

STUDENT DATA INFORMATION FORM
REVISED 03/27/2019

ENROLLMENT DATE: (SCHOOL USE ONLY) _____

STUDENT PIN (SCHOOL USE ONLY) _____ **HOMEROOM: (SCHOOL USE ONLY)** _____

TODAY'S DATE _____

FULL LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE

LAST NAME _____ **FIRST NAME** _____

MIDDLE NAME _____ **GENERATION** _____ (JR., II, III, ETC...)

PREFERRED NAME _____

SOCIAL SECURITY NUMBER _____ **BIRTHDATE (mm/dd/yyyy)** _____

MOTHER'S MAIDEN NAME _____ **STUDENT'S CITY OF BIRTH** _____

STUDENT'S COUNTY OF BIRTH _____ **STUDENT'S STATE OF BIRTH** _____

STUDENT'S COUNTRY OF BIRTH _____ **IF NOT BORN IN THE UNITED STATES,**

THEN DATE FIRST ENTERED A UNITED STATES SCHOOL (Month, Day, Year) _____

GENDER: _____ **MALE** _____ **FEMALE** _____ **GRADE LEVEL** _____

PLEASE CHOOSE ONE OF THE ETHNIC CODES BELOW:

HISPANIC _____ **NON-HISPANIC** _____

RACE CATEGORIES:

A student may be a member in just one racial group, or may be a member in two or more racial groups. We are required to capture all racial groups to which a student belongs.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE** _____ **ASIAN** _____ **WHITE**

_____ **NATIVE HAWAIIAN OR PACIFIC ISLANDER** _____ **BLACK OR AFRICAN AMERICAN**

RELATION OF PERSON THAT STUDENT LIVES WITH: _____

RELATION OF PERSON WHO HAS LEGAL CUSTODY: _____

COUNTY WHERE STUDENT LIVES: _____

IS HOME INSIDE THE CITY LIMITS OF ROGERSVILLE OR KINGSPORT? _____

SCHOOL WHERE STUDENT IS ZONED TO ATTEND: _____

BUS (#) (AM) _____ **(PM)** _____ **DISTANCE YOU LIVE FROM SCHOOL** _____

BUS (#) THAT COMES BY YOUR HOUSE (car riders): _____ **AM** _____ **PM** _____

PLEASE LIST ALL SIBLINGS AND THE SCHOOL THEY ATTEND.

NAME: _____ SCHOOL: _____

NAME: _____ SCHOOL: _____

NAME: _____ SCHOOL: _____

FIRST CONTACT (PARENT/GUARDIAN):

NAME _____

RELATIONSHIP TO STUDENT _____

PLEASE CHECK THE FOLLOWING MAILINGS THAT THIS CONTACT IS PERMITTED TO RECEIVE:

Attendance Scheduling Grading Discipline Mailings Testing

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ PLACE OF EMPLOYMENT: _____

EMAIL ADDRESS: _____

HOME ADDRESS: (CANNOT BE A P.O. BOX)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS: (If different than Home Address)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SECOND CONTACT (PARENT/GUARDIAN OR EMERGENCY CONTACT):

NAME _____

RELATIONSHIP TO STUDENT _____

PLEASE CHECK THE FOLLOWING MAILINGS THAT THIS CONTACT IS PERMITTED TO RECEIVE:

Attendance Scheduling Grading Discipline Mailings Testing

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ PLACE OF EMPLOYMENT: _____

EMAIL ADDRESS: _____ PERMISSION TO PICK UP (YES/NO) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

THIRD CONTACT: (EMERGENCY CONTACT)

NAME _____ RELATIONSHIP TO STUDENT _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ PERMISSION TO PICK UP (YES/NO) _____

FOURTH CONTACT: (EMERGENCY CONTACT)

NAME _____ RELATIONSHIP TO STUDENT _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ PERMISSION TO PICK UP (YES/NO) _____

