
IN CASE OF AN EMERGENCY YOU MAY CALL (NOT PARENT):

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

If the school is unable to reach one of the persons on the emergency list, depending on the nature of the emergency, one or all of the following steps may be necessary:

1. Notification to 911. Parents will be expected to pay any accompanying charges.
2. Report to the Department of Human Services.
3. Report to a law enforcement agency.

Signature of Parent or Guardian _____ Date _____

In the State of Tennessee Physical education is required by law in the public schools. Below you will find listed disorders or illnesses. If any of these apply to your child, please circle.

1. Allergies: type _____
2. Asthma – Inhaler Use _____
3. Diabetes
4. Seizures
5. Bleeding Disorders
6. Heart Problems
7. Orthopedic
8. Vision/Hearing
9. Other _____

Please check one of the following: Full Participation in PE ____ Limited Participation ____ No Participation ____

I hereby agree that I will be responsible for all state textbooks and library books used by my child or children. I hereby further agree that I will reimburse the Jefferson County Board of Education for the value of any books that are badly damaged, destroyed, or misplaced that my child or children have used during this scholastic year.

Signature of Parent or Guardian _____ Date _____

This is optional information and will be treated as confidential.

Circle yes or no:

1. Does your child have problems learning? yes ____ no ____
2. Has your child ever been tested for special education? yes ____ no ____
3. Has your child ever been placed in special education? yes ____ no ____
4. Has your child ever been placed in remediation class? yes ____ no ____
5. Has your child ever been retained? yes ____ no ____
6. Are there any special circumstances which may have a bearing on your child's learning that the teacher should know about? yes ____ no ____

JEFFERSON COUNTY SCHOOLS APPLICATION FOR ENROLLMENT

Kindergarten, First Grade, Transfer (circle one)

In order for a child to be eligible for the kindergarten program he/she must be five (5) years of age on or before September 30 of the entering year. First grade students must be six (6) years of age on or before September 30 of entering year. Parents should obtain a statement from the family physician showing the dates of immunization for the following: 1 Varicella, 2 MMR, 3 Hepatitis B, 4 Polio, 5 DTP and a physical examination for the child. This information, along with a physical exam, the birth certificate and social security card, is required before admission to school.

Student's _____ sex () Race ()
(LAST) (FIRST) (MIDDLE)

Mailing Address _____

911 Address _____

City _____ Phone _____

Home E-Mail Address _____

SS# _____ Date of Birth _____ Birth Certificate# _____

Date of Enrollment _____ Teacher _____ Grade _____

Last School Attended _____

Father's Name _____ Address _____ Phone _____

Occupation _____ Employer _____ Phone _____

Mother's Name _____ Address _____ Phone _____

Occupation _____ Employer _____ Phone _____

Custody (Please circle one) Both Mother Father Other _____

Other children (birth to 18) in your family:

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Will student ride bus? Yes _____ No _____ Bus Driver _____ Bus# _____

What is the first language your child learned to speak? _____

What language is usually spoken at home? _____

Where was the student born? _____

(OVER)