

Blount County Schools – Pre-K 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. Enrolled or attended Pre-K at any other time? No Yes (school) _____ When? _____

3. Usually a car rider? No Yes **Bus** (if student ever rides): AM # _____ miles _____; PM # _____ miles _____

4. After-School "Friends" Program? No Yes (Friends will NOT be in operation in case of early dismissal)

5. Brothers and/or sisters in this school: _____

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

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:

First Day Requirements: Birth Certificate _____ Physical _____ Immunizations _____ Dental _____ Proof of Residence _____ SS# _____

First 30 Days: Hearing _____ Vision _____ Speech/Lang _____ Assessment _____

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: _____