

GRUNDY COUNTY SCHOOLS

Registration Form

School: _____
Grade: _____
Homeroom Teacher: _____
Enrollment Date: _____

Transportation		
BUS #	AM _____	PM _____
CAR	AM _____	PM _____

Last School Attended _____

STUDENT INFORMATION

Student Name (as it appears on Birth Certificate) _____
First
Middle
Last

Student's Preferred Name: _____ Gender : Male Female Social Security # _____

Birth Date (MM/DD/YYYY) ____ / ____ / ____	Mother's Maiden Name _____	Birth Country: _____
Birth City: _____	Birth County: _____	Birth State: _____

ETHNICITY: (check one) Hispanic/Latino Not Hispanic/Latino

RACE: (check all that apply)

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

Military: Check the appropriate box if this student has a parent/guardian that is:

Active Military Military National Guard Reserve Military

Internet Connection: Do you have internet connection in your home? Yes No

List Other Children in Family _____

GUARDIAN/CUSTODIAL INFORMATION and POWERSCHOOL INFORMATION

Are there Legal/Custody issues we should be aware of?: Yes ___ No ___ What? _____

CUSTODY: Both Parents Father Mother State Custody Sibling Other-Legal Guardian _____

1. Parent/Guardian: _____ Relationship: _____

Custodial Parent Emergency Contact Can Pick Child up PowerSchool Access

Physical Address: _____
Number & Street
City
State
Zip

Mailing Address: _____
 (If different) Number & Street
City
State
Zip

Phone # () _____ Home Work Cell

Phone # () _____ Home Work Cell Occupation: _____

E-mail Address _____ (Required for PowerSchool Access)

2. Parent/Guardian: _____ Relationship: _____

Custodial Parent Emergency Contact Can Pick Child up PowerSchool Access

Physical Address: _____
Number & Street
City
State
Zip

Mailing Address: _____
 (If different) Number & Street
City
State
Zip

Phone # () _____ Home Work Cell

Phone # () _____ Home Work Cell Occupation: _____

E-mail Address _____ (Required for PowerSchool Access)

I give my permission for the numbers listed below to be used by PowerSchool, the automatic dialing equipment, regarding information from Grundy County Schools and understand that I may opt-out at any time.

() () _____

I would like the PowerSchool automatic phone calls in: (Choose one) English Spanish

EMERGENCY INFORMATION

Please list Emergency Contacts other than those listed on page 1

Name	Relationship	Phone

STUDENT HEALTH INFORMATION

Does your student have health problems we should be aware of (including any allergies)?

Yes No If yes, please fill out medication form with the School Nurse.

Please mark all that you give the school permission to do for your student Call Doctor Call Ambulance Treat

STUDENT PICKUP INFORMATION

Please list anyone allowed to pick your student up from school.

Parent/Guardian Signature: _____ Date: _____



Thank you for helping keep your student's information current.



For Office Use Only
Please Circle One
Income Eligible: Yes / No
<small>If yes, and enrolled, student should be classified as (L) in student information system</small>

2020-21
Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form DOES NOT qualify your child for the Free or Reduced Meal Program.
 Submission of this application is not a guarantee of acceptance into the VPK program.

Name of Student: _____ Date of Application: _____

SSN of Student: _____ Date of Birth of Student: _____

Name of Applicant: _____ Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____ Cell Phone #: () _____

Part A - Family Information
 Please list information for all other household members

Section 1

	Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.				
2.				
3.				
4.				
5.				

Section 2

	Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.		
2.		
3.		
4.		
5.		

Total # of household members: _____

Part B - Program Participation

Please check (✓) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(✓)		(✓)		(✓)		(✓)		Case #
	Early Head Start		Foster Care		Migrant		Families First (TANF)	
	Head Start		Homeless		Food Stamps / EBT			

*If submitting proof of qualifying for any of the above programs, you do NOT need to complete Part C.

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes					
A.	GROSS work income	D.	Pension(s)	G.	Veteran's Benefits
B.	Unemployment	E.	Retirement	H.	Child Support
C.	Workman's Comp	F.	Social Security	I.	Alimony
				J.	SSI Disability
				K.	Other - please list ↓

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Total Annual (Yearly) Income						\$ -

Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.			
	Pay Stub / Verification of pay by employer	Retirement Documentation	Foster Care Reimbursement
	W-2 Form	Social Security	SSI Documentation
	Income Tax Form 1040A or 1040	Veteran's Benefit Letter	TANF Documentation
	Unemployment Compensation	Child Support	AFDC / Public Assistance Payment
	Workman's Compensation Documentation	Alimony Documentation	TennCare Verification
	Pension Stubs	Other (Specify): →	

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: _____ SSN #: _____

Signature of Applicant: _____ Date: _____

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information.
Completed forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____

Signature of LEA employee: _____

Date Reviewed by LEA employee: _____