

PLEASE PRINT

2015-2016

School Use only:

Homeroom Teacher _____

Maury County Public Schools Enrollment Data Form

Student Information

School _____ Date _____

Student's SSN _____ Grade Level _____ 2015/2016
Student's Legal Full Name _____ Last First Middle Mother's Maiden Nickname
Street Address _____ City _____ State _____ Zip _____
Birth Date _____ Birth City _____ Birth County _____ Birth State _____ Birth Country _____
Residence Phone Number (____) _____ Gender _____
Ethnicity: [] Non-Hispanic Race: White _____ Black or African-American _____ American Indian or Alaskan Native _____
[] Hispanic: Race: White _____ Black or African-American _____ American Indian or Alaskan Native _____
Car Rider _____ Bus Rider _____ Walker _____ Before/After School Care: No _____ Yes _____ Where? _____
Last School Attended _____ Student lives with _____
List sibling/s attending Maury County Schools _____

Father's Name: _____ E-Mail _____
Mailing Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____ Employer _____
Mother's Name: _____ E-Mail _____
Mailing Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____ Employer _____

Circle one: Legal Guardian: (1) Both Parents (2) Father (3) Mother (4) Other

Complete information below ONLY if you circled (4) Other:

Guardian Name: _____ E-Mail _____
Guardian's relationship to student _____ E-Mail Address _____
Mailing Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____ Employer _____

EMERGENCY SCHOOL CLOSING
In the event of an "Emergency School Closing", each student must have a source of protection and supervision outside the school. Please specify the source below and make certain that it is understood by the student. In case of an "Emergency School Closing", this student is to: (check one)
_____ go home
_____ go to: _____

AUTOMATED EMERGENCY CONTACT NOTIFICATION PHONE SYSTEM
Maury County Public Schools has initiated an automated notification phone system to notify designated adults of school closings for inclement weather, other emergencies, important changes, etc. It is most important that you indicate below the number you want called to receive this notification alert. Two phone numbers will be called: The student's residence number and the Automated Notification Phone number
(The number below should be your student's 1st contact medical emergency number required on the back page.)
Automated Notification Phone #: _____

Medical Information

Does the student take medication at school? ___ yes ___ no

If yes: Medication _____ Dosage _____ Frequency _____

Allergies _____ Other Medical Conditions _____

PERSONS TO CONTACT IN CASE OF MEDICAL EMERGENCY IF PARENT/GUARDIAN CAN NOT BE REACHED (1st contact should be the same as listed for the Automated Emergency Contact Notification Phone System at the bottom of the front page):

1st Contact: Name _____ Phone (____) _____ Relationship _____
Address _____

2nd Contact: Name _____ Phone (____) _____ Relationship _____
Address _____

Student's Doctor: _____ Doctor's Phone (____) _____

Call Ambulance ___ yes ___ no Medical Conditions (if needed to know by emergency techs) _____

I authorize the Emergency Room Doctor to treat the student, _____
Name of Student _____

Parent/Legal Guardian Signature _____ Date _____

Residence Information

CONFIDENTIAL

1. Where does the student stay at night?

- a. ___ Home/apartment owned or rented by the parent(s)/guardian(s)
- b. ___ With relative or friend (family does not have a residence)
- c. ___ In a shelter
- d. ___ In a motel
- e. ___ In an automobile
- f. ___ At a campsite
- g. ___ In housing that is inadequate (no electricity, running water, etc.)
- h. ___ Other housing (explain) _____

2. With whom does the student live?

- () 1 parent () a relative, friend(s), or other adult(s)
- () 2 parents () an adult that is not the parent or legal guardian
- () 1 parent and another adult () alone with no adults

If you selected any letter "b" thru "h" you may qualify as "homeless". For "homeless" information you may contact your school's Homeless Liaison or the Homeless Liaison in the Attendance Department at the Maury County Public Schools Central Administrative Office, 501 West 8th St., Columbia (931-388-8403).

Home Language Survey

*Must be completed for all students first time entrance to Maury County Schools
(TN State Board of Education ESL Program Policy 3/207)*

1) What is the first language the student learned to speak?

2) What language does the student speak most often outside school?

3) What language do people usually speak in the student's home?

Name of Person Completing Registration Form _____

Signature _____ Relationship to Student _____

**WHEN PERSONAL OR EMERGENCY INFORMATION CHANGES,
PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY.**

Directory information shall be released upon request. A Parent/Guardian or eligible student who does not want directory information released should notify, in writing, the school principal.