

# Dickson County Schools

2020-2021





Step 1: Student Information

The student name MUST exactly match what is on the proof of birth documentation. Please enter middle names as well, if available.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Suffix: \_\_\_\_\_ Name Prefix: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Mom's Maiden Name: \_\_\_\_\_

Is Student Hispanic/Latino?: (circle) Yes No

Federal Race: (circle all that apply)

American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Language Spoken Most: \_\_\_\_\_

Does either parent serve full time or part time in the Armed Forces?: (circle) Yes No

Previous School District: \_\_\_\_\_

School in the District Student Previously Attended: \_\_\_\_\_

You are enrolling your student into the Next School Year (2020 - 2021) (circle enrollment date)

First Day of School (08/03/2020) OR Expected Enrollment Date: \_\_\_/\_\_\_/\_\_\_

Expected Grade Level: \_\_\_\_\_ Expected School to Enroll into: \_\_\_\_\_

Allow the Acceptable Use Policy for Technology: (circle) Yes No

I authorize this student's information to be distributed for the purposes of Military usage: (circle) Yes No
Military flag is used to exclude student information from being sent to military recruiters.

I authorize this student's information to be distributed for the purposes of Higher Ed usage: (circle) Yes No
Higher Ed flag is used to exclude student information from being sent to institutions of higher education.

I authorize this student's information to be distributed for the purposes of Public usage: (circle) Yes No
Public flag is used to exclude student information from being sent outside the school district (such as newspapers and other media). You do not wish to have your child photographed for media and website publication. It also excludes student information from within the school district like yearbooks, photographs, and sports information. This includes honor roll, programs, or articles.

I authorize this student's information to be distributed for the purposes of District usage: (circle) Yes No
District flag is used to exclude student information from participating in student surveys, including school climate surveys.

I authorize this student's information to be distributed for the purposes of Local usage: (circle) Yes No
Local flag is used to exclude students from participating in health screenings.

Additional Information: \_\_\_\_\_

FOR OFFICE USE: EIS Student PIN: \_\_\_\_\_ EIS Student ID: \_\_\_\_\_ Homeroom: \_\_\_\_\_



# Dickson County Schools

# 2020-2021 Enrollment Form

## Step 2: Family/Guardian Information

Please provide all parent / guardian information. If your child has two families, there will be an option to select if the parent / guardian has custody, is allowed to pick up, or will be considered an emergency contact. For custody details for students with two families, please upload the legal custody documentation and make a note of any details in the custody form at the end of this enrollment process.

Enter Information for the Primary Parent/Guardian(s) and the Family this Student lives with

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Home Language: \_\_\_\_\_ Print Hard Copy Report Cards: (circle) **Yes** **No**

Home Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: (if different than home address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Suffix: \_\_\_\_\_ Name Prefix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Does this guardian have legal custody of the child?: (circle) **Yes** **No**

Yes MUST be selected in order for this application to be approved for enrollment.

Is this guardian allowed to pick up the student from school?: (circle) **Yes** **No**

Should this guardian also be considered an Emergency Contact?: (circle) **Yes** **No**

Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Language: \_\_\_\_\_ Employer: \_\_\_\_\_

Other Parent/Guardians who live at this address:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Suffix: \_\_\_\_\_ Name Prefix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Does this guardian have legal custody of the child?: (circle) **Yes** **No**

Is this guardian allowed to pick up the student from school?: (circle) **Yes** **No**

Should this guardian also be considered an Emergency Contact?: (circle) **Yes** **No**

Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Language: \_\_\_\_\_ Employer: \_\_\_\_\_



Enter Information for a Legal Parent/Guardian(s) who lives at a **different** address

Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Family Home Language: \_\_\_\_\_ Print Hard Copy Report Cards: (circle) **Yes** **No**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: (if different than home address): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Suffix: \_\_\_\_\_ Name Prefix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Does this guardian have legal custody of the child?: (circle) **Yes** **No** (Please provide custody information on page 7.)

