

**Hardeman County Schools  
Application for Enrollment**

School Entering: \_\_\_\_\_ Previously enrolled in Hardeman Co.?  Yes  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: \_\_\_\_\_

Grade Level: \_\_\_\_\_  Proof \_\_\_\_\_ PK use only: # of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Birth Certificate #: \_\_\_\_\_  Copy \_\_\_\_\_ Social Security #: \_\_\_\_\_  Copy \_\_\_\_\_

Tennessee Permanent Certificate of Immunization  Yes  No If no, attach Temporary or PK Certificate  
 Custody  Custody

Parent's/Guardian's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_  
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 \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

**Medical Information**

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

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

### 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.