Save Every Child
Transforming Urban America through Education and Policy Reform

SCA New Registration Form **Date Received:** _____ *(Office Use Only)*

Student's Last Name:_____ First Name(s):_____
Middle Name(s):_____ Sex *(circle one)* Male / Female
MNPS assigned PIN:_____Student's age:_____Date of Birth:____/____/____
What is the name of the last school this student attended?_____
Does the student need BUS Transportation? YES NO my child will be a car rider

Ethnicity (circle one) Hispanic / Non - Hispanic
Race (circle all that apply)
Native American / Alaskan Native / Asian / African American / Pacific Islander / Native Hawaiian / White

Applicant's Country of Birth_____Date entered US_____
State of Birth_____County of Birth_____City of Birth_____
Date Student 1st entered a US school_____Mothers Maiden Name_____
Circle any services students receives: IEP / 504 / EL
Was the student asked to leave or expelled from the last school? YES / NO

Student's Residential Address_____APT#_____
City_____State_____Zip_____Home Phone (_____)_____-_____
Mailing Address *(if different from residential address)*
Address_____Apt#_____ City_____ State_____ Zip_____

Parents or Guardians living in the same household with this student *(please list each Parent / Guardian on separate line)*
1.) Relationship to student: (circle one) Mother / Father / Legal Guardian
Last Name_____First Name_____MI_____
Date of Birth ____/____/____ **(circle one) Male / Female**
Cell Phone (_____)_____-_____ Email Address _____
This person needs access to: *(circle all that apply)* portal / attendance / behavior / mailings / teacher / messages

2.) Relationship to student: (circle one) Mother / Father / Legal Guardian
Last Name_____First Name_____MI_____
Date of Birth ____/____/____ **(circle one) Male / Female**
Cell Phone (_____)_____-_____ Email Address _____
This person needs access to: *(circle all that apply)* portal / attendance / behavior / mailings / teacher / messages

3.) Relationship to student: (circle one) Mother / Father / Legal Guardian
Last Name_____First Name_____MI_____
Date of Birth ____/____/____ **(circle one) Male / Female**
Cell Phone (_____)_____-_____ Email Address _____
This person needs access to: *(circle all that apply)* portal / attendance / behavior / mailings / teacher / messages

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Statement of Residence: Where does the student live? *(circle one)*
Home / Apt Motel Campsite Automobile Relative / Friend N/A

Please list students in the same household that are enrolled in a Metro Nashville Public or Charter School

1. **Name:**_____ **DOB:** ____/____/____ **School:** _____
2. **Name:**_____ **DOB:** ____/____/____ **School:** _____
3. **Name:**_____ **DOB:** ____/____/____ **School:** _____
4. **Name:**_____ **DOB:** ____/____/____ **School:** _____

Emergency Contacts to call, in order listed below, if school personnel cannot reach parent or guardian:

1. Contact Name_____ DOB____/____/____
Relationship to Student_____ Phone #(____) _____-_____ (Male / Female)
2. Contact Name_____ DOB____/____/____
Relationship to Student_____ Phone #(____) _____-_____ (Male / Female)
3. Contact Name_____ DOB____/____/____
Relationship to Student_____ Phone #(____) _____-_____ (Male / Female)

Student Health Information: Does the child have any health problems? ___Yes ____No (if yes please provide the school with documentation)

Please be sure to complete a Health History Form if you answered yes to the question.
Health issues to be noted on student record: Asthma / Diabetes / Allergies / Other: _____

Legal Notice Are there any court orders or Legal issues involving this student? ___Yes ____No
(If you answered ***yes*** regarding Legal Notice, you must provide a current Magistrate / Judge signed court order document)

I certify that I am the parent or guardian of the child named above and I have provided SCA with accurate information as required by State Law and that the above address is the primary residence where my child and I live. I will notify the school of any change in residency status within 10 days of that change. I confirm my choice for my child to attend Smithson Craighead Academy at Project Reflect Inc. I give permission to SCA / PRI staff to view my child's records, photograph my child and use these photographs for public purposes, to attend school field trips while traveling on school bus, and release SCA / PRI staff, teachers, and all related partners of all liabilities. I agree to the terms and conditions of the school handbook and acknowledge that I am the legal representation of the child listed on this form.

Parent or Guardian Print Name: _____

Parent or Guardian Signature: _____

Date: _____