

SCHOOL ENTRY FORM
Rhea County Dept. of Education
305 California Avenue
Dayton, TN 37321
423-775-7812

OFFICE USE ONLY	
TYPE OF ENTRY: _____	DATE: _____
Social Security Number(optional): _____	
Birth Certificate(optional): _____	Immunization: _____
Physical: _____	Proof of Residence: _____
Temporary: _____	Permanent: _____

STUDENT INFORMATION:

Child's FULL Name _____ (_____)
Last (Legal) First Middle Nickname

Date of Birth: _____ Age: _____ Sex: _____ Race: _____ Place of Birth: _____

Resident Address (Street/P.O. Number): _____

City: _____ State: _____ Zip: _____

PARENT INFORMATION:

Parents are: Married _____ Divorced _____ Separated _____

Biological Father's FULL Name _____ (_____)
Last (Legal) First Middle Nickname

Level of Education (Highest Grade Completed) _____ Place of Employment: _____

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

Biological Mother's FULL Name _____ (_____)
Last (Legal) First Middle Nickname

Level of Education (Highest Grade Completed) _____ Place of Employment: _____

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

PHYSICAL CUSTODY:

With whom does the child reside? (please circle) Mother Father Both Parents Other

If child does not live with Biological parents or parents are divorced, who has physical custody?

Custodian's FULL Name _____

Address _____ Home Phone: _____ Cell Phone: _____

Custodian's Place of Employment : _____ Work Phone: _____

GENERAL INFORMATION:

? Please circle any of the following program(s) your child has attended. Headstart Pre-K Mother's Day Out Other _____

? Has your child had any serious disease or illness? (please circle) YES NO
If Yes, explain: _____

? Has your child had surgery, or any other special condition of which the teacher should be aware? (please circle) YES NO
If Yes, explain: _____

? How will your child be transported to/from school? (please circle) AM: Auto Bus (List Number) _____ Walk
PM: Auto Bus (List Number) _____ Walk

? Child's Doctor with Address/Phone: _____

? List Names and Ages of Brothers and Sisters: _____

EMERGENCY CONTACT INFORMATION:

In case of emergency, who can be contacted if you CAN NOT be reached? (Please List Two Names)

1. _____ Home Phone _____ Cell Phone: _____

2. _____ Home Phone _____ Cell Phone: _____