

Hardeman County Schools Application for Enrollment

School Entering:	Previously enrolled in Hardeman Co.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	If Yes, what school/year?

Student's Name: _____

Student's Address: _____

Parent/Guardian must present two of the following:
 Rent or Mortgage Receipt Property Tax Receipt Utility Bills – Gas Water Electric Cable/Satellite Bill
 Land Line Telephone Bill Notarized Statement from a landlord or homeowner attesting to your residence at this address (Must be accompanied by 2 proofs of address from the homeowner)

AM Bus:	PM Bus:	Number of Miles from School:
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Grade Level:	<input type="checkbox"/> Proof	PK use only: # of Application:
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Date of Birth:	Gender:	Ethnicity:
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Proof of Birth, one of the following forms: <input type="checkbox"/> Copy Birth Certificate – issued by a government Passport issued by any nation (translated) Immigration document Decree of adoption or other records issued by a court Other official document with date of birth/parent's names	OPTIONAL Social Security #: <input type="checkbox"/> Copy
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Tennessee Permanent Certificate of Immunization Yes No If no, attach Temporary or PK Certificate Custody

Parent's/Guardian's Name	Parent's/Guardian's Name						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">Home Phone</td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">Cell Phone</td> <td style="padding: 5px;">Work Phone</td> </tr> </table>	Home Phone	Cell Phone	Work Phone	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">Home Phone</td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">Cell Phone</td> <td style="padding: 5px;">Work Phone</td> </tr> </table>	Home Phone	Cell Phone	Work Phone
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Home Phone	Cell Phone	Work Phone					

Address	Address
City, ST ZIP Code	City, ST ZIP Code
E-Mail:	E-Mail:

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact						
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Address	Address						
City, ST ZIP Code	City, ST ZIP Code						

Medical Information

Hospital/Clinic Preference _____

Physician's Name	Phone Number
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Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Home Language Survey

If a language other than English is marked for any of numbers 1-3, the student must be assessed for his/her English proficiency to determine whether or not the student needs ESL support services. Please notify Mr. Wooden when it is determined that an assessment is necessary.

1. What is the first language spoken?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Click here to enter text.
2. What language is spoken most often?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Click here to enter text.
3. What language is spoken at home?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Click here to enter text.

Mandatory Question for All Enrolling Students:

On what date did your child first enroll in school in the USA?

Nighttime Residence Survey

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

- Home/apartment owned or rented by the parent(s)/guardian(s)
- With a relative or friend (family does not have a residence)
- In a shelter
- In a motel
- In an automobile
- A campsite
- In housing that is inadequate (i.e. no electricity, running water, etc.)
- Other housing (Please explain) [Click here to enter text.](#)

US Military Service of Parents/Guardians

Mark all that Apply:

- Parent/Guardian is **FULL-TIME** Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard or on Active Reserve duty.
- Parent/Guardian is **PART-TIME** National Guard.
- Parent/Guardian is **PART-TIME** Army, Navy, Air Force, Marine Corp, or Coast Guard Reserve.

Records Request Information

School Leaving: _____

Phone Number: _____

FAX Number: _____

School Address: _____

Principal's Name: _____

Reason for Leaving: _____

Was this student receiving any special services? Yes No

If yes, Records Release form must be signed.

Signatures

I affirm that all information given above is true and correct. I understand that if it is later determined that the student enrolled with this application is not a legal resident of this school zone, the student will be withdrawn immediately and enrolled in the properly zoned school.

Parent/Guardian Signature

Date

I request that the above pupil be admitted to [Click here to enter text.](#) school.

Principal's Signature

TO BE COMPLETED BY SCHOOL STAFF

Date and Time Application Received _____ Initials _____

Are all documents attached to application? Yes No

CC: Wendy Mills, Hardeman County Board of Education; School Attendance Secretary; School Food Services Manager; Homeroom Teacher; if PK, Monica Shaw, Hardeman County Board of Education.