



## West Carroll Special School District New Student Enrollment Card

|   |   |   |   |  |
|---|---|---|---|--|
| <b>Student Name:</b><br><small>Please Print</small>   |   |   | <b>Grade:</b>                                   |  |
|   | <small>(Last)</small>                                     | <small>(First)</small>                  | <small>(Middle)</small>                         |  |
| <b>Date of Birth:</b>   |   | <b>Gender:</b>                          | <b>Is this Student Hispanic?</b>                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Race:</b>  | American Indian/Alaska Native <input type="checkbox"/>    | Asian <input type="checkbox"/>          | Black/African American <input type="checkbox"/> |  |
|   | Native Hawaiian/Pacific Islander <input type="checkbox"/> | White <input type="checkbox"/>          |   |  |
| <b>Parent/Guardian's Name:</b>  |   |   | <b>Relationship:</b>                            |  |
| <b>Home Phone #:</b>  |   |   | <b>Cell Phone #:</b>                            |  |
| <b>Parent/Guardian's Name:</b>  |   |   | <b>Relationship:</b>                            |  |
| <b>Home Phone #:</b>  |   |   | <b>Cell Phone #:</b>                            |  |
| <b>Physical Address ("911" Address)</b>   |   |   | <b>Mailing Address (If Different)</b>           |  |
| <b>Street:</b>  |   |   | <b>Street:</b>                                  |  |
| <b>City:</b>  |   |   | <b>City:</b>                                    |  |
| <b>State:</b>   | <b>Zip Code:</b>  |   | <b>State:</b>                                   | <b>Zip Code:</b>   |
| <b>Who Has Custody?</b><br><small>(Mark One)</small>  | <b>Mother:</b> <input type="checkbox"/>                   | <b>Father:</b> <input type="checkbox"/> | <b>Both:</b> <input type="checkbox"/>           | <b>Other:</b> <input type="checkbox"/>                   |
|   |   |   |   | <small>(Specify "Other" Relationship Above)</small>      |
| <b>Lives with Whom?</b><br><small>(Mark One)</small>  | <b>Mother:</b> <input type="checkbox"/>                   | <b>Father:</b> <input type="checkbox"/> | <b>Both:</b> <input type="checkbox"/>           | <b>Other:</b> <input type="checkbox"/>                   |
|   |   |   |   | <small>(Specify "Other" Relationship Above)</small>      |
| <b>Mother's Maiden Name:</b>  |   |   | <b>Student's Country of Birth:</b>              |  |
| <b>Student's State of Birth:</b>  |   | <b>Student's County of Birth:</b>       | <b>Student's City of Birth:</b>                 |  |
| <b>Last School Attended Name:</b>   |   |   |   |  |
| <b>Street Address:</b>  |   |   |   |  |
| <b>City:</b>  |   | <b>State:</b>                           |   | <b>Zip:</b>  |
| <b>School Phone:</b>  |   |   | <b>School Fax:</b>                              |  |
| <b>School Contact Name:</b>   |   |   | <b>Position:</b>                                |  |
| <b>Special Notes:</b>   |   |   |   |  |
| <p><b>As our community becomes more diverse, West Carroll Special School District must insure that communication is not a limiting factor in the education of your child. Please take a moment and complete the following information concerning the primary language of your child.</b></p>  |   |   |   |  |
| What language did the student learn to speak first?   |   |   |   |  |
| What language does the student speak most often outside of school?  |   |   |   |  |
| What language do most people usually speak in the student's home?   |   |   |   |  |
| <p>As a parent or guardian of the above named student, I affirm or attest that the enrollment information provided on this form is correct to the best of my knowledge. I understand that any parent, guardian, or other legal custodian who enrolls an out-of-district student in a school district and fraudulently represents the address for the domicile of that student for enrollment purposes is liable for restitution to the school district for an amount equal to the local per pupil expenditure identified by the Tennessee Department of Education for the district in which the student is fraudulently enrolled (TCA 49-6-3003).</p> |   |   |   |  |
| <b>Signature:</b>   |   |   | <b>Date:</b>                                    |  |

