

# Metro Nashville Public Schools Student Registration

Current MNPS students living with you. (name and school attending)

1. Name \_\_\_\_\_ School \_\_\_\_\_

2. Name \_\_\_\_\_ School \_\_\_\_\_

Did the Parent/Guardian ever attend an MNPS school? Y / N If so, what name were they enrolled under?

1. (name) \_\_\_\_\_ 2. (name) \_\_\_\_\_

## Parents/Guardians Living in the Household With Student

Relationship to Student (circle one) Mother / Father / Legal Guardian / POA **\*\*approval required\*\***

Name \_\_\_\_\_  
*Last Name First MI*

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different from Home address \_\_\_\_\_

Home Ph: (landline) \_\_\_\_\_ Cell : \_\_\_\_\_ Parent / Guardian DOB \_\_\_\_\_

Email Address: \_\_\_\_\_

Allow this person access to: portal / attendance / behavior / mailings / teacher / message

*circle all that apply*

EMERGENCY CONTACT Sequence 1 2 3

## Parents/Guardians Living in the Household With Student

Relationship to Student (circle one) Mother / Father / Legal Guardian / POA **\*\*approval required\*\***

Name \_\_\_\_\_  
*Last Name First MI*

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different from Home address \_\_\_\_\_

Home Ph: (landline) \_\_\_\_\_ Cell : \_\_\_\_\_ Parent / Guardian DOB \_\_\_\_\_

Email Address: \_\_\_\_\_

Allow this person access to: portal / attendance / behavior / mailings / teacher / message

*circle all that apply*

EMERGENCY CONTACT Sequence 1 2 3

## Parents/Guardians Living at a Different Address Other Than The One Listed Above

Does this parent/guardian have joint custody? Y / N

Relationship to Student (circle one) Mother / Father / Legal Guardian / POA **\*\*approval required\*\***

Name \_\_\_\_\_  
*Last Name First MI*

HOME Address: \_\_\_\_\_ APT# \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Ph: (landline only) \_\_\_\_\_ Cell : \_\_\_\_\_ DOB \_\_\_\_\_

Did this Parent/Guardian ever attend an MNPS school? Y / N

If so what name were they enrolled under? \_\_\_\_\_

Allow this person access to: portal / attendance / behavior / mailings / teacher / message

*circle all that apply*

EMERGENCY CONTACT Sequence 1 2 3

**If School Personnel cannot reach the parent/guardian with the phone numbers listed above who do they call next?**

Emergency Contact \_\_\_\_\_ (M / F) phone \_\_\_\_\_  
*Last First MI*

Emergency Contact \_\_\_\_\_ (M / F) phone \_\_\_\_\_  
*Last First MI*

# STUDENT ENROLLMENT INFORMATION

**NEW SCHOOL** What school is this student registering for? \_\_\_\_\_ Grade \_\_\_\_\_

**PRIOR SCHOOL** What school did this student last attend? \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Middle Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_ *Optional*  
Ethnicity (*circle one*): Hispanic or Non Hispanic  
**Race (circle all that apply)** Black/African American American Indian/Alaskan Native  
Pacific Islander / Native Hawaiian Asian White  
Birth City \_\_\_\_\_ Birth County \_\_\_\_\_ Birth Country \_\_\_\_\_ Birth State \_\_\_\_\_  
Has this student ever received services for: EL 504 IEP \_\_\_\_\_ Has this student ever been expelled? Y / N  
What is this student's Mother's maiden name \_\_\_\_\_

**Legal Alert:** \_\_\_\_\_  
*(If yes, a copy of the court order MUST be provided)*

## Student Health Information

**Does your child have a health problem? (circle all that apply)**

My child has no health problems which would affect his/her school day. Y / N  
Allergies to (Nuts, Bees, Food, Other please list) \_\_\_\_\_  
Asthma, is inhaler prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_ Home only? \_\_\_\_\_ Need at school? \_\_\_\_\_  
Diabetes Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_ What medication taken? \_\_\_\_\_  
Seizures - what type? \_\_\_\_\_ Date of last seizure? \_\_\_\_\_  
Behavior/Emotional (ADHD, Depression) Catheterization Cancer/Leukemia Sickle Cell Anemia  
Heart Problems \_\_\_\_\_ Date diagnosed? \_\_\_\_\_  
Any other condition you would like to tell us about \_\_\_\_\_

**Medical Alert:** \_\_\_\_\_

## Home Language Survey

TENNESSEE STATE BOARD OF EDUCATION ESL PROGRAM POLICY 3.207, states that: "Each School District must administer the Home Language Survey to all students entering the District for the first time."

The information is used to identify the need for English language support services for the student.

1. What is the first language this child learned to speak? \_\_\_\_\_
2. What language does this child speak most often outside of school? \_\_\_\_\_
3. What language do people usually speak in your child's home? \_\_\_\_\_

*Please note* : If the answer to question(s) 1, 2, or 3 is not English, The Office of EL will assess the student's English language proficiency and additional forms will need to be completed.

## Statement of Residence: Where does the student stay at night? (Please check ONE)

\_\_\_\_ Home/Apartment owned or rented by the student's parent/legal guardian  
\_\_\_\_ a campsite \_\_\_\_ in an automobile \_\_\_\_ With a relative or friend (family does not have a residence)  
\_\_\_\_ Shelter \_\_\_\_ in a motel \_\_\_\_ Other housing (please explain) \_\_\_\_\_

I certify that the above information is true, accurate, and subject to verification. If any information is found to be fraudulent the student may be subject to withdrawal and the parent/legal guardian subject to tuition reimbursement (TCA 49-6-3003).

**Parent/Legal Guardian signature required for enrollment**

Date \_\_\_\_\_

Enrollment stamp here

MNPS use only

Student ID \_\_\_\_\_ Student PIN \_\_\_\_\_  
Start Date \_\_\_\_\_ Enrolled at \_\_\_\_\_  
ES \_\_\_\_\_ Center \_\_\_\_\_ Zoned School \_\_\_\_\_