Is this guardian allowed to pick up the student from school?: (circle) **Yes** **No**

Should this guardian also be considered an Emergency Contact?: (circle) **Yes** **No**

Secondary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Email Address: \_\_\_\_\_ Language: \_\_\_\_\_ Employer: \_\_\_\_\_

Other Parent/Guardians who live at this address:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Suffix: \_\_\_\_\_ Name Prefix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Does this guardian have legal custody of the child?: (circle) **Yes** **No**

Is this guardian allowed to pick up the student from school?: (circle) **Yes** **No**

Should this guardian also be considered an Emergency Contact?: (circle) **Yes** **No**

Secondary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Email Address: \_\_\_\_\_ Language: \_\_\_\_\_ Employer: \_\_\_\_\_

**Step 3: Medical/Dental Information** *This section is optional, but the information would be helpful in the event of an emergency.*

Allergy/Medical Condition: \_\_\_\_\_

Is this condition critical info that staff should be alerted to?: (circle) **Yes** **No**

Physician Last Name: \_\_\_\_\_ Physician First Name: \_\_\_\_\_ Physician Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Dentist Last Name: \_\_\_\_\_ Dentist First Name: \_\_\_\_\_ Dentist Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Hospital: \_\_\_\_\_ Hospital Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Insurance: \_\_\_\_\_ Insurance Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Student Name: \_\_\_\_\_



**Dickson County Schools**  
**Step 4: Emergency Contact Information**

**2020-2021 Enrollment Form**

A person must be listed as an emergency contact here to be able to pick up your child. Please ensure that parents and guardians are emergency contacts by circling Yes for the emergency contact question in the previous step.

Enter the Information for Emergency Contact #1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Suffix: \_\_\_\_\_ Name Prefix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Language: \_\_\_\_\_ Employer: \_\_\_\_\_

Enter the Information for Emergency Contact #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Suffix: \_\_\_\_\_ Name Prefix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Language: \_\_\_\_\_ Employer: \_\_\_\_\_

Enter the Information for Emergency Contact #3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Suffix: \_\_\_\_\_ Name Prefix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Language: \_\_\_\_\_ Employer: \_\_\_\_\_

Enter the Information for Emergency Contact #4

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name Suffix: \_\_\_\_\_ Name Prefix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Language: \_\_\_\_\_ Employer: \_\_\_\_\_

If additional contacts are needed, please contact your child's school after your child is enrolled.



**The following documents are required for enrollment in Dickson County Schools.**

Please attach a copy of each document to return with this enrollment form.

- \_\_\_\_\_ 1. PROOF OF CHILD'S AGE (Birth Certificate or Mother's Copy)
- \_\_\_\_\_ 2. TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF IMMUNIZATION FORM CHECKED FOR YOUR GRADE LEVEL.
- \_\_\_\_\_ 3. COMPLETE, CURRENT PHYSICAL EXAMINATION (Only if first time enrolling in Tennessee school)
- \_\_\_\_\_ 4. THREE PROOFS OF RESIDENCE (home ownership proof, rental agreement, driver's license, voter registration card, current utility bill, cable bill, etc.)

**The following documents are requested for certain situations, if applicable.**

- \_\_\_\_\_ 5. ANY CUSTODY PAPERWORK (Power of Attorney is not allowed. Paperwork must be a court order with judge's signature.) The entire document needs to be provided to the school, to keep on file.
- \_\_\_\_\_ 6. IEP for students with a disability. The entire IEP, if available, would be helpful to ensure correct placement for grades K-12. The IEP documentation is also for PRE-K selection.
- \_\_\_\_\_ 7. PRE-K Only: TIER DOCUMENTATION as noted on the Voluntary Pre-K District Application

**Living Conditions**

Please choose the following option which best defines where your student will be residing.

