plan _____
Individual Health Plan _____

If yes to any of the above, please provide explanation or documentation. _____

Is your child currently under Discipline Action (suspension/expulsion) in another school system? ____ Yes ____ No

If yes explain: _____

Additional information you feel is relevant to the enrollment and services for your child. _____

List all brothers or sisters attending school:

1. _____ Grade _____ School _____

2. _____ Grade _____ School _____

3. _____ Grade _____ School _____

In order to attend Clinton City Schools a student must be a legal resident of Clinton or have been approved for a Transfer. Legal residence is defined as living with a legal custodial parent or legal guardian who is domiciled in Clinton. If the parent or legal guardian moves out of the Clinton city limits during the school year, a Transfer Request Form must be completed and submitted to the Director of Schools. Parents/guardians must notify Central Office immediately upon a change in residence.

Clinton City Schools utilizes an automated notification system to inform parents/guardians of important school and district information (i.e. school closures/delays, security alerts, school activities, etc.) The Telephone Communications Protection Act requires written permission to receive automated calls and SMS text messages on mobile device(s).

By providing a phone number below, you are giving CCS permission to contact you via the automated phone system.

Primary Telephone Number: _____ **Secondary Telephone Number:** _____

I certify that all of the above information is true and correct and I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I certify that I am the parent or legal guardian of the child identified on this enrollment form. I further understand that the school must have permission from a parent or legal guardian for anyone including the individuals listed on this form to check a student out of school. I understand that Clinton City Schools participates in the state mandated assessment program, and my child will be participating as required.

Name of Parent/Guardians: _____

Signature of Parent/Legal Guardians: _____

Date of Application: _____

OTHER INFORMATION

Home Language: _____ Translator Needed: _____ Yes _____ No

What is the first language your child learned to speak? English _____ Other (specify) _____

What language does your child speak most often outside of school? _____

What language do people usually speak in your child's home? _____

US Entry Date _____ US School Entry Date _____

Where does your child stay at night? (Please check one)

Home/apartment owned or rented by the parent(s)/guardian(s) _____

Are you temporarily living with another family member or friend _____

In a shelter _____ In a motel _____ In an automobile _____ A campsite _____

In housing that is inadequate (i.e. no electricity, running water etc.) _____

Other (in an arrangement that is not fixed) _____

Do you qualify as a migrant worker? _____ Yes _____ No Is this child an Immigrant? _____ Yes _____ No

Is this child currently in Foster Care? _____ Yes _____ No

Parent/Legal Guardian is currently serving in one of the following:

_____ Active Duty _____ National Guard _____ Reserve Military Duty

Student's Birth Country: _____ Student's Birth State: _____

Student's Birth County: _____ Student's Birth City: _____

Mothers' Maiden Name: _____

FOR OFFICE USE ONLY

Code Entered: _____ Withdrawn Code: _____

Date: _____ Date: _____

Previous School: _____ New School: _____

Date Received: _____

Time Received: _____

Initials of Person Receiving Form: _____

Clinton City Schools

Home Language Survey

Grades Pre-K -6

Name of Child: _____ Date of Birth: _____

Address: _____ Telephone Number: _____

School: _____ Grade: _____

Country of Birth: _____

Date first enrolled in ANY U.S. School: _____ Date first entered U.S. _____

Questions for Parents Guardians

1. What is the first language this child learned to speak? _____
2. What language does this child speak most often outside of home? _____
3. What language do people usually speak in this child's home? _____
4. Has this child ever received ELL (ESL) classes in another school? _____
5. Will you require an interpreter/translator at Parent/Teacher meetings? _____
If yes, what language? _____

Parent/Guardian Signature: _____ Date: _____

A copy of this form is to be kept in the student's permanent/cumulative file.



Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive **free** educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

STUDENT FIRST NAME:	STUDENT LAST NAME:	DATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		

1) In the past three years, has your family moved to another city, state, and/or county?

Yes No

2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?

Yes No

a. If yes, please circle all that apply:



Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



Agriculture/Field Work
(planting, picking, and sorting crops; soil preparation; irrigation; fumigation; etc.)