# New Student Enrollment Data and SIS Verification

**School Administrator/Counselor Use Only**

|  |   |                              |                              |                             |                              |                             |
|--|---|------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <b>1.</b>  | <b>Enrolled by:</b>   |                              |                              |                             |                              |                             |
| <b>2. <u>EIS Search Results</u></b>  |   |                              |                              |                             |                              |                             |
| <b>Date Student Search Completed in EIS:</b>   |   |                              |                              |                             |                              |                             |
| <b>Did the student search return a previous enrollment in a Tennessee school?</b>  |   |                              |                              |                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>If "Yes," note the State Student Identification Number here:</b>  |   |                              |                              |                             |                              |                             |
| <b>If "Yes," note the Social Security Number or Personal Identification Number PIN:</b>  |   |                              |                              |                             |                              |                             |
| <b>3. <u>Method of Residence Verification</u> (Attached Notarized Copies if Applicable)</b>  |   |                              |                              |                             |                              |                             |
| <b>A.</b>  | <b>Mortgage or Rent Receipt, Note Payee:</b>  |                              |                              |                             |                              |                             |
| <b>B.</b>  | <b>Utility Bill or Receipt of Deposit, Note Utility Name:</b>                         |                              |                              |                             |                              |                             |
| <b>C.</b>  | <b>Statement of Non-documented District Residency Form, Note Owner/Renter's Name:</b> |                              |                              |                             |                              |                             |
| <small>A and B are required except when C is applicable; See <i>Statement of Non-documented District Residency</i> form for details.</small> |   |                              |                              |                             |                              |                             |
| <b>4. <u>Custody Verification</u> (Attach Copies of Documentation if Determined Relevant or Applicable)</b>                                  |   |                              |                              |                             |                              |                             |
| <b>Is a valid custody order in place for this student?</b>   |   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  | <b>Date:</b>                |                              |                             |
| <b>Issuing Court:</b>  |   |                              | <b>State of Issue:</b>       |                             |                              |                             |
| <b>Custody Awarded to Whom?</b>  |   |                              |                              |                             |                              |                             |
| <b>5. <u>Transfer School Information</u> (Enter transfer school information in SIS)</b>  |   |                              |                              |                             |                              |                             |
| <b>Transfer School Name:</b>   |   |                              |                              |                             |                              |                             |
| <b>Transfer School Street Address:</b>   |   |                              |                              |                             |                              |                             |
| <b>City:</b>   |   | <b>State:</b>                | <b>Zip:</b>                  |                             |                              |                             |
| <b>School Phone:</b>   |   | <b>School Fax:</b>           |                              |                             |                              |                             |
| <b>School Contact Name:</b>  |   | <b>Position:</b>             |                              |                             |                              |                             |
| <b>Special Notes:</b>  |   |                              |                              |                             |                              |                             |
| <b>6. <u>Transfer Records Received</u></b>   |   |                              |                              |                             |                              |                             |
| <b>Current Grades</b>  | <input type="checkbox"/>  | <b>Academic History</b>      | <input type="checkbox"/>     | <b>Discipline Records</b>   | <input type="checkbox"/>     |                             |
| <b>Immunization Records</b>  | <input type="checkbox"/>  | <b>Other:</b>                |                              |                             |                              |                             |
| <b>Other:</b>  |   | <b>Other:</b>                |                              |                             |                              |                             |
| <b>Other:</b>  |   | <b>Other:</b>                |                              |                             |                              |                             |
| <b>7. <u>Birth Certificate Presented?</u></b>  |   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  | <b>Certificate #:</b>       |                              |                             |
| <b>Country of Issue:</b>   |   |                              | <b>State of Issue:</b>       |                             |                              |                             |
| <b>8. <u>Immunization Record Presented?</u></b>  |   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  | <b>Certificate #:</b>       |                              |                             |
| <b>Country of Issue:</b>   |   |                              | <b>State of Issue:</b>       |                             |                              |                             |
| <b>9. <u>Determinations</u></b>  |   |                              |                              |                             |                              |                             |
| <b>Student Qualifies as Homeless under McKinney Vento?</b>   |   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |                             |
| <b>Student Qualifies as Unaccompanied Youth?</b>   |   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |                             |
| <b>Student Qualifies as ELL?</b>   |   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |                             |
| <b>Parent/Guardian Completed Migrant/Occupational Survey?</b>  |   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |                             |