

Blount County Schools – Grades 9-12 Enrollment Form

Homeroom: _____
(School use only)

Student Enrollment Information:

1. Last Name _____ First _____ Middle _____ Suffix _____
2. Birth date: _____ 3. Gender: Male Female 4. Nickname _____
5. Social Security Number: _____ 6. Home Phone: _____ 7. Grade Level: _____
8. Mother's Name: _____ 9. Father's Name: _____
9. Guardian Name:(if different than Mother/Father) _____
10. Home Address: _____

General Demographic Information:

1. Ethnicity(check one): Hispanic Not Hispanic 2.Race (circle all that apply): White, Black, Asian, Am Indian, Pac.Islander
3. Relation to student of person(s) student lives with (must have legal custody): _____
Father/Male Guard.Name: (Last,First) _____ Father/Male Guard. Cell Phone: _____
Father/Male Guard. Employer: _____ Father/Male Guard Work/Day Phone: _____
Mother/Female Guard. Name: (Last,First): _____ Mother/Female Guard. Cell Phone: _____
Mother/Female Guard. Employer: _____ Mother/Female Guard. Work/Day Phone: _____

State Information:

Lang spoken in home: _____ Did you move into this area for agricultural work? No Yes
In USA 3 yrs. or less? No Yes If **Yes**, country of origin: _____ Date entered US Schools: _____
Where does your child stay at night? (Please check one)
 Home/apt owned or rented by parent(s)/guardian(s) With a relative or friend (family does not have residence)
 Shelter Motel Automobile Campsite Housing that is inadequate (no electricity, running water, etc.)
Other housing (please explain): _____
Student's Birth Information: Country _____ State _____ County _____ City _____
Mother's Maiden Name: _____

School Information:

1.School _____ Grade _____ Enroll Date _____
2.Previous School: _____ Address: _____
3.Previous school date of withdrawal: _____ Withdrawal papers/transcript? No Yes
4. Usually a car rider? No Yes **Bus** (if student ever rides): AM # _____ miles _____; PM # _____ miles _____
5. Drive to school? No Yes Driver's License # _____
6. Is your child currently under expulsion or suspension from any other school, public or private? No Yes
6. Receive special services? No Yes 7. Home Internet Access? No Yes 8. School Internet Permission? No Yes
9. My child may be individually pictured and/or identified in media resources (newspaper, school website, local TV, and social media for school purposes: No Yes (If no, please submit a written request to the principal's office)
10. In case of emergency, I/we give permission for authorized personnel to have my child transported to the hospital by EMS if the parent/guardian cannot be reached. In such case, I would like my child transported to:
Hospital _____ Dr. _____ Dr. Phone _____ Medical Insurance? No Yes
Allergies: _____ Reaction _____ Current medications: _____
Other medical info: _____
In case of Early Dismissal, my child should:
 Ride the bus Remain at school until picked up by someone authorized by parent/guardian
 Ride in car driven by self or friend Other (specify) _____

Do you have: Birth Certificate SS Card Proof of Residence TN Shot Record Custody papers

Parent/Guardian Signature _____ Date _____

Please Complete back of Form

School use only: Records: Previous school's date of withdrawal Withdraw papers/transcript Custody Papers

Student Name _____

Use this area to complete information for parents the student *does not* live with, and/or for other relatives, friends, etc. who you would like to be contacted in case of an Emergency and/or have permission to pick up your child; please fill in as much info as possible for at least *two* contacts:

First Name _____ Middle Initial _____ Last Name _____

Relation to student: _____ Can pick student up? Yes No Primary lang: English Other: _____

Phone – Home: _____ Work: _____ Cell: _____ Email _____

Mailing Address _____ City _____ Zip _____

First Name _____ Middle Initial _____ Last Name _____

Relation to student: _____ Can pick student up? Yes No Primary lang: English Other: _____

Phone – Home: _____ Work: _____ Cell: _____ Email _____

Mailing Address _____ City _____ Zip _____

First Name _____ Middle Initial _____ Last Name _____

Relation to student: _____ Can pick student up? Yes No Primary lang: English Other: _____

Phone – Home: _____ Work: _____ Cell: _____ Email _____

Mailing Address _____ City _____ Zip _____

First Name _____ Middle Initial _____ Last Name _____

Relation to student: _____ Can pick student up? Yes No Primary lang: English Other: _____

Phone – Home: _____ Work: _____ Cell: _____ Email _____

Mailing Address _____ City _____ Zip _____

Please list anyone who is *NOT ALLOWED* to pick up your child and provide the school with legal paperwork:

First Name _____ Last Name _____ Relation to student: _____

First Name _____ Last Name _____ Relation to student: _____

First Name _____ Last Name _____ Relation to student: _____