

DEKALB COUNTY SCHOOLS STUDENT ENROLLMENT DATA FORM

Name: _____ Grade: _____ Homeroom: _____
Last First Middle

Gender: ___ Male ___ Female Date of Birth: _____ Social Security Number* _____

Ethnicity: Not Hispanic/Latino Hispanic/Latino Bus _____ AM _____ PM

Race: American Indian/Alaskan Asian Black/African American Pacific Islander/Native Hawaiian White Biracial

State of Birth: _____ County of Birth: _____ City of Birth: _____

Mother's Maiden Name: _____ Copy of Birth Certificate: ___ Yes ___ No

Last School Attended: _____ Country of Birth _____

Other siblings attending this school: _____

Has your child attended any school in the U.S.? _____ yes _____ no (please check one)

**SOCIAL SECURITY NUMBER IS OPTIONAL*

(It is the parent/guardian's responsibility to make sure any information is updated as soon as possible... please notify your school as soon as possible if you have had a phone number or address change.)

1. Parent/Guardian: _____ Relationship: _____

Custodial Parent Emergency Contact Can pick child up Skyward Family Access (see attachment)

Mailing Address: _____
Number & Street City State Zip

Primary Phone: () _____ Home Secondary Phone: () _____ Cell
(This will be the number used for School Messenger)

Employer: _____ Employer Phone No. : _____

Email Address: _____ (Required for Skyward Family Access See Skyward section)

2. Parent/Guardian: _____ Relationship: _____

Custodial Parent Emergency Contact Can pick child up Skyward Family Access (see attached)

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

Primary Phone: () _____ Home Secondary Phone: () _____ Cell
(This will be the number used for School Messenger)

Employer: _____ Employer Phone No.: _____

Email Address: _____ (Required for Skyward Family Access See Skyward section)

Name: _____ Grade: _____ Homeroom: _____
Last First Middle

*** Parent or Guardian: (circle any that apply)

- a) Active duty military
- b) Military national guard
- c) Reserve military

The following persons are authorized to check my child out of school and may be contacted in the event of an emergency and/or medical situation if parents/guardians are unavailable.

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Student Schedule Information (FOR OFFICE USE ONLY)

Name: _____ Grade: _____ Homeroom: _____

Kindergarten – 2nd Grade ONLY

Has any family member attended a READY class?

Yes

No

The McKinney-Vento Act requires the completion of the following information.

Where does student stay at night? ___ Home/apartment owned or rented by parent/guardian,
___ With a relative or friend (family does not have a residence), ___ In a shelter, ___ In a motel/hotel,
___ In an automobile, ___ A campsite, ___ In housing that is inadequate (no electricity, running water, etc.),
___ Other housing (please explain) _____

Early Dismissal

Due to inclement weather conditions, it may become necessary to dismiss school early. We need to have an early dismissal plan on file for your child. It is your responsibility to keep up with the weather conditions and be prepared for the possibility of early dismissal. This information will be on the local television, local radio stations and will be sent through the Alert Notification System. Students will not be able to call home due to the large amount of students that attend school. Therefore it is imperative that we have a plan on file. Remember, it may be several months before this plan is used, if instructions change, please come by the office to update information. Please update this form if you tell the student to do something different as this plan will be followed.

_____ Ride bus number _____ to _____
Address

_____ Parent Pick-Up

Parent/Guardian Signature

Date

Picture/Name Recognition

There are times throughout the year that our students are recognized for their accomplishments such as any activity, yearbook photos, or other special events that may take place at our school. Because of privacy and custody issues, we are not legally allowed to post your child's name or image in the newspaper, television, our local news website, on the radio or in the yearbook without your prior consent.

I do give my permission.

Parent/Guardian Signature

Date

Name:

Grade:

Homeroom:



DeKalb Middle School
Northside Elementary

DeKalb High School
Smithville Elementary

DeKalb West School
Homebound/Alternative

Home Language Survey

Birthday _____ School Year _____ Graduation _____

Name of Student _____

First

Middle

Last Name(s)

1. What is the first language this child learned to speak?

English Spanish Other _____

2. What language does this child speak most often outside of school?

English Spanish Other _____

3. What language do people usually speak in this child's home?

English Spanish Other _____

The state of Tennessee requires every district to collect a *Home Language Survey* for every new student. This information is used to identify the students whose families speak a language other than English at home. This form will be used to identify the students who are required to be assessed for English language proficiency using the WIDA-ACCESS Placement Test to determine services in accordance with Tennessee state legislature Rule 0520-1-3-.056. a. 1 and 2 ii. **Answers on this form do not automatically admit students into an English-learning program.**

