

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

190

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) _____

Student 1-12 Registration

GRADE (circle one)

1 2 3 4 5 6 7 8 9 10 11 12

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

Last Name _____ First Name _____ MI _____

Date of Birth _____ / _____ / _____ (*circle one*) Male / Female

Address _____ Apt # _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ - _____ Home phone (_____) _____ - _____

Email Address _____

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

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 ____/____/____

*** 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 ____

05/21/2019 DQI

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 ID:

Enrollment Date:

District ID:

MILITARY CONNECTIONS SURVEY

School Name: _____

Grade: _____

Student #: _____ Student Name: _____ Birthdate: _____

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.

Name of Parent or Legal Guardian	Start Date of Current Military Service	Classification: 4- Active Duty, 5- National Guard, or 6- Reserve	Branch: (Army, Navy, Air Force, Marine Corps, or Coast Guard)

Parent/Guardian Signature: _____ Date: _____

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