

# Hamblen County Department of Education Student Registration and Emergency Information Form

Please fill in the following form **completely**. This information will remain confidential and will only be used for registration information and in the event that an emergency situation occurs involving your child.

### **Student Information**

Use this student's legal name as it appears on the Birth Certificate.

SCHOOL USE ONLY
Student ID Number

Legal Last Name	Legal First Name	Legal Middle Name	Suffix (Jr.,II,etc)
Grade	Gender M F	Birthdate (MM/DD/YYYY)	Social Security #:
Current Residence Street Address	City	// State	ZIP
Birthplace (As appears on Birth Certificate) City & County of Birth :	Has this student been in attendance in school in any state or the District of Columbia for more than 3 full academic years?	ETHNICITY (This informatic Is the Student Hispanic or Latinc	n required by the Office of Civil Rights.)
State of Birth:	Y N	RACE (This information requi	red by the Office of Civil Rights.) PLY
Country of Birth: Mothers' Maiden Name:	When was this student FIRST ENROLLED in a United States school? (MM/DD/YYYY)	(I) American Indian/Alaskan N	
	/ /	(P) Pacific Islander/Hawaiian	(W) White

## **Previous School Enrollment**

Last School Attended	Last School Street Address	Last School City	Last School State	Last School ZIP
Was this a Hamblen County school?	Has this student ever attended a TN School	Has this student been	Has this student recei	
Y N	since 2002?	previously retained?	following services at a	
	Y N		Free or Reduced Lunch	n Services
Has this student ever attended a Hamblen	Is this student CURRENTLY suspended or	YN	English as a Second La	anguage (ESL or ELL)
County school before?	expelled from another school or district?		Special Education Serv	/ices under an
Y N	V N		Individualized Educat	tion Program (IEP) or
	T IN		a 504 Accommodatio	n Plan

### Other School Age Children in Home

Legal Name (Last, First, Middle)	Sex	М	F	School Enrolled	Grade
Legal Name(Last, First, Middle)	Sex	М	F	School Enrolled	Grade
Legal Name(Last, First, Middle)	Sex	м	F	School Enrolled	Grade

## **Parent/Guardian Information**

Legal Last Name	of Parent/Gu	ardian 1			Legal Last Name	of Parent/Gu	ardian 2		
Legal First Name	of Parent/Gu	ardian 1			Legal First Name	of Parent/Gu	uardian 2		
Parent/Guardiar	n 1 Relationsh	ip to Student			Parent/Guardiar	n 2 Relationsh	ip to Student		
Father	Mother	Step-Father	Step-Mother	Foster Father	Father	Mother	Step-Father	Step-Mother	Foster Father
Foster Mother	Guardian	Grandfather	Grandmother	Aunt	Foster Mother	Guardian	Grandfather	Grandmother	Aunt
Uncle	Sister	Brother			Uncle	Sister	Brother		
Current Address	of Parent/Gu	ardian 1 IF DIFF	ERENT from Stud	ent Address	Current Address	of Parent/Gu	ardian 2 IF DIF	FERENT from Stud	ent Address
Residence Street	Address	_			Residence Street	t Address			
City		State	1	ZIP	City		State	2	ZIP
Phone Numbers	/Email Addre	ss of Parent/Gu	ardian 1		Phone Numbers	/Email Addre	ess of Parent/Gu	ardian 2	
Home Telephone	e ( )	-			Home Telephone	e ( )	-		
Work Telephone	· · /	-			Work Telephone	· · ·	-		
Alternate Teleph	• •	-			Alternate Teleph	one ( )	-		



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Email Address	Email Address
Employer of Parent/Guardian 1	Employer of Parent/Guardian 2
Child Lives with Parent/Guardian 1	Child Lives with Parent/Guardian 2
Y N	Y N
In case of Emergency, Contact Parent/Guardian 1 (Consider Emergency Contact when choosing	In case of Emergency, Contact Parent/Guardian 2(Consider Emergency Contact when choosing
order)	order)
1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>
I have legal custody of this child. (In case of custody disputes, legal documentation	I have legal custody of this child. (In case of custody disputes, legal documentation
must be provided. Students will be released only to custodial parent/guardian and/or those	must be provided. Students will be released only to custodial parent/guardian and/or those
persons identified on this sheet as those whom the school may contact in an emergency.)	persons identified on this sheet as those whom the school may contact in an emergency.)
Y N	Y N

### **Custody Identification**

Please indicate the response which is relevant for your child/children:

My child/children may be picked up from school by the parent(s) or legal guardian(s) listed above and/or anyone else whom we have given written permission.

My child/children may be picked up from school only by the person(s) listed below. (Note: You must provide legal documents in the case of custody disputes. If a non-custodial parent obtains visiting rights, the school must know the proper times to release the child.)

My child may be picked up by the following person(s):

ELL/ESL Information: The following information is necessary for state and federal auditors regarding ELL (English Language Learner).

What is the first language she/he learned?	What language is usually spoken at home?	What language does she/he speak outside of school?

## **Medical Information**

Doctor and/or Hospital	Allergies and/or Medical Problems	Medications Taken Regularly
Telephone Number: ( ) -		

Emergency Contacts(Other than Parent/Guardian(s) listed above): Who will assume temporary care of your child until you are available? Please list two (2) names.					
Emergency Contact 1 Legal Name (Last, First, Middle)	Emergency Contact 1 Telephone Numbers	Relationship	Contact Order (consider Parent/Guardian in this order)		
	Home Telephone ( ) -   Work Telephone ( ) -   Alternate Telephone ( ) -		$1^{st}$ $2^{nd}$ $3^{rd}$ $4^{th}$		
Emergency Contact 2 Legal Name(Last, First, Middle)	Emergency Contact 2 Telephone Numbers	Relationship	Contact Order (consider Parent/Guardian in this order)		
	Home Telephone ( ) - Work Telephone ( ) - Alternate Telephone ( ) -		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>		

#### **Transportation Information**

AM Bus #	PM Bus #		Miles Transported
Please Read and Sign the following state	ement		
In case of an emergency or serious illness, I understand that the school shall attempt to		Date	Parent/Guardian Signature
notify the parent/legal guardian and emergency contacts in the order indicated above. If			
the contacts above cannot be reached, the school will	notify the child's doctor.		

### Internet Access

Do you have Internet access at home?  ${\tt Y} {\tt N}$ 

SCHOOL OFFICE USE ONLY			
Enrollment Date	Enrollment Code	Withdrawal Date from Previous School	
//	_ E E1 TR TC	//	
In/Out ZONE		Transportation	
IN OUT		Car Bus Walk	
Birth Certificate		Immunizations	
Y N		Y N	
Physical			
YN			

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