STUDENT INFORMATION

LEGAL ALERT: It is the responsibility of the parent(s)/guardian(s) to notify the school of any custody/legal issues (custody papers, restraining order, power of attorney, etc.) pertaining to your child. **LEGAL DOCUMENTS MUST BE ON FILE IN THE SCHOOL OFFICE.**

MEDICAL ALERT: (List any Dr. diagnosed information that pertains to the health of your child that would be helpful for the school to know (allergies, asthma, ADD, ADHD, Diabetes, heart condition, vision or hearing impairment, HIV, Hepatitis A, Hepatitis B, or Hepatitis C). **Please provide documentation to the school to support this diagnosis.**

DISABILITY (if any) _____

PLEASE MARK YES OR NO TO ALL THAT APPLIES:

PERMISSION TO;

CALL DOCTOR _____, CALL AMBULANCE _____,

CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR CHILD _____

DOCTOR'S NAME _____ DR. PHONE # _____

DOCTOR'S ADDRESS: _____

PLEASE INDICATE ALL OF THE FOLLOWING THAT YOUR CHILD HAS HAD:

CHILDHOOD DISEASES:	YES/NO		YEAR
	_____	CHICKENPOX	_____
	_____	WHOOPING COUGH	_____
	_____	RHEUMATIC FEVER	_____
	_____	MEASLES	_____
	_____	MUMPS	_____
OTHER ILLNESSES:	_____	TONSILLECTOMY	_____
	_____	APPENDECTOMY	_____
	_____	DISCHARGING EARS	_____
	_____	CRIPPLING CONDITION	_____
	_____	OTHER (list) _____	_____

IF YOUR CHILD IS TRANSFERRING FROM ANOTHER SCHOOL, PLEASE LIST THE NAME OF THE SCHOOL AND A COMPLETE ADDRESS FOR THE SCHOOL ALONG WITH A TELEPHONE NUMBER:

HAS YOUR CHILD ATTENDED ANY OTHER SCHOOLS THIS SCHOOL YEAR OR FINISHED THE LAST DAY OF THE LAST SCHOOL YEAR IN ANOTHER TN SCHOOL SYSTEM? **If yes, please list the school name(s).**

WHERE DOES YOUR CHILD STAY AT NIGHT? (PLEASE CHECK ONE OF THE FOLLOWING CHOICES)

- HOME/APRTMENT 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 INADEQUEATE (i.e. NO ELECTRICITY, RUNNING WATER, ETC.)

OTHER HOUSING (PLEASE EXPLAIN) _____

DOES YOUR CHILD HAVE ANY PREVIOUS SCHOOL EXPERIENCE? (PLEASE INCLUDE PRE-K)

YES NO TYPE: _____

DID YOUR CHILD PARTICIPATE IN IMAGINATION LIBRARY? YES NO

WHICH HAND DOES YOUR CHILD USE? RIGHT LEFT

PLEASE LIST ANY OTHER INFORMATION WHICH YOU THINK WOULD BETTER ENABLE YOUR CHILD'S TEACHER/SCHOOL TO UNDERSTAND AND WORK WITH YOUR CHILD:

Education Level of Parent (s) (Circle highest completed level)

Mother: SOME HIGH SCHOOL GED HS GRAD ASSOCIATE BS/BA MS/MBA/MEd+ Other _____

Father: SOME HIGH SCHOOL GED HS GRAD ASSOCIATE BS/BA MS/MBA/MEd+ Other _____

If information should change during the school year, you are required to notify the school office immediately.

STATE AND FEDERAL LAW REQUIRES THE FOLLOWING DOCUMENTATION FOR ENROLLMENT:

- BIRTH CERTIFICATE (or other proof of full legal name and date of birth)**
- SOCIAL SECURITY NUMBER OR PIN (A copy of the Social Security card may be made at the school)**
- IMMUNIZATION RECORD OR EXEMPTION (Medical or Religious)**
- PHYSICAL FORM DATED WITHIN THE LAST CALENDAR YEAR FOR STUDENTS ENTERING SCHOOL FOR THE FIRST TIME.**

THE ONLY EXCEPTIONS ARE STUDENTS THAT FALL UNDER THE MCKINNEY-VENTO ACT, TITLE X, PART C OF THE NO CHILD LEFT BEHIND ACT OR STUDENTS THAT ARE CONSIDERED MIGRANT.

