

Metro Nashville Public Schools Student Registration

Current MNPS students living with you. (name and school attending)

1. Name _____ School _____

2. Name _____ School _____

Did the Parent/Guardian ever attend an MNPS school? Y / N If so, what name were they enrolled under?

1. (name) _____ 2. (name) _____

Parents/Guardians Living in the Household With Student

Relationship to Student (circle one) Mother / Father / Legal Guardian / POA ****approval required****

Name _____
Last Name First MI

Home Address: _____ APT# _____ City _____ ST _____ Zip _____

Mailing Address if different from Home address _____

Home Ph: (landline) _____ Cell : _____ Parent / Guardian DOB _____

Email Address: _____

Allow this person access to: portal / attendance / behavior / mailings / teacher / message

circle all that apply

EMERGENCY CONTACT Sequence 1 2 3

Parents/Guardians Living in the Household With Student

Relationship to Student (circle one) Mother / Father / Legal Guardian / POA ****approval required****

Name _____
Last Name First MI

Home Address: _____ APT# _____ City _____ ST _____ Zip _____

Mailing Address if different from Home address _____

Home Ph: (landline) _____ Cell : _____ Parent / Guardian DOB _____

Email Address: _____

Allow this person access to: portal / attendance / behavior / mailings / teacher / message

circle all that apply

EMERGENCY CONTACT Sequence 1 2 3

Parents/Guardians Living at a Different Address Other Than The One Listed Above

Does this parent/guardian have joint custody? Y / N

Relationship to Student (circle one) Mother / Father / Legal Guardian / POA *****approval required*****

Name _____
Last Name First MI

HOME Address: _____ APT# _____

City _____ St _____ Zip _____ Email Address: _____

Home Ph: (landline only) _____ Cell : _____ DOB _____

Did this Parent/Guardian ever attend an MNPS school? Y / N

If so what name were they enrolled under? _____

Allow this person access to: portal / attendance / behavior / mailings / teacher / message

circle all that apply

EMERGENCY CONTACT Sequence 1 2 3

If School Personnel cannot reach the parent/guardian with the phone numbers listed above who do they call next?

Emergency Contact _____ (M / F) phone _____
Last First MI

Emergency Contact _____ (M / F) phone _____
Last First MI

STUDENT ENROLLMENT INFORMATION

NEW SCHOOL What school is this student registering for? _____ Grade _____

PRIOR SCHOOL What school did this student last attend? _____ City _____ ST _____

Last Name _____ First name _____
Middle Name _____ DOB ____/____/____ Sex _____ Social Security # _____ Optional
Ethnicity (*circle one*): Hispanic or Non Hispanic
Race (circle all that apply) Black/African American American Indian/Alaskan Native
Pacific Islander / Native Hawaiian Asian White
Birth City _____ Birth County _____ Birth Country _____ Birth State _____
Has this student ever received services for: EL 504 IEP _____ Has this student ever been expelled? Y / N _____
What is this student's Mother's maiden name _____

Legal Alert: _____
(If yes, a copy of the court order MUST be provided)

