Metropolitan Nashville Public Schools
Registration Packet Cover Sheet

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(s)                                      First Name(s)                                      Middle Name(s)

Students enrolling from another school within the State of Tennessee:
You Must Have With You Today:

___ 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 Today:

___ 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
a. 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.

b. Transferring from outside the United States: must provide Tennessee Certificate of Immunization before enrolling today.

___ 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. Student 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)
Metropolitan Nashville Public Schools
Kindergarten Registration

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

<table>
<thead>
<tr>
<th>Relationship to child: (circle one)</th>
<th>Mother / Father / Legal Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name ________________________</td>
<td>First Name _______________________</td>
</tr>
<tr>
<td>Date of Birth ______ / ______ / ______</td>
<td>(circle one) Male / Female</td>
</tr>
<tr>
<td>Address ___________________________________________</td>
<td>Apt # ______</td>
</tr>
<tr>
<td>Cell Phone (_______) _____________</td>
<td>Home phone (_______) ____________</td>
</tr>
<tr>
<td>Email Address ______________________</td>
<td>This person needs access to: (circle all that will apply) portal / attendance / behavior / mailings / teacher / messages</td>
</tr>
</tbody>
</table>

Please list siblings in the 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 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 listed 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 ________________________________________________________________

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 _____ PK Survey (if needed)
Processor: _____ Search EIS _____ Packet uploaded to IC _____ HERO/emailed _____ POA/Legal Alert ______

04/27/2018 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:
2018-19 MILITARY CONNECTIONS SURVEY

School Name: ____________________________  Grade: ______

Student #: ________  Student Name: ____________________________  Birthdate: __________

Under ESSA regulations in effect for the 2018-19 school year, 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>
<thead>
<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
Metropolitan Nashville Public Schools
2019-2020 Pre-Kindergarten Experience Survey
MNPS | RAE Dept. www.mnps.org/research

Metropolitan Nashville Public Schools and the Tennessee Department of Education would like to know how different types of preschool and/or child care experiences prepare your children for Kindergarten. The information collected will be used to determine best practices in early childhood education.

During a typical week during this school year, (August 15, 2018 – May 15, 2019), how many hours did your child spend in each child care or preschool setting? Please circle the number of hours in each setting, if they apply. If you choose not to participate in this study or your child always stayed home with parent, family, or guardian, please bubble in the response.

**Student Name**

**Student ID**

I don’t know or choose not to participate in this survey ○

Child always stayed home with parent, family, or guardian ○

<table>
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<tr>
<th>Did your child spend any time in this kind of setting during a typical week during this school year (Aug 15, 2018 – May 15, 2019)?</th>
<th>If yes, about how many hours per week?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public school Pre-Kindergarten</strong> [A Pre-K classroom at a public elementary school or Early Learning Center. Example: Pre-K classroom at Whitsitt Elementary]</td>
<td>Yes No 1-10 11-20 21-30 31-40 40+</td>
</tr>
<tr>
<td><strong>Head Start</strong> [Example: Tom Joy Head Start]</td>
<td>Yes No 1-10 11-20 21-30 31-40 40+</td>
</tr>
<tr>
<td><strong>Private school Pre-Kindergarten</strong> [Non-public tuition-based Pre-K classroom at a private school Example: Pre-K classroom at Christ the King School]</td>
<td>Yes No 1-10 11-20 21-30 31-40 40+</td>
</tr>
<tr>
<td><strong>Child care center or preschool</strong> [Public, private, or faith-based preschool program with no grades beyond Kindergarten Example: Preschool at Blakemore Children’s Center]</td>
<td>Yes No 1-10 11-20 21-30 31-40 40+</td>
</tr>
<tr>
<td><strong>Home-based child care</strong> [Fee-based child care provided in someone’s home Example: Agape Group Childcare Home]</td>
<td>Yes No 1-10 11-20 21-30 31-40 40+</td>
</tr>
</tbody>
</table>

Please sign your name upon completion of this form:

This activity is supported by Metropolitan Nashville Public Schools and funded with federal funds as administered by the US Department of Education.
Here’s How to Find Your Bus Stop

Bus stop information for the 2019-20 school year will be released on July 22, 2019. This is two weeks before the first day of school. Any information viewed prior to this date will reflect 2018-19 route information.

All students who attend their school of zone (assigned school), and who live more than 1.25 miles from school (1.5 miles for high schools), are eligible for school bus transportation. This route information is based on your student’s current address maintained by MNPS Schools and Enrollment Centers.

Find information about your bus stop arrival and departure times in ① — ② — ③ steps below.

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<table>
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<tr>
<td>①</td>
<td>Go online and visit <a href="http://www.MNPS.org/transportation">www.MNPS.org/transportation</a></td>
</tr>
<tr>
<td>②</td>
<td>Click on <strong>Find My Bus Stop</strong>&lt;br&gt;The menu is located on the left side of the screen.</td>
</tr>
<tr>
<td>③</td>
<td>When the link opens follow the step by step instructions shown on screen.&lt;br&gt;If you have difficulty contact the Family Information Center at (615) 259-INFO (4638), emailing <a href="mailto:FamilyInfo@mnps.org">FamilyInfo@mnps.org</a> or using the chat feature in the bottom right corner of the website.</td>
</tr>
</tbody>
</table>

Parents with children requiring **Exceptional Education Services**

- If your student is part of the Exceptional Education bus services then arrangements will be made through the main office at the school from which your child receives these services.
- If you do not know who you need to talk to, please contact our Family Information Center at 615-259-INFO(4638) to be directed to the appropriate person.

Last Revised: January 22, 2019