IF THERE ARE QUESTIONS CONCERNING THE ENROLLMENT OF YOUR CHILD, PLESE CALL THE HAWKINS COUNTY BOARD OF EDUCATION AT 423-272-7629 AND ASK TO SPEAK TO A SUPERVISOR.

Hawkins County Board of Education

Matt Hixson
Director of Schools

200 North Depot Street
Rogersville, TN 37857
Phone (423) 272-7629
FAX (423) 272-2207

English

Home Language Survey

Student's Name: _____ Date: _____

School: _____ Grade: _____

Parent or guardian's name: _____

Address: _____

Work phone: _____ Home phone: _____

1. What is the first language this child learned to speak? _____
2. What language does this child speak most often outside of school? _____
3. What language do people usually speak in this child's home? _____
4. Where was this child born? _____
5. Has your child ever been served by an ESL/ELL program? If so, when and where?

Parent/Guardian Signature

Date

School Use Only: Date Received: _____ Received By: _____

This form is to be placed in the student's permanent record.

If any answers are other than English, send a copy of this form to the Federal Projects Office at Central Office (attn. Michelle Harless).

All scheduling for ELL services will be conducted by Central Office.

If you have any questions, please call 272-7629 ext. 2019.

It is the policy of the Hawkins County School Board of Education not to discriminate on the basis of gender, race, national origin, creed, age, marital status or disability in its educational programs, activities, or employment policies. This form is required to be completed by all students enrolling in a Hawkins County School. This form is required by Title I, the No Child Left Behind Act, Title III, Title VI, and the Office of Civil Rights.

Hawkins County Board of Education

Matt Hixson
Director of Schools

200 North Depot Street
Rogersville, TN 37857
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Español

Encuesta sobre el idioma utilizado en el hogar

Nombre del estudiante: _____ Fecha: _____

Escuela: _____ Grado: _____

Nombre del padre o encargado: _____

Dirección: _____

Teléfono del trabajo: _____ Teléfono del hogar: _____

1. ¿Cuál fue el primer idioma que el estudiante aprendió a hablar? _____

2. ¿Cuál es el idioma que más habla este niño fuera de la escuela? _____

3. ¿Qué idioma hablan usualmente en el hogar del estudiante? _____

4. ¿Donde nació este niño? _____

5. Su niño(a), ha recibido servicios del programa de ESL/ELL? Si No

Cuando y donde? _____

Firma del padre o encargado

Fecha

School Use Only:

Date Received:

Received By:

This form is to be placed in the student's permanent record.

If any answers are other than English, send a copy of this form to the Federal Projects Office at Central Office (attn. Michelle Harless).

All scheduling for ELL services will be conducted by Central Office.

If you have any questions, please call 272-7629 ext. 2019.

Notificación de Política Pública del Consejo Escolar Educativo del Condado de Hawkins no discrimina por razón de género, raza, origen nacional, creencias, edad, estado matrimonial ó impedimento en sus actividades, servicios educativos y oportunidades de empleo.

Encuesta Ocupacional de Tennessee

Para mejor servir a sus hijos, nuestro distrito escolar le gustaría identificar a estudiantes quienes pueden calificar para programas educacionales adicionales, como tutoría, materiales escolares, almuerzo gratis o a precio reducido, campamentos de verano y otros servicios. La información que proporcione será confidencial. Por favor conteste las siguientes preguntas y regrese este formulario a la escuela.

Fecha	Nombre del Padre/Guardian
Primer Nombre de Estudiante	Apellido de Estudiante
Escuela	Grado

1 ¿Durante los últimos tres años usted o alguien en su familia ha trabajado temporalmente o por temporadas en los siguientes trabajos en los Estados Unidos?

