Metropolitan Nashville Public Schools

Registration Packet Cover Sheet

Only a custodial parent or legal guardian may register a student.

***A legal guardian must show proof of guardianship by presenting a Record of Birth, custody papers, a court order or DCS Educational Passport.***

*Incomplete packets will not be accepted or held by the Enrollment Center or School*

Student’s Legal Name

Approved School Assignment

[ZONED]  [ZONED OPTION]  [OZ APPROVAL]

Students enrolling from another school within the State of Tennessee:

You Must Have With You Today:

___ Proof of Residence

Current Utility Bill or Lease/Mortgage Document in the Parent/Guardian’s name

___ Parent/Guardian Photo ID

___ Student Record of Birth

___ Certificate of Immunization students transferring from another TN school will be given 30 days from the date of enrollment to provide proof of immunization.

___ School physical required within 30 days of enrollment

Students enrolling from outside the State of Tennessee or from outside the United States

___ Proof of Residence

Current Utility Bill or Lease/Mortgage Document in the Parent/Guardian’s name

___ Parent/Guardian Photo ID

___ Student Record of Birth

___ Current Immunizations on a TN state form

a. Transferring from outside the State of Tennessee: Parents must take their child’s immunization records to a Davidson County Health Department location or contact a local physician to have the immunization record transferred to the Tennessee Certificate of Immunization.

b. Transferring from outside the United States: must provide Tennessee Certificate of Immunization before enrolling

___ Physical Exam Record

a. Students transferring from another US school will be given 30 days to complete and provide documentation of their physical examination. Exam has to be within 12 months of the date of enrollment.

b. Student transferring from outside the United States must provide proof of a physical to enroll.

*SCHOOL OFFICE USE ONLY*

MNPS SCHOOL ACCEPTING THIS PACKET

MNPS EMPLOYEE ACCEPTING

*ENROLLMENT CENTER OFFICE USE ONLY*

___ Search Infinite Campus

___ Search EIS | SSN Y/N | Pin

___ Scan Packet

Completed by

___ HERO/emailed

___ POA/emailed  ___ Approved

___ Records Request ___/___/_____
# Smithson Craighead Academy

**Sponsored by Project Reflect, Inc.**

*Enrollment Application*

730 Neely's Bend Road, Madison, TN 37115

(615) 228-9886 phone (615) 865-6308 fax

[www.smithsoncraighead.org](http://www.smithsoncraighead.org)

**School Year Applying for:**

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Date Received (Office Use Only):</th>
<th>Teacher:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Social Security Number</th>
<th>Student ID Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

- Race (check only one):
  - [ ] Asian
  - [ ] Hispanic
  - [ ] Indian (American)
  - [ ] Pacific Islander
  - [ ] White
  - [ ] Black

<table>
<thead>
<tr>
<th>Sex</th>
<th>Date of Birth</th>
<th>Home Phone</th>
<th>Student’s Grade</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s City of Birth</th>
<th>Student’s County of Birth</th>
<th>Student’s State of Birth</th>
<th>Student’s Country of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Previous School (include Pre-School, Head Start, etc.)</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Mother/Legal Guardian</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother’s Maiden Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Daytime Phone</th>
<th>Cell Phone</th>
<th>E-mail Address:</th>
</tr>
</thead>
</table>

**Legal Home Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Father/Legal Guardian</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Daytime Phone</th>
<th>Cell Phone</th>
<th>E-mail Address:</th>
</tr>
</thead>
</table>

List any known allergies: ____________________________________________________________________________

How did you hear about Smithson Craighead Academy? ____________________________________________________________________________

**Required Emergency Contact Information (List anyone who has permission to pick your child up from school):**

<table>
<thead>
<tr>
<th>Name of Contact #1</th>
<th>Phone Number(s)</th>
<th>Relationship</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact #2</th>
<th>Phone Number(s)</th>
<th>Relationship</th>
</tr>
</thead>
</table>

**Will your child need transportation? Yes or NO (Please circle your choice.)**

For all bus riders: we ask that parents or guardians be responsible for receiving the students at the bus stop once they are dropped off. Transportation changes must be made in writing and received in the front office 3 days in advance. Home address location only, with daycare exceptions.