- \_\_\_\_\_ Home/apartment owned or rented by the parent(s)/guardian(s)
- \_\_\_\_\_ With a relative or friend (family does not have a residence)
- \_\_\_\_\_ In a shelter
- \_\_\_\_\_ In a motel
- \_\_\_\_\_ In an automobile
- \_\_\_\_\_ At a campsite
- \_\_\_\_\_ In housing that is inadequate (i.e. no electricity, running water, etc.)
- \_\_\_\_\_ Other housing (please explain) \_\_\_\_\_

**Transportation**

Transportation Method(s): (circle all that apply)      **Before / After Care**      **Car Rider**      **Bus**

AM Bus #: \_\_\_\_\_      PM Bus #: \_\_\_\_\_

Please contact transportation at 615-740-5970 or e-mail mgarton@dcstn.org for bus information, if needed.



**Disclosure of Prior Criminal Record**

Pursuant to Tennessee Code a student who enrolls or re-enrolls in a school his/her parent or guardian shall notify in writing the school principal if the student has been adjudicated delinquent for an offense involving first degree murder, second degree murder, rape, aggravated rape, aggravated robbery, especially aggravated robbery, kidnapping, aggravated kidnapping, especially aggravated kidnapping, aggravated assault, or felony reckless endangerment. Such information shall be shared only with employees of the school having responsibility for classroom instruction of the child, but such information is otherwise confidential and shall not be shared by local personnel with any other person or agency except as may otherwise be required by law. This written notification shall not become part of such child's student record.

I hereby declare that, \_\_\_\_\_, (circle) **HAS NOT BEEN / HAS BEEN** adjudicated delinquent of a crime outlined in the law above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you selected that your child has been adjudicated delinquent of a crime, please add information regarding your child's prior criminal record. Such information shall be shared only with employees of the school having responsibility for classroom instruction of the child, but such information is otherwise confidential and shall not be shared by school personnel with any other person or agency except as may otherwise be required by law. This written notification shall not become part of such child's student record.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Service**

In order to identify parents in the Armed Forces, does either parent serve?: (circle) **Yes No**

If Yes, \_\_\_\_\_ **full** time or \_\_\_\_\_ **part** time in the Armed Forces

Which classification best describes your services?

\_\_\_\_\_ Army, Navy, Air Force, Marine Corps, or Coast Guard

\_\_\_\_\_ National Guard

\_\_\_\_\_ Active Guard Reserve

**Textbook Agreement Form**

I hereby agree that I will be responsible for all free textbooks used by my child in Dickson County Schools during this school year. I further agree that I will reimburse the Dickson County Board of Education for the value of any books damaged or misplaced by my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Prior Special Education Services**

My child received special education services in their previous school system. (circle) **Yes** **No**

If you would like to provide any details regarding their IEP: \_\_\_\_\_

**Prior Section 504 Plan**

My child had a Section 504 service plan in their previous school system. (circle) **Yes** **No**

**Prior English as a Second Language (EL)**

My child received English as a Second Language (EL) services from their previous school system.

(circle) **Yes** **No**

What is the first language your child learned to speak? \_\_\_\_\_

What language does your child speak most often outside of school? \_\_\_\_\_

What language do people usually speak in your child's home? \_\_\_\_\_

What is the date of your child's first enrollment in the United States of America? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Suspended / Expelled**

Is this student currently suspended / expelled from another school or in an alternative school program?

(circle) **Yes** **No** If yes, what is the last date of suspension? \_\_\_\_\_

**Custody Information** *(Only complete this section if custody has been addressed in court)*

I, \_\_\_\_\_, have legal custody of \_\_\_\_\_.

I have attached legal custody documentation that is signed by a judge to this application for enrollment. Power of Attorney is not accepted. Date on the Custody Document: \_\_\_\_\_

Details of the Custody Document including the full, legal names of other parties involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should this be marked as a critical alert to add an additional reminder to school staff?: (circle) **Yes** **No**

I understand that legal custody documentation signed by a judge must be provided to the school in order for it to be followed. The information provided above is accurate and supported by the documentation on file at the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**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 at 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: \_\_\_\_\_