Dairy/Cattle Raising
(feeding, milking, rounding up, etc.)



Nursery/Greenhouse
(planting, potting, pruning, watering, etc.)



Forestry
(soil preparation, planting, growing, cutting trees, etc.)



Fishing/Fish Processing
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue. Otherwise, your form is complete.

3) How long have you been in this county in Tennessee?

WEEKS:	MONTHS:	YEARS:
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HOME ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		

For school use only: If questions 1 and 2 are "yes," please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

School District:	Student State ID:	Enrollment Date:
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CLINTON CITY SCHOOL SYSTEM

212 NORTH HICKS STREET, CLINTON TN 37716 · (865) 457-0159 FAX · (865) 463-0668



RECORDS REQUEST

Principal's Name (school moving from)

Name of School (school moving from)

Street

City **State** **Zip Code**

Student's Name **Birth Date** **Grade Level**

The above referenced student has enrolled in the Clinton City School System. Please forward copies of all pertinent school records including, but not limited to:

- Cumulative Record information
- Test scores
- Attendance
- Special Education Records (IEP, Psychological, Counseling)
- RTI information/Data points

Please forward to: **Clinton City Schools**
 Attn: Lori Smith
 Student Services
 212 North Hicks Street
 Clinton, Tennessee 37716

I do hereby authorize the Clinton City Schools to request all pertinent school records in accordance with the policy of said organization for the purpose of determining proper educational placement of my child. I hereby release the Clinton City Schools from all liability that may arise from the release of the information obtained.

Date

Signature of Parent or Guardian

CLINTON CITY SCHOOLS

2020-2021 KINDERGARTEN SCHEDULE

Welcome to Clinton City Schools! This is a very exciting time for you and your child. The following information will help you plan for the beginning of your child's Kindergarten experience. The first four days of school, Kindergarten students attend only one day from 7:45 a.m. to 11:30 a.m. You will be notified by letter which day your child has been assigned to attend. In order to help with your schedule, you may request a specific day for your child's first day. During the second session of the Kindergarten schedule, all students will attend from 7:45 a.m. to 11:30 a.m. each day. Lunch will be served on each day your child attends school during these first two weeks. Parents/guardians will receive a telephone call Friday, August 14th letting you know who your child's teacher will be for the 2020-2021 school year.

KINDERGARTEN SCHEDULES FOR THE MONTH OF AUGUST **SMALL GROUP SCHEDULE**

(your child will attend only one day until 11:30)

Monday, August 10
Tuesday, August 11
Wednesday, August 12
Thursday, August 13

LARGE GROUP SCHEDULE

(all kindergarten students will attend each day until 11:30)

Monday, August 17
Tuesday, August 18

REGULAR SCHEDULE

- All Kindergarten students will begin their regular school hours on Wednesday, August 19th from 7:45 a.m. to 2:45 p.m. each day.
- School will be closed on Monday, September 7th for Labor Day.
- The school calendar lists all other information for the school year.
- Additional information will be given out on your child's first day of school.

CLINTON CITY SCHOOL SYSTEM

212 N. Hicks Street Clinton, Tennessee 37716
Telephone (865) 457-0159 Fax (865) 463-0668
www.clintonschools.org



CLINTON CITY SCHOOLS 2020-2021 CALENDAR

August 6	First Day for Students (Student dismissal 11:30 a.m.)
September 4	In-service Day (Student Holiday)
September 7	Labor Day Holiday
October 12-16	Fall Break
November 3	In-service Day (student Holiday)
November 23-27	Thanksgiving Holiday
December 21 – Jan. 1	Winter Break
January 4	In-service Day (Student Holiday)
January 5	First Day for Students
January 18	Martin Luther King, Jr. (Student Holiday)
February 15	Presidents Day (Student Holiday)
March 12	In-service Day (Student Holiday)
March 15-19	Spring Break
April 2	Good Friday (Student Holiday)
April 5	In-service Day (Student Holiday)
May 27	Last Day for Students (Dismissal at 11:30)