**LIABILITY WAIVER**

I, ___________________________ LEGAL GUARDIAN, DECLARE MY CHOICE FOR MY CHILD TO ATTEND SMITHSON CRAIGHED АCADEMY. I GIVE PERMISSION TO SMITHSON CRAIGHED ACADAMY STAFF TO: 1) VIEW ALL RECORDS CONCERNING MY CHILD, 2) TO PHOTOGRAPH MY CHILD AND TO USE THOSE PHOTOGRAPHS FOR PUBLICITY PURPOSES, 3) TO ATTEND ALL FIELD TRIPS AWAY FROM SCHOOL PROPERTY WHILE TRAVELING BY SCHOOL BUS, 4) RELEASE SMITHSON CRAIGHED ACADAMY STAFF, TEACHERS, PROJECT REFLECT, OF ALL LIABILITIES.

**PARENT/GUARDIAN’S SIGNATURE** ___________________________ **DATE** ___________________________
Metro Nashville Public Schools Student Registration

Student's Last Name ___________________________ First Name ___________________________
Middle Name ______________________ DOB ______/_____/______ Gender ______ Social Security # (optional) __________________

**NEW SCHOOL** Registering to attend ___________________________ Grade __________

**PRIOR SCHOOL** What school did this student last attend? ___________________________ City ___________________________ ST __________

Date student 1st entered a United States of America school ___________________________

Applicant's Country of birth ___________________________ State of Birth ___________________________
County of birth ___________________________ City of Birth ___________________________ Mother's maiden name ___________________________
Ethnicity (circle one): Hispanic or Non-Hispanic Does this student have an IEP / 504 / is expelled
Race (circle all that apply)
Black/African American / American / Indian / Native Alaskan / Asian / Pacific Islander / Native Hawaiian / White

Student's Residential Address ___________________________ Apt # ___________________________
City_________________________ State ______ Zip ________ Home Phone Number (______) _______ - ________

Mailing Address (only complete if mailing address is different from Residential Address)
Address ___________________________ City ___________________________ State ______ Zip ________

Statement of Residence: Where does the Applicant stay at night? (Please check ONE)
____ Home/Apartment owned or rented by the Applicant’s parent/legal guardian ________ in a motel ________ a campsite ________ in an automobile
____ With a relative or friend (family does not have a residence)
Other housing (please explain) ___________________________

**Legal Notice**
Is there a court order restricting any person access to this student? Y / N (If yes, a copy of the current court order MUST be provided)

**Emergency Contacts**
If school personnel cannot reach the parent/guardian, who do we call and in what order?
1st Emergency Contact (M / F) Name ___________________________ phone# ___________________________
2nd Emergency Contact (M / F) Name ___________________________ phone# ___________________________
3rd Emergency Contact (M / F) Name ___________________________ phone# ___________________________

**Home Language Survey**
TENNESSEE STATE BOARD OF EDUCATION ESL PROGRAM POLICY 3.207, states that: "Each school district must administer the Home Language Survey to all students entering the District for the first time."
The information is used to identify the need for English language support services for the student.

1. What is the first language your child learned to speak?

2. What language does this child speak most often outside of school?

3. What language do people usually speak in your child's home?

4. In what country was your child born?

5. What date did your child enter the U.S., if not born in the U.S.?

   Please note: If the answer to question(s) 1, 2, or 3 is not English, The Office of EL will assess the student’s English language proficiency and additional forms will need to be completed.

