

Is your child currently suspended or expelled from another school system? **YES NO**

Is your child currently placed in an alternative school or any other type of special placement? **YES NO**

Previous School System: **City** **State**

Student Legal Name: **Parent Email(s):**

Last First Middle

Date Entered: **Race:** Asian Black Hispanic White Indian Other **Grade:**

Birthdate **Social Security Number:** **Sex:** M F

Morning Bus #: **Afternoon Bus #:** **Approx. Miles Ridden on a bus:** **Car Rider:** **Student Driver:**

Custody (Circle): Both Mother Father Other

Note: If a child is in any custody other than both parents, a copy of custody papers **MUST** be included in child's records.

With whom does the student live?

Parents (both) Parent (only one) Parent and another adult Alone with no adults
 A relative, friend(s), or other adult(s) An adult that is not the parent or the legal guardian DCS or Foster Parent

Where does the student stay at night?

Home/Apartment owned or rented by the Parent(s)/Guardian(s) In a motel/hotel In a shelter At a campsite
 In an automobile In housing that is inadequate (i.e. no electricity, running water, ect.)
 With a relative or friend (family does not have a residence) Other (please explain)

Parent/Guardian 1: **Relation:**

Parent/Guardian 2: **Relation:**

911 Home Address: **City:** **State:** **Zip:**

Primary Phone **Secondary Phone**

Do you or your spouse work on federally owned property? Yes No

Mother's Employer **Phone**

Father's Employer **Phone**

Student's Mother's Maiden Last Name

Student's City of Birth **Student's County of Birth**

Student's State of Birth **Student's Country of Birth**

School Last Attended **Address**

Persons to call when parents cannot be reached.

Name **Phone** **Relation**

Name **Phone** **Relation**

Is your child in: RTI (Remedial Reading or Math) YES NO SPECIAL ED. (Resource) YES NO

Please include IEP from previous school.

Siblings Name(s):

Name	School	Grade
Name	School	Grade
Name	School	Grade
Name	School	Grade

Does your child take medication on a regular basis? Yes No

If yes, please explain and give any special instructions:

If you can't be reached and your child should need emergency treatment by a physician or hospital attendant, do you give permission for your child to receive medical attention? Yes No

Child's Physician: _____ **Phone:** _____

List any persons allowed to check your child out of school or visit with him/her:

List any persons NOT allowed to check your child out of school or visit with him/her:

If an unauthorized person comes to pick up your child, you will be contacted for verification. If we are unable to contact you, your child will not be allowed to leave school, unless a note or phone call has been provided by you.

List any information we need to know about your child (physical/medical problems, suspensions, probation, custody problems, etc.):

What is the first language your child learned to speak? English Other(please list):

What language does your child speak most often outside of school? English Other(please list):

What language do people usually speak in your child's home? English Other(please list):

Please review the policies below. After reviewing, please initial in the appropriate response and sign the form at the bottom of the page.

Textbook/Library Book Agreement: (See Handbook) _____ I understand the agreement.

Participation in educational research studies (with student anonymity): as approved by school officials. _____ I agree _____ I do not agree.

Right to publish student name/photograph in publication, local paper, school yearbook/hall/ website etc. promoting school. _____ I agree _____ I do not agree.

Residency Statement: I am a resident of Smith County. _____ I agree _____ I do not agree.

Access to Internet and Computer Lab: (See Handbook) _____ I agree _____ I do not agree.

Corporal Punishment: (See Handbook) _____ I agree _____ I do not agree.

Automated Phone Calls: I give permission to receive automated phone calls from the Smith County Board of Education to the primary phone number listed on this enrollment form. _____ I agree _____ I do not agree.

Participation in Olweus Bullying Prevention Questionnaire (with student anonymity): as approved by school officials: _____ I agree _____ I do not agree.

Student Handbook: My child and I have reviewed, understand, and agree to attend school daily under the conditions of the school handbook. We have paid particular attention to the section of conduct, zero tolerance, harassment, and discrimination. _____ I agree _____ I do not agree.

Parent Signature: _____ **Date:** _____