

**STUDENT DATA INFORMATION FORM**

**REVISED 05/31/2017**

**ENROLLMENT DATE: (SCHOOL USE ONLY)** \_\_\_\_\_

**STUDENT PIN (SCHOOL USE ONLY)** \_\_\_\_\_ **HOMEROOM: (SCHOOL USE ONLY)** \_\_\_\_\_

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**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:**

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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).**

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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:

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**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 \_\_\_\_\_

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**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

Steve Starnes  
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

Steve Starnes  
Director of Schools

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

FAX (423) 272-2207

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).

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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 genero, raza, origen nacional, creencias, edad, estado matrimonial ó impedimento en sus actividades, servicios educativos y oportunidades de empleo.



# 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, have your children moved to another city, state, and/or country?

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):		
<b>For school use only:</b> 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:



## Programa de Educación Migrante en Tennessee – Encuesta de Ocupación

Sus hijos pueden ser elegibles para recibir servicios educativos **GRATUITOS**. Por favor, conteste las siguientes preguntas para determinar si califica y regrese esta encuesta a la escuela.

NOMBRE:	APELLIDO:	FECHA:
NOMBRE DEL PADRE/GUARDIAN:	ESCUELA:	GRADO::

1. ¿En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado? Sí  No

2. ¿Usted o alguien en su familia trabaja o ha trabajado (en los 3 últimos años) en alguna de las siguientes actividades? Sí  No

(Indique que actividad)

Procesamiento/Empaque de alimentos y



Vegetales y carne de res, pollo, cerdo, etc.

Trabajo de campo / Agricultura



Sembrar, plantar, pizcar, cosechar, empaçar, sortear (tomates, fresas, algodón) preparación de la tierra, irrigación, fumigación, etc.

Lechería / Ganadería



Ordeñar, alimentar, acorralar, etc.

Vivero/ Invernadero



Sembrar, cultivar, plantar flores, plantas, etc.

Trabajo Forestal

Sembrar, plantar, cultivar, cosechar árboles. etc.



Pesca/ Procesamiento de Pescado



Sortear, empaçar, pescado o mariscos, etc.

SI

**respondió "sí" a las preguntas anteriores, continúe. De lo contrario, su formulario está completo.**

3. ¿Cuánto tiempo lleva en este condado en Tennessee?

SEMANAS	MESES	AÑOS
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DOMICILIO	CIUDAD	ESTADO	CODIGO POSTAL
NUMERO DE TELEFONO:			

**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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# 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."