- No
- SI. Marque todas las que apliquen y enumere el numero de meses trabajados:**



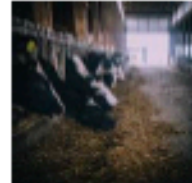
Trabajo de campo/Agricultura (sembrar, plantar, pizcar, cosechar, empacar, sortear vegetales, frutas, algodón, etc.)

Total de meses trabajado: _____



Procesamiento/Empaque de alimentos y carnes (vegetales y carne de res, pollo, cerdo, etc)

Total de meses trabajado: _____



Lechería/Ganadería (Ordeñar, alimentar, acorralar)

Total de meses trabajado: _____



Vivero/Invernadero (sembrar, cultivar, plantar flores, plantas)

Total de meses trabajado: _____



Trabajo Forestal (sembrar, plantar, cultivar, cosechar arboles; paisajista no incluido)

Total de meses trabajado: _____



Pesca/Procesamiento de Pescado (sortear, empacar, pescado o mariscos)

Total de meses trabajado: _____

2. En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado?

- No
- SI. Cuanto tiempo lleva en su actual dirección?**
- _____ Años _____ Meses _____ Semanas

Si respondió "si" a las preguntas, porfavor llenar las siguientes preguntas.

Domicilio	Apt #
Ciudad	Estado
	Codigo Postal
Numero de Telefono	Mejor dia de la semana y hora para llamar

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:	Enrollment Date:	District ID:
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Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. The information provided below will be kept confidential. Please answer the following questions and return this form to your child's school.

Today's Date **Parent/Guardian First & Last Name**

Student First Name **Student Last Name**

School Name **Student Grade**

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- No
- Yes. Check all that apply and list the total number of months worked:
- | | | |
|---|--|---|
| 
<input type="checkbox"/> Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)
Total Months Worked: _____ | 
<input type="checkbox"/> Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)
Total Months Worked: _____ | 
<input type="checkbox"/> Dairy/Cattle Raising (feeding, milking, rounding up)
Total Months Worked: _____ |
| 
<input type="checkbox"/> Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)
Total Months Worked: _____ | 
<input type="checkbox"/> Forestry (soil preparation, planting, cutting trees; landscaping not included)
Total Months Worked: _____ | 
<input type="checkbox"/> Commercial Fishing & Processing (catching, sorting, packing, transporting)
Total Months Worked: _____ |

2. In the past three years, has your family moved to another state, city, school district, and/or county?

- No
- Yes. How long have you resided at your current address?
 _____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address **Apt #**

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

Telephone Number **Best Day of Week & Time of Day to Call**

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:	Enrollment Date:	District ID:
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Military Survey

1. Student's Name _____
2. Name of Parent/Guardian 1 _____
3. Name of Parent/Guardian 2 _____
4. Is either parent/guardian enlisted **full-time** in the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or Active Guard Reserve?
 - a. Yes, Parent/Guardian 1
 - b. Yes, Parent/Guardian 2
 - c. Yes, both parents/guardians
 - d. No
5. Does either parent/guardian participate in the **National Guard** on a **part-time** basis?
 - a. Yes, Parent/Guardian 1
 - b. Yes, Parent/Guardian 2
 - c. Yes, both parents/guardians
 - d. No
6. Does either parent/guardian participate on a **part-time** basis in the reserves of a branch of the Armed Forces (**Army, Navy, Air Force, Marine Corps, or Coast Guard**)?
 - a. Yes, Parent/Guardian 1
 - b. Yes, Parent/Guardian 2
 - c. Yes, both parents/guardians
 - d. No

As required under the Every Student Succeeds Act (ESSA), § 1111(h)(1)(C)(ii), each state's report card must include information for students with a parent who is a member of the Armed Forces. Beginning in the 2017-18 school year, districts are required to identify students whose parent(s) or legal guardian(s) fall within military-related classifications. According to the U.S. Department of Education (USED):

"We want all military-connected school children to have an equal and fair opportunity for academic success. This requires that those individuals who make up our nation's educational system, our teachers, principals, school nurses, coaches, and counselors understand the unique situations the children of our service members experience."