

Metropolitan Nashville Public Schools Pre-Kindergarten Packet

Applicant's Full Name _____

Applicant's Date of Birth _____

Applicant's Age as of August 15th, 2017 _____

**Incomplete packets will not be accepted or held by the Enrollment Center or School **

Complete Packet Consists of:

____ Parent/Guardian's Photo Identification

____ Birth Certificate or acceptable proof of age

____ Proof of Residency

____ Migrant Education Program Occupational Survey

____ Completed Registration Packet

MNPS Employee accepting this packet

PRINT your name below to indicate you reviewed the required documents for accuracy.



Metro Nashville Public Schools Pre - K Application

Applicant ID# _____

Applicant's Last Name _____ First Name _____

Middle Name _____ DOB ____/____/____ Gender _____ Social Security # _____

OPTIONAL

Race (circle all that apply)

- Black/African American - American Indian/Alaskan Native
- Asian - Pacific Islander / Native Hawaiian - White

Ethnicity (circle one): Hispanic or Non Hispanic

Circle the grade you are registering this Applicant for:
PreK 3 or PreK 4

Applicant's Physical Address _____ Apt # _____

City _____ State _____ Zip _____ Home Phone Number (____) _____ - _____

Mailing Address if different from the Physical Address)

Address _____ City _____ State _____ ZIP _____

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

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

Parents/Guardians Living in the Household With Applicant

Relationship to Applicant: Mother / Father / Legal Guardian (circle one) *only list 1 person in this section*

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell phone _____ Text

Email Address _____ DOB _____ Gender _____

This person needs access to: portal / attendance / behavior / mailings / teacher / messages

Relationship to Applicant: Mother / Father / Legal Guardian (circle one) *only list 1 person in this section*

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell phone _____ Text

Email Address _____ DOB _____ Gender _____

This person needs access to: portal / attendance / behavior / mailings / teacher / messages

Metro Schools uses an automated phone system to provide information to families on a variety of topics, including school closures, event notices and approaching deadlines. Schools use this same system to provide school-specific information. If you do not wish to receive this information, please check this box to opt-out. Please note that if you choose to opt-out, you will not receive any of these messages from the school or the district. If you change your mind, you can opt-out or opt back in by calling 855-502-7867. Opt Out

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

Relationship to Applicant: Mother / Father / Legal Guardian (circle one) *only list 1 person in this section*

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell phone _____ Text

Email Address _____ DOB _____ Gender _____

This person needs access to: portal / attendance / behavior / mailings / teacher / messages

LEGAL NOTICE

Is there a court order restricting any person access to the applicant? Y N (if yes, a copy of the current court order MUST be provided)



Metro Nashville Public Schools Pre - K Application

Applicant Name _____

Does your child have a health problem? (check 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: _____

Please list all students in the household that are enrolled in a Metro Nashville Public School or Charter

Name _____ School _____

Name _____ School _____

Name _____ School _____

If School Personnel cannot reach the parent/guardian with the phone numbers listed on Page 1, who do we call and in what order?

1st Emergency Contact (M / F) Name _____ phone# _____

2nd Emergency Contact (M / F) Name _____ phone# _____

3rd Emergency Contact (M / F) Name _____ phone# _____

Applicant's Country of birth _____ State of Birth _____

County of birth _____ City of Birth _____ Mother's maiden name _____

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? _____
4. In what country was your child born? _____
5. What date did your child enter the U.S., if not born in the U.S.? _____

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.

Please note: If student is born outside of the U.S., and speaks English only please fax a copy of the Home Language Survey to the EL Office at 615.214-8655

I certify that I am the parent/guardian of the Applicant(s) listed above and I have provided MNPS with accurate information as required by State Law.







➔ SIGN HERE _____ ➔
Parent/Guardian signature required for enrollment

Office Use Only 	Enrolled at _____ PIN# _____
	Enrolled by ES _____ Date _____



Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive **FREE** educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

Student Name: (Last Name, First Name)		Grade:	Date:
Parent/Guardian Name:		School:	
<p>1. Has your family moved within the last 3 years to another city, county, or state, in order to work in the agricultural and fishing industries? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate which family member <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Children <input type="checkbox"/> Other</p>			
<p>2. Do you or someone in your immediate family currently work in any of the occupations listed below? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate which occupation and which family member <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Children <input type="checkbox"/> Other</p>			
<input type="checkbox"/> Meat and Food Processing/Packing  <p>Examples: Fruit, vegetables, chicken, pork, beef, etc.</p>	<input type="checkbox"/> Agriculture/Field Work  <p>Examples: Plant, pick and sort crops such as tomatoes, tobacco, cotton, strawberries, etc. Soil preparation, irrigation, fumigation, etc.</p>	<input type="checkbox"/> Dairy/Cattle Raising  <p>Examples: Feeding, milking, rounding up, etc.</p>	
<input type="checkbox"/> Nursery/Greenhouse  <p>Examples: Planting, potting, pruning, watering, etc.</p>	<input type="checkbox"/> Forestry  <p>Examples: Soil preparation, planting, growing, cutting trees, etc.</p>	<input type="checkbox"/> Fishing/Fish Processing  <p>Examples: catch, sort, pack, transport fish, etc.</p>	
<p>3. If your current job is not in agriculture or fishing, did you or someone in your immediate family work in any of the occupations listed above in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where? _____ City State</p>			

If you answered "YES" to any of the questions above, please answer the following questions.

How long have you been in this county in Tennessee?	_____Weeks _____ Months	_____Years
Home Address	City	State Zip Code
Telephone number, please include area code.	()	

For school use only: Please send all surveys with at least one "YES" response to your district migrant liaison. All qualifying surveys should be uploaded to the TN MEP site. Please notify the TN MEP that new surveys have been uploaded. Questions? Call (931)212-539

PLEASE LIST YOUR SCHOOL DISTRICT: _____