Parent/Legal Guardian _____ Date _____

Translator/Transcriber _____ Date _____

For ESL Use Only:		Date Reviewed by ESL Teacher
Yes	No	Does this student require ESL screening? _____
Yes	No	Has this student received screening results? _____
Yes	No	Has this student been classified as an English Language Learner? _____
		Date Tested _____
		Date guardian notified _____
		Attach Screener Results

Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date	Parent/Guardian First & Last Name
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Student First Name	Student Last Name
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School Name	Student Grade
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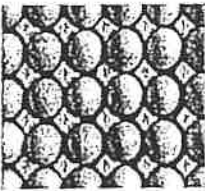
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- No
 Yes. Check all that apply and list the total number of months worked:



Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



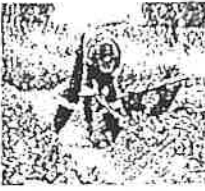
Dairy/Cattle Raising (feeding, milking, rounding up)

Total Months Worked: _____



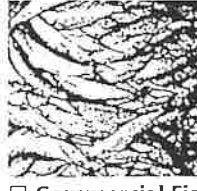
Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



Forestry (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



Commercial Fishing & Processing (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

- No
 Yes. How long have you resided in your current address?
 _____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address	Apt #
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City	State	Zip Code
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Telephone Number	Best Day of Week & Time of Day to Call
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For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.		
Student State ID:	Enrollment Date:	District ID:

School: SES NES DMS DWS DCHS Grade _____ Homeroom Teacher _____

Student Name: Last _____ First: _____ Middle: _____

Date of Birth: ____ / ____ / ____ Sex: _____ State or Country of Birth: _____ Main Language Spoken _____

Student Address: _____ City: _____ State: _____ Zip: _____

Name of Mother/Legal Guardian: _____ Phone: _____ Work/Cell: _____

Name of Father/Legal Guardian: _____ Phone: _____ Work/Cell: _____

Emergency Contact: _____ Relationship to Student _____ Phone _____

Does the office have legal/custody papers on file for this student? Y _____ N _____

CONDITION	YES	COMMENTS	IF THE STUDENTS CONDITION REQUIRES TREATMENT OR MEDICATION DURING SCHOOL HOURS, PLEASE DESCRIBE.
Allergies (food, insects, drugs latex)			
Asthma or Breathing Problems			
Attention-Deficit Hyperactivity Disorder			
Kidney or Bladder Condition			
Bowel Problems			
Cerebral Palsy/CF/Other Diagnosis			
Diabetes			
History of Head or Spinal Injury			
Hearing Problems or Deafness			
Heart Problems/Bleeding Disorders/Blood Disorder			
Seizure Disorder			

Describe any other important health-related information about your child (for example; feeding tube, oxygen support, hearing aid, etc.)

List all prescriptions, over-the-counter, and other medications your child takes regularly

Please provide the following:

	NAME	PHONE	DATE OF LAST APPOINTMENT
Pediatrician/Primary Care Physician			
Specialist			
Dentist			
Case Worker (if applicable)			

Student Health Insurance: None _____ Medicaid _____ TennCare _____ Private/Commercial/Employer Sponsored _____

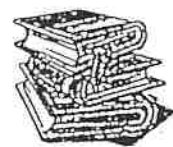
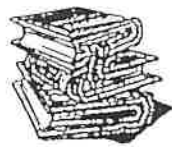
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Please read the following carefully and if in agreement sign below. If your child has a chronic medical condition, please contact the school nurse.

I _____ (do _____) (do not _____) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. (You may withdraw your authorization at any time by contacting your school.)

I understand that it is my responsibility to notify the school health services as soon as possible if I feel my child's health condition requires nursing procedures. I understand that if my child's health condition requires emergency management (i.e. Epipen etc.) it is my responsibility to contact school health services as soon as possible for more information on an individual health plan for my child. I understand that if my child requires medication during the school day, it is my responsibility to bring the medication to the school, complete the parental permission form, and comply with the school's medication policy.

Parent/Guardian Signature _____ Date _____



Dear Parents,

Reading is one of the most important things we can do with our children. Each week, your child will have the opportunity to visit the school library and check out a book to bring home to share with your family. Please understand that these books are property of Smithville Elementary School and are due back in the library each week. If a book is not returned, an overdue notice will be sent home listing the name and price of the book. Once the book is returned, the student may check out a book again. If the book is lost, the student must pay the price of the book and obtain a receipt before the record will be cleared to check out again. *Please note that once a book is paid for, it then belongs to the student and no refunds will be given even if the book is returned to the library. Please encourage your child to be responsible in taking care of his/her book and returning it to the library.

_____ Yes, I give permission for my child to check out a book each week, and I will be responsible for the book.

_____ No, I would rather my child not check out a library book each week.

(Child's Name)

(Parent's Signature)

(Date)

(Teacher's Name/Grade)