   Please note: If student is born outside of the U.S., and speaks English only, please fax a copy of the Home Language Survey to the EL Office at 615.224-8655

**Student Health Information**
Does your child have a health problem? Y / N please check all that apply

Allergies to (Nuts, Bees, Food, Other please list) ___________________________

Asthma, is inhaler prescribed? Yes ______ No ______ Home only? ______ Need at school? Diabetes Type 1 ______ Type 2 ______
what medication is taken? ___________________________ Seizures - what type? ___________________________

Date of last seizure? ___________________________ Behavior/Emotional (ADHD, Depression) Catheterization Cancer/Leukemia Sickle Cell
Anemia Heart Problems ___________________________ Date diagnosed? ___________________________

Any other condition you would like to tell us about ___________________________

Medical Alert: ___________________________
Metro Nashville Public Schools Student Registration

Please list all siblings in the household that are currently enrolled in a Metro Nashville Public School/Charter

Name ___________________________________________ School _____________________________

Name ___________________________________________ School _____________________________

Name ___________________________________________ School _____________________________

Name ___________________________________________ School _____________________________

Parents/Guardians Living in the Household with Applicant

1. Relationship to student: Mother / Father / Legal Guardian (circle one) only list 1 person in this section

Last Name __________________________________ First Name __________________________ MI ______
Home Phone ___________________________ Cell phone ___________________________
Email Address ___________________________ DOB ___________________________ Gender ______
This person needs access to: portal / attendance / behavior / mailings / teacher / messages

2. Relationship to student: Mother / Father / Legal Guardian (circle one) only list 1 person in this section

Last Name __________________________________ First Name __________________________ MI ______
Home Phone ___________________________ Cell phone ___________________________
Email Address ___________________________ DOB ___________________________ Gender ______
This person needs access to: portal / attendance / behavior / mailings / teacher / messages

Metro Schools uses an automated phone system to provide information to families on a variety of topics, including school closures, event notices and approaching deadlines. Schools use this same system to provide school-specific information. If you do not wish to receive this information, please check this box to opt-out. Please note that if you choose to opt-out, you will not receive any of these messages from the school or the district. If you change your mind, you can opt-out or opt back in by calling 855-502-7867.

OPT OUT □

Parents/Guardians Living at a Different Address Other Than the One Listed Above

Relationship to student: Mother / Father / Legal Guardian (circle one) only list 1 person in this section

Last Name __________________________________ First Name __________________________ MI ______
Address ______________________________________ City __________ ST __ ZIP ______
Home Phone ___________________________ Cell phone ___________________________
Email Address ___________________________ DOB ___________________________ Gender ______
This person needs access to: portal / attendance / behavior / mailings / teacher / messages

I certify that I am the parent/guardian of the Student listed and I have provided MNPS with accurate information as required by State Law.

Date __________________________________________

Sign here ____________________________________________

Parent/Guardian signature required for enrollment

MNPS Office Use Only

Enrollment Center ____________________________ Date __________________

6/22/2017
Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive FREE educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name:</td>
<td></td>
<td>School:</td>
</tr>
</tbody>
</table>

1. Has your family moved within the last 3 years to another city, county, or state, in order to work in the agricultural and fishing industries? Yes ☐ No ☐

2. Do you or someone in your immediate family currently work in any of the occupations listed below? (Check all that apply)
   - Meat and Food Processing/Packing
     - Fruit, vegetables, chicken, eggs, pork, beef, etc.
   - Agriculture/Field Work
     - Plant, pick and sort crops (tomatoes, tobacco, cotton, and strawberries), soil preparation, irrigation, fumigation, etc.
   - Dairy/Cattle Raising
     - Feeding, milking, rounding up, etc.
   - Nursery/Greenhouse
     - Planting, potting, pruning, watering, etc.
   - Forestry
     - Soil preparation, planting, growing, cutting trees, etc.
   - Fishing/Fish Processing
     - Catch, sort, pack, transport fish, etc.

3. If your current job is not in agriculture or fishing, did you or someone in your immediate family work in any of the occupations listed above in the last 3 years? Yes ☐ No ☐

If yes, where?
City: __________________________
State: _________________________

If you answered “YES” to any of the questions above, please answer the following questions.

<table>
<thead>
<tr>
<th>How long have you been in this county in Tennessee?</th>
<th>Weeks</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

Telephone number, please include area code. ( )

For school use only: Please send all surveys with at least one “YES” response to your district migrant liaison. All qualifying surveys should be uploaded to the TNMigrant site. Please notify the MEP that new surveys have been uploaded. Questions? Call (931)212-9539

SCHOOL DISTRICT: | STUDENT STATE ID: | ENROLLMENT DATE: |