



Student ID	
Grade	
Admission Date / Entry Code	
Homeroom / Team	
Enrolling School	

<b>Proof of Residency</b> <i>More than 2 proofs may be required</i>	Utility Bill	Phone Bill ( <i>not</i> Cell Phone)	Rent/Lease Agreement
	Purchase Agreement	USPS Official Change of Address Form	Other

<b>Student Information</b>			<b>Date of Birth</b>	
Legal Last Name		First Name		
Middle Name		Preferred First Name		
<b>Ethnicity (check one)</b>	<b>Gender</b> Male Female	<b>Primary Phone No.</b>		
Hispanic	<b>Primary 911 Address</b>			
Non-Hispanic	Street No. & Name			
<b>Race (Check All Applicable)</b>	City & Zip Code			
Am Indian/Alaska Native	<b>Mailing Address (if different from 911 Address)</b>			
Native Hawaiian/Pacific Islander	Street No. & Name			
Black/African-American	City & Zip Code			
Asian	<b>Last School Attended Information</b>			
White	Last School Name			Last School Phone #
	Location-City, State			

<b>School Age Siblings</b>					
Last Name		<b>Sibling 1</b>	Last Name		<b>Sibling 2</b>
First Name		Relationship	First Name		Relationship
DOB			DOB		
Last Name		<b>Sibling 3</b>	Last Name		<b>Sibling 4</b>
First Name		Relationship	First Name		Relationship
DOB			DOB		

In the case of joint custody, correspondence and phone communication will be provided to the Primary Address and Phone No. listed above, unless other arrangements have been made with the school.

**Parent/Guardian/Legal Custodian Information**

If the parents are separated or divorced, the school needs the following information to determine the legal rights of the parents. As a general rule, both parents have an equal right to make decisions regarding their child's education, to visit with their child at school, and to access their child's education records. These rights may be restricted to one parent by court order or agreement. A COPY OF THE CUSTODY PAPERS MUST BE SUPPLIED TO THE SCHOOL.

<b>Parent's Marital Status (choose one)</b>	Married	Separated	Divorced	Widow(er)	Single
<b>If separated/divorced, who has primary physical custody</b>	Father	Mother	Joint	Other	
<b>If separated/divorced, student lives with</b>	Father	Mother	Joint	Other	

<b>Parent/Guardian Information</b>			<b>Parent/Guardian Information</b>		
Last Name		Last Name			
First Name		First Name			
Language of Parent		Language of Parent			
Employer		Employer			
Occupation		Occupation			
Business Phone		Business Phone			
Home Phone		Home Phone			
Cell Phone		Cell Phone			
Address (if different)		Address (if different)			
Email Address		Email Address			

<b>Special Programs</b>	Please check if your child has been served in any of the following programs:				
Exceptional Children (IEP)	504	Gifted/AIG	Title I Reading	ESL	Other (specify)

\*\*\*\*\*FORM CONTINUES ON THE NEXT PAGE OR BACK OF THIS ONE\*\*\*\*\*

Student Name: \_\_\_\_\_

**Medical Information**

Physician Name		Phone #	
Dentist Name		Phone #	
Preferred Hospital		List Medications taken regularly AND/OR health conditions	Life Threatening Y N
Allergies/Reactions			

**Has your child experienced a head injury of any kind (e.g., concussion) in the last year? Yes - If so When? \_\_\_\_\_ No**

Does your child carry an Epipen?  Y  N Does your child carry an Asthma Inhaler?  Y  N

**If my child needs to receive medications at school, I understand my doctor and I must complete the proper Health Forms obtained from the school.**

**Emergency Contacts - Who to contact if Parents/Guardians listed above cannot be reached-DO NOT LIST PARENTS a second time**

Anyone NOT listed will be unable to pick up the student without prior parent consent-please list in the order you would like called

Last Name		Last Name	
First Name		First Name	
Relationship		Relationship	
Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Last Name		Last Name	
First Name		First Name	
Relationship		Relationship	
Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Last Name		Last Name	
First Name		First Name	
Relationship		Relationship	
Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can pick up student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

**Certification Statement** Must be signed by ALL applicants

I, \_\_\_\_\_ (Parent/Guardian/Legal Custodian) certify that all information provided is correct and complete to the best of my knowledge.

TYPE OR PRINT

Signature of Parent/Guardian/Legal Custodian \_\_\_\_\_ Date \_\_\_\_\_

**SAFE SCHOOLS DECLARATION** For students transferring from outside the Davidson County School System ONLY

The child I am enrolling with this form is not under suspension or expulsion from attendance at a private or public school in this or any other state and has not been convicted of a felony in this or any other state. Note: If student is under suspension or expulsion or has been convicted of a felony, please give an explanation. You must include the length of this suspension or expulsion.

**Please do not sign until directed to do so by a Notary Public**

Signature of Parent/Guardian/Legal Custodian \_\_\_\_\_ Date \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me, is personally known by me, or has proven their identity by providing adequate documentation to me, and in my presence signed the Safe Schools Declaration above. This person made an oath or affirmed to me that the information given is true.

Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_



Home (Primary) Language Survey
Evaluación del Primer Idioma del Estudiante

Date / Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade / Grado: \_\_\_\_

School / La escuela: \_\_\_\_\_

If a family is unable to complete this form, additional assistance may be obtained from an interpreter or school personnel.
Si la familia no pueden llenar esta forma, puede que necesiten asistencia adicional de un intérprete o empleado de la escuela.

Interpreter: Karla Prater (336-474-8209) Sandra Saldana (336-731-8256)

This survey must be administered to every student prior to enrollment in school. If the answer to any one of these questions reveals that a student or family speaks a language other than English, the student must take an English Language assessment (W-APT). The purpose of the assessment is to identify students who may need additional academic support as they acquire English language skills (Lau.v. Nichols, U.S. Supreme Court, 1974). If a student is identified as needing additional English language support, parents or guardians will have the option to accept or waive ESL services.

Este cuestionario se debe administrar a todos los estudiantes antes de ser registrados en la escuela. Si la respuesta a cualquiera de estas preguntas revela que el estudiante o la familia hablan un idioma diferente del ingles, el estudiante deberá tomar una evaluación del idioma ingles (W-APT). El propósito de esta evaluación del idioma del ingles es para identificar a los estudiantes que necesiten apoyo académica adicional mientras adquieren destrezas en el idioma de ingles (Corte Suprema: Lav. Vs. Nichols 1974). Si el estudiantes es identificado como un estudiante que necesita ayuda adicional en el idioma de ingles, los padres o encargados tendrán la opción de aceptar o rechazar los servicios de Inglés como Segundo Idioma, y si es necesario, como manda la LEY FEDERAL, reciba una enseñanza adecuada y asistencia en ingles.

Student Name/ Nombre del Estudiante: \_\_\_\_\_
Date of Birth / Fecha de Nacimiento: \_\_\_\_\_
Country of Birth / País de Nacimiento: \_\_\_\_\_
Date of Entry into US Public Schools / Fecha de entrada a las Escuela Públicas de EE.UU.: \_\_\_\_\_
Parent's Name / Nombre de los Padres: \_\_\_\_\_ Phone / Teléfono: \_\_\_\_\_
Address / Dirección: \_\_\_\_\_

Answer each question carefully / Conteste cuidadosamente:

- 1. What is the first language the student learned to speak?
¿Cuál es el primer idioma que el estudiante aprendió a hablar?
2. What language is most often spoken in the home?
¿Qué idioma se habla con más frecuencia en la casa?
3. What language does the student use most often?
¿Qué idioma se habla con más frecuencia?
4. Does the student speak any other languages at home ON A REGULAR BASIS?
¿El estudiante habla otros idiomas en la casa REGULARMENTE?
\_\_\_\_\_ No \_\_\_\_\_ Yes / Sí

If so, what are they? / ¿Si es así, cuál es? \_\_\_\_\_

Do NOT include foreign languages studied in school or solely learned through media (TV, tape, CDs, toys) / (no incluya idiomas estudiados en la escuela o aquellos aprendidos pro medio de la television, casetes, CDS or juguetes.)

Signature / Firma del Padre de Familia o Encargado

This form is to be filled out one time and placed in the student's cumulative folder.
Esta forma se dee llenar una vez y ser colocada en el expediente cumulativo.