



# Tate County School

## 2017-2018 Enrollment Form

School									
East Tate Elementary		Coldwater Attendance Center			Strayhorn Elementary				
Independence High					Strayhorn High				
Grade									
K		1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>		4 <sup>th</sup>	5 <sup>th</sup>
6 <sup>th</sup>		7 <sup>th</sup>		8 <sup>th</sup>					
9 <sup>th</sup>		10 <sup>th</sup>		11 <sup>th</sup>		12 <sup>th</sup>	Credits to Date		

FOR OFFICE USE ONLY			
Student Scheduled		Withdrawal / Current Grades	
Record Requested		Birth Certificate	
Record Received		Social Security Card	
Certified copy of filed petition for guardianship & final decree		(2) Proofs of Residency	
MSIS #		MS Immunization Form	
Bus Number or Mode of Transportation AM PM			
Residency – At least one in this column		Driver's License – valid during school	
Mortgage/Property Deed /Filed Homestead/Lease/Rental – current within school year		Voter Precinct ID – current at time of registration	
Utility Bill (power, gas, water) current at time of registration		Automobile registration- valid during school year	
		Affidavit and/or home visit	

ALL ENROLLMENT FORMS MUST BE COMPLETED BY A LEGAL PARENT/GUARDIAN.

DATE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

### STUDENT DEMOGRAPHIC INFORMATION

Student's Name: \_\_\_\_\_  
LAST FIRST NICKNAME

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Residence if you have not lived at the above residence for more than 3 years:

Previous Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
A, B, H, NA, PI, W

\*Birth Certificate #: \_\_\_\_\_ \*Immunization Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
CITY COUNTY STATE

Parent / Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Briefly list student's medications or special health problems: \_\_\_\_\_

**In case of emergency or serious illness, I request school officials to contact me. If the officials can not reach me, school officials may seek appropriate medical attention.** \_\_\_\_\_ (Initial)

### PREVIOUS EDUCATIONAL INFORMATION

Grade enrolled in at previous school: \_\_\_\_\_ Last School Attended: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has student ever been enrolled in this district: Yes \_\_\_ No \_\_\_ If yes, Name of school: \_\_\_\_\_ When? \_\_\_\_\_

### PREVIOUS EDUCATIONAL INFORMATION FOR KINDERGARTEN STUDENTS ONLY

Type of program your child participated in when they were 4 years old:

📌 Licensed Child Care Center Program / Care Giver Name: \_\_\_\_\_

📌 Head Start

📌 Pre-K Public Program / Care Giver Address: \_\_\_\_\_

📌 Pre-K Private

📌 Family/Friend Care City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

📌 Home

SPECIAL SERVICES

Was student receiving special services at previous school?

SPED: YES x NO x Speech: YES x NO x ELL: YES x NO
504: YES x NO x Gifted: YES x NO x

MIGRANT ELIGIBILITY

If you have moved and/or changed jobs in the last 3 years, did you LOOK FOR or GET any of the following jobs listed below?

Check all that apply: Farming (crops, catfish, chickens, Christmas trees, sod, etc.)
Trees (cutting, planting, and/or cultivating)
Commercial Fishing
Processing Crops (ginning, meat processing, meat packing, or canning in a plant)

IMMIGRANT CHILDREN and YOUTH ELIGIBILITY

Do you have children ages 3 through 21 who were not born in any state, and have not been attending one or more schools in any one or more states for more than 3 full academic years? YES x NO x

HOMELESS - FOSTER CARE

Does the student lack a fixed, regular and adequate residence? YES x NO x
Does the student have a primary nighttime residence in a supervised or privately operated shelter? YES x NO x
Is the student temporarily staying with relatives or friends because of loss of job, income loss, and/or housing loss? YES x NO x
Is the student in Foster Care? YES x NO x

DISCIPLINARY INFORMATION

Has the student been suspended / expelled from any school? YES x NO x Dates: \_

Is the student a party to an expulsion proceeding from any school? YES x NO x

If yes to either question, give name/address/phone number of school: \_\_\_\_\_

PARENT / GUARDIAN / STEP-PARENT / SIBLING INFORMATION

Student Living with: \_\_\_\_\_ Relationship: \_\_\_\_\_
First and Last Name

If you are not the parent, do you currently have guardianship? YES x NO
(Documentation Attached)

MOTHER / STEP-MOTHER / GUARDIAN (Please Circle One)

Full Name: \_\_\_\_\_
LAST FIRST

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

FATHER / STEP-FATHER / GUARDIAN (Please Circle One)

Full Name: \_\_\_\_\_
LAST FIRST MAIDEN

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Place o

NAME(S) AND GRADE(S) OF BROTHERS AND SISTERS:

\_\_\_\_\_

PLEASE NOTE: Students are allowed access to BOTH parents unless there are copies of COURT documents in the student's cumulative records that state otherwise. If any legal actions that affect the child are still in process, current copies of legal documents must be in the child's cumulative folder until the process is completed.

Students coming from a non-accredited school or home school will be temporarily placed upon completion of the registration requirements. Placement test(s) will be administered as soon as possible to determine permanent grade/class placement.

\* A birth certificate may be obtained from the State Board of Health from the capital of the state where the child was born. An immunization record may be obtained from the county health department or private physician.

I have read the above requirements. I understand that my child WILL NOT BE ENROLLED UNTIL I HAVE PROVIDED THE SCHOOL WITH ALL REQUIRED DOCUMENTATION.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_