Metropolitan Nashville Public Schools
Registration Packet Cover Sheet
Grades 1 – 12

Only a custodial parent or legal guardian may register a student.
*A legal guardian must show proof of guardianship by presenting a Record of Birth, custody papers, a court order or DCS Educational Passport.*

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

Please print the Student’s Legal Name as it is stated on the Birth Certificate

________________________  __________________________  ______________________
Last Name                  First Name                     Middle Name

Students enrolling from another school within the State of Tennessee:
you must have with you to enroll:

____ Proof of Residence
   Current Utility Bill or Lease/Mortgage Document in the Parent/Guardian’s name

____ Parent/Guardian Photo ID

____ Student Record of Birth

____ Certificate of Immunization students transferring from another TN school will be given 30 days
   from the date of enrollment to provide proof of immunization.

____ School physical required within 30 days of enrollment

Students enrolling from outside of Tennessee or from outside the United States
you must have with you to enroll:

____ Proof of Residence
   Current Utility Bill or Lease/Mortgage Document in the Parent/Guardian’s name

____ Parent/Guardian Photo ID

____ Student Record of Birth

____ Current Immunizations on a TN state form
   Transferring from outside the State of Tennessee: Parents must take their child’s immunization records to a Davidson
   County Health Department location or contact a local physician to have the immunization record transferred to the Tennessee
   Certificate of Immunization.

____ Physical Exam Record
   a. Students transferring from another US school will be given 30 days to complete and provide documentation of their
      physical examination. Exam has to be within 12 months of the date of enrollment.
   b. Students transferring from outside the United States must provide proof of a physical to enroll today.

Home Language Survey

1. What is the first language your 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? __________________________

Statement of Residence: Where does the student stay at night? (Please check ONE option from below)
____ Home/Apartment owned or rented by the student’s parent/legal guardian (proof of residence in parent/legal guardian name required)
____ renting a hotel/motel room ______ at a campsite ______ in an automobile
____ With a relative or friend and lease or mortgage is not in parent/legal guardian’s name (family does not have a residence)
____ Other housing (please explain) __________________________________________________________
Registering to attend MNPS School Name ____________________________________________

What is the name of the last school this student attended ________________________________

Student’s Last Name(s) __________________________________________ First Name(s) __________

Middle Name(s) ________________________________ (circle one) Male / Female

Social Security Number (optional) __________ - __________ - __________ or MNPS assigned PIN

Student’s age ___ Date of Birth ___ / ___ / ______ Ethnicity (circle one) Hispanic / Non-Hispanic

Race (circle all that apply) American Indian/Alaskan Native Asian Black/African American Pacific Islander/Native Hawaiian White

Country of Birth _______________________ Date entered US ______________ State of Birth ______

County of Birth _______________________ City of birth ______________________

Date student 1st entered a US School ______________ Mother’s Maiden Name __________________

Circle any services student receives: IEP  504  EL

Was student asked to leave or expelled from the last school? YES / NO

Student’s Residential Address

Residential Address __________________________ Apt # ______ City _____________ State ____ Zip _______

Mailing Address __________________________ Apt # ______ City _____________ State ____ Zip _______

(If different from residential address)

Parents or Guardians living in the same household with this student (please list each Parent/Guardians on separate lines)

1.) Relationship to student: (circle one) Mother / Father / Legal Guardian

Last Name __________________________ First Name __________________________ MI __________

Date of Birth ______ / ______ / _________ (circle one) Male / Female

Cell Phone (_____) ______ - _________ Home Phone (_____) ______ - __________

Email Address _____________________________________________________________________

This person needs access to: (circle all that apply) portal / attendance / behavior / mailings / teacher / messages

2.) Relationship to student: (circle one) Mother / Father / Legal Guardian

Last Name __________________________ First Name __________________________ MI __________

Date of Birth ______ / ______ / _________ (circle one) Male / Female

Cell Phone (_____) ______ - _________ Home Phone (_____) ______ - __________

Email Address _____________________________________________________________________

This person needs access to: (circle all that apply) portal / attendance / behavior / mailings / teacher / messages
**Parent or Guardian living at a different address**

Relationship to student: (circle one) Mother / Father / Legal Guardian

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<th>Last Name</th>
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Date of Birth _____ / _____ / _______ (circle one) Male / Female

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<tr>
<th>Address</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Cell Phone (_____) ______-________ Home phone (_____) ______-________

Email Address

This person needs access to: (circle all that will apply) portal / attendance / behavior / mailings / teacher / messages

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

1. Name ______________________________ DOB _____ / _____ / ____ School _________________________
2. Name ______________________________ DOB _____ / _____ / ____ School _________________________
3. Name ______________________________ DOB _____ / _____ / ____ School _________________________
4. Name ______________________________ DOB _____ / _____ / ____ School _________________________

**Emergency Contacts to call, in order listed below, if school personnel cannot reach parent or guardian:**

1. Contact Name ___________________________________________ DOB _____ / _____ / _____

   Relationship to student ______________________ Phone# (_____) ______-_________ (Male / Female)

2. Contact Name ___________________________________________ DOB _____ / _____ / _____

   Relationship to student ______________________ Phone# (_____) ______-_________ (Male / Female)

**Legal Notice**

Are there any court orders or Legal issues involving this student? ___Y ___N

(If you answered yes regarding Legal Notice, you must provide a current Magistrate/Judge signed court order document.)

**Student Health Information**

Does the child have any health problems? Yes ___ No ___ (If yes, please provide the school with documentation)

Health issues to be noted on student record ________________________________

I certify that I am the parent or guardian of the child named above and I have provided MNPS with accurate information as required by State Law and that the above address is the primary residence where my child and I live. I will notify the school of any change in residency status within 10 days of that change.

Parent or Guardian Signature _____________________________________________

Parent or Guardian Print Name _____________________________________________

Date Signed _______ / _______ / __________

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* INFORMATION BELOW IS FOR MNPS ENROLLMENT CENTER USE ONLY

Enrollment Specialist that accepted and reviewed this packet____________________________

Please check off each task as completed: Greeter: Search Campus _____ Search Zone Finder/SAS _____

Processor: Search EIS _____ Packet uploaded to IC _____ HERO/emailed _____ POA/Legal Alert _____

Military _____ Migrant _____
Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. The information provided below will be kept confidential. Please answer the following questions and return this form to your child’s school.

Today’s Date ___________________________ Parent/Guardian First & Last Name ___________________________

Student First Name ___________________________ Student Last Name ___________________________

School Name ___________________________ Student Grade ___________________________

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

☐ No
☐ Yes. Check all that apply and list the total number of months worked:

☐ Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)
   Total Months Worked: ________

☐ Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)
   Total Months Worked: ________

☐ Dairy/Cattle Raising (feeding, milking, rounding up)
   Total Months Worked: ________

☐ Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)
   Total Months Worked: ________

☐ Forestry (soil preparation, planting, cutting trees; landscaping not included)
   Total Months Worked: ________

☐ Commercial Fishing & Processing (catching, sorting, packing, transporting)
   Total Months Worked: ________

2. In the past three years, has your family moved to another state, city, school district, and/or county?

☐ No
☐ Yes. How long have you resided in your current address?
   ____________ Years ____________ Months ____________ Weeks

If you answered “Yes” to questions 1 and 2, please complete the information below.

Home Street Address ___________________________ Apt # ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________

Telephone Number ___________________________ Best Day of Week & Time of Day to Call ___________________________

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State Migrant Education Program: ___________________________ Enrollment Date: ___________________________ District ID: ___________________________
MILITARY CONNECTIONS SURVEY

School Name: ___________________________ Grade: ________

Student #: ___________________________ Student Name: ___________________________ Birthday: __________________

Under ESSA regulations, school districts are required to identify students whose parent(s) or legal guardian(s) fall within the three military-related classifications shown below. Classifications are only collected for parent(s) and/or legal guardian(s) of students not for students enlisting in the military.

4-Active Duty Military: Parent or guardian on National Guard duty or Active Guard Reserve (full-time Reserve duty) or Active duty in a branch of the Armed Forces.
5-National Guard Military: Parent or guardian who participates in the National Guard on a part-time basis.
6-Reserve Military: Parent or guardian who participates on a part-time basis in the Reserves of a branch of the armed forces.

Parent(s)/legal guardian(s) for students must match Guardian information contained in MNPS student records.

<table>
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<tr>
<th>Name of Parent or Legal Guardian</th>
<th>Start Date of Current Military Service</th>
<th>Classification: 4-Active Duty, 5-National Guard, or 6-Reserve</th>
<th>Branch: (Army, Navy, Air Force, Marine Corps, or Coast Guard)</th>
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Parent/Guardian Signature: ___________________________ Date: __________________

For more information about USED commitment and services for military families: https://www.ed.gov/veterans-and-military-families