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, 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:
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 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 campground ___ 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

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 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 ____ / ____ / ____  Phone# (_____ ) ________ - __________ (Male / Female)

   Relationship to student __________________________ Relationship to student __________________________

2. Contact Name ____________________________________________ DOB ____ / ____ / ____  Phone# (_____ ) ________ - __________ (Male / Female)

   Relationship to student __________________________ Relationship to student __________________________

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 _____

Pre-K Survey _____  Military _____  Migrant _____

1/29/2020 jw
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.

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th>Parent/Guardian First &amp; Last Name</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Student First Name</th>
<th>Student Last Name</th>
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</table>

<table>
<thead>
<tr>
<th>School Name</th>
<th>Student Grade</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Home Street Address</th>
<th>Apt #</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Best Day of Week &amp; Time of Day to Call</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Student State ID:</th>
<th>Enrollment Date:</th>
<th>District ID:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
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>
<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>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Parent/Guardian Signature: __________________________  Date: __________

For more information about USED commitment and services for military families: [https://www.ed.gov/veterans-and-military-families](https://www.ed.gov/veterans-and-military-families)
Metropolitan Nashville Public Schools
2020-2021 Pre-Kindergarten Experience Survey
MNPS | RAE Dept. www.mnps.org/research

Metropolitan Nashville Public Schools 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, 2019 – May 15, 2020), 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>
<thead>
<tr>
<th>Did your child spend any time in this kind of setting during a typical week during this school year (Aug 15, 2019 – May 15, 2020)?</th>
<th>If yes, about how many hours per week?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public school Pre-Kindergarten [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>Head Start [Example: Tom Joy Head Start]</td>
<td>Yes No 1-10 11-20 21-30 31-40 40+</td>
</tr>
<tr>
<td>Private school Pre-Kindergarten [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>Child care center or preschool [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>Home-based child care [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