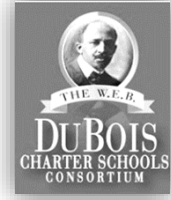


# STUDENT ENROLLMENT FORM



## Student Information (PLEASE PRINT)

Has student ever attended a Shelby County School? yes no

Has student ever attended a Tennessee Public School? yes no

Last School Attended \_\_\_\_\_

School Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School Insurance (Well Child) Accept Decline (If student insurance is accepted, parent must complete insurance enrollment forms)

Has the student ever been enrolled in a Special Education/Resource/504/Gifted-CLUE Program? yes no

If yes, what type of program \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Federal Race Category Black/African White Asian Hispanic Other Pacific Islander

Student's Physical Address \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Birthplace (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Country) \_\_\_\_\_

Is English the primary language spoken by the student? yes no Is English Language Limited? yes no

If immigrant, date entered the U.S. \_\_\_\_\_ Year started school \_\_\_\_\_ First date enrolled in U.S. school \_\_\_\_\_  
mm/dd/yy mm/dd/yy mm/dd/yy

## Parent/Legal Guardian Information

*(Contact #1 - Student Lives with)*

Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Generation (Jr., Sr., etc.) \_\_\_\_\_

Address (If different from student's address) \_\_\_\_\_

Relationship to student \_\_\_\_\_ Email address \_\_\_\_\_ Federal employee yes no

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Preferred Language English Spanish Other Translator Needed yes no

*(Contact #2)*

Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Generation (Jr., Sr., etc.) \_\_\_\_\_

Address (If different from student's address) \_\_\_\_\_

Relationship to student \_\_\_\_\_ Email address \_\_\_\_\_ Federal employee yes no

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Preferred Language English Spanish Other Translator Needed yes no

## Emergency Contact #1 Information

## Emergency Contact #2 Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Translator needed yes no Translator needed yes no

Pick up phrase (If needed) \_\_\_\_\_ Pick up phrase (If needed) \_\_\_\_\_

Are there any LEGAL alerts the school needs to be aware of? yes no (If yes, please explain and provide appropriate documents (For example: Court Orders). \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Birth Country \_\_\_\_\_ Birth City \_\_\_\_\_