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, 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 performed in the United States to enroll today.  Exam has to be within 12 months of the date of enrollment.

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

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 ____/____/_______

   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 _____  05/22/2019 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.

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th>Parent/Guardian First &amp; Last Name</th>
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<table>
<thead>
<tr>
<th>Student First Name</th>
<th>Student Last Name</th>
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<thead>
<tr>
<th>School Name</th>
<th>Student Grade</th>
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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)
  - [ ] Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)
  - [ ] Dairy/Cattle Raising (feeding, milking, rounding up)
  - [ ] Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)
  - [ ] Forestry (soil preparation, planting, cutting trees; landscaping not included)
  - [ ] 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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<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<thead>
<tr>
<th>Telephone Number</th>
<th>Best Day of Week &amp; Time of Day to Call</th>
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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.

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<thead>
<tr>
<th>Student State ID:</th>
<th>Enrollment Date:</th>
<th>District ID:</th>
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1/2020
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.

<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](https://www.ed.gov/veterans-and-military-families)