

Lincoln County Schools

Student Registration Form

Name as it appears on birth certificate: _____
Last First Middle

Grade: _____ Nickname or name child prefers: _____

(NOTE: Legal name will be used for enrollment and on all correspondence)

() Male () Female Birthdate _____ Social Security Number (Optional) _____

Ethnicity (circle one): Non-Hispanic Hispanic

Race (circle all that apply):

W=White B=Black/African American A=Asian P=Native Hawaiian/Pacific Islander I=American Indian/Alaskan Native

Mailing Address _____

Physical Address (County of Residence) _____

Street or PO Box _____

Street _____

City State Zip _____

City State Zip _____

Legal Custody: () Both () Mother () Father () Other-specify _____

***If child does not live with both parents, custody papers are required. If there is anyone who may NOT pick up your child, please provide the school with a list, signed by the legal guardian or parent, along with any supporting documentation if applicable.**

Mother's name: _____

Father's name: _____

Mother's place of work: _____

Father's place of work: _____

Mother's work number: _____

Father's work number: _____

Mother's cell number: _____

Father's cell number: _____

Mother's email: _____

Father's email: _____

Where does your child stay at night? (please check one)

____ Home/apartment owned or rented by parent(s)/guardian(s)

____ 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 (i.e. no electricity, running water, etc.)

____ Other housing (please explain) _____

In case of an emergency, accident or problem, we need three daytime phone numbers of a responsible adult in case parents cannot be located. These names must be someone other than parents. Those listed below also have permission to check student out of school.

1. Name _____ Relationship _____ Phone # _____
2. Name _____ Relationship _____ Phone # _____
3. Name _____ Relationship _____ Phone # _____

Family Doctor: _____ Phone # _____

If contact numbers can't be reached, I give permission to medically treat or call an ambulance if necessary for my child: () YES () NO

PLEASE NOTE: Be sure to list any medical conditions, allergies, etc. on the student health history form.

EARLY DISMISSAL INSTRUCTIONS

Parents of Pre-K Students will be contacted to pick up students by phone and as well as a System Wide "All Call" for the early dismissal, school closings or delay of school. **A current cell phone or home phone number is always required.** In the event of inclement weather, please listen to the local radio station, WYTM 105.5 FM. The station will be notified of any reports of school closings, early dismissals and delayed openings. If you work out of town, or do not have access to a radio or phone while at work, it is advisable for you to make arrangements to be notified of early dismissal or closings by a neighbor or friend. Local television stations WHNT-TV Channel 19, WAFF-TV Channel 48 and WAAY-TV Channel 31 also provide this information.

List all family members residing in the same household who are enrolled in any Lincoln County School in the current school year.

1. _____ Grade _____ School _____
2. _____ Grade _____ School _____

Has your child been enrolled in a Tennessee school this school year? () YES () NO

School last attended: _____
School name Phone Number

Street City State Zip

Was this child in Special Education at their previous school/had an IEP? () YES () NO

Did your child participate in Imagination Library? () YES () NO

Was your child born in another country? () YES () NO Which country? _____

If yes, date your child entered the United States: _____

For all students, regardless of their birth country, please indicate the date your child first enrolled in any United States school (Month & Year only): _____

(If the child attended a school run Pre-K program, use that school year, otherwise use the first year they attended school in the United States).

The state of Tennessee has asked that we collect additional information from parents of students who are new to our school system. This information is needed to get a child fully enrolled in our system.

Mother's maiden name: _____

Student's birth country: _____

Student's birth state: _____

Student's birth county: _____

Student's birth city: _____

Parent/guardian signature

Date

