



# Trousdale County Schools

## Student PreK-12 Return to School Registration Form

Student Information

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Social Security # \_\_\_\_\_ optional

Address \_\_\_\_\_

Home # \_\_\_\_\_ Sex:  Male  Female Ethnicity: Is the student Hispanic or Latino?  Yes  No

Race:  Asian  Black/African American  American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander  White

Who does Student live with? \_\_\_\_\_ Relationship \_\_\_\_\_

Who has Custody of Student?  Both Parents  Mother  Father  Other \_\_\_\_\_

Are Custody Papers on file at the school?  Yes  No **(Single parent/guardian must provide papers identifying custody)**

AM Bus Address: \_\_\_\_\_

Morning Transportation:  Car  Bus # \_\_\_\_\_  Walk  Daycare \_\_\_\_\_

PM Bus Address: \_\_\_\_\_

After-school Transportation:  Car  Bus # \_\_\_\_\_  Walk  Afterschool Academy (TCES only)  Daycare \_\_\_\_\_

**Please list siblings in the household that are enrolled in Trousdale County Schools**

1. Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ 2. Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

3. Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ 4. Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEET

**Guardian Information**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

**Release Authorization**

Please list all persons (Parents, Guardians, Grandparents, Aunts, Uncles, Friends, Etc.) with whom your student may leave or be released to:

Authorized Persons

Relationship to Student

Phone




Student's Name \_\_\_\_\_  
Last First Middle

**Home Language Survey**

What is the first language your child speaks?  English  Other \_\_\_\_\_

What language does your child speak outside the home?  English  Other \_\_\_\_\_

What language do people usually speak in the child's home?  English  Other \_\_\_\_\_

In what country was your child born?  U.S.  Other \_\_\_\_\_

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

**Home Survey**

Where does your child stay at night? (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) \_\_\_\_\_

**Parent/Guardian Military Status**

To help school districts better understand the relationship between military life and student performance, state and federal legislation require all school districts to collect the military status of a student's parents and/or legal guardians. Please check the options below that best describe the military status of your student's parents/legal guardians for the current school year:

Non-Military  Active Duty Military  National Guard Military  Reserve Military

**Emergency Health Information**

In order to provide a safe and healthy environment for your student, this information will be accessible to school personnel on a "need to know" basis only (i.e., School Administration, Teachers, Nurse, etc). In the event of an emergency, Trousdale County Schools will secure proper medical treatment for your student. If you **CANNOT** be reached, Trousdale County Schools will transport your student to the nearest hospital for treatment.

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Is your student covered by insurance?  Yes  No

Insurance  TennCare  Medicare/Medicaid  Private Pay  Other: \_\_\_\_\_

Medical History (Check where appropriate)  \*Seizures  \*Asthma  \*Diabetes  \*High Blood Pressure  \*ADD/ADHD

\*Heart Condition  \*Vision Impaired  Glasses  Contacts  \*Hearing Loss  \*Other \_\_\_\_\_

\*Allergies (List all, food, insect, medication, etc.) \_\_\_\_\_

Does your student take medication?  \*Yes  No If yes, please list \_\_\_\_\_

Is your student able to participate fully in school activities/PE?  Yes  \*No If no, explain \_\_\_\_\_

**\*IF YOU CHECKED ANY OF THE ABOVE MEDICAL CONDITIONS, YOU MUST CONTACT SCHOOL HEALTH SERVICES. PHYSICIANS ORDERS ARE REQUIRED AND MUST BE COMPLETED.**

All medications given during school hours will require parent/guardian permission. School Board Policy states that medications are **NOT ALLOWED** on the bus. (Policy #6.405)

Signature \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the information in this document is true and correct; I understand falsified information is perjury and is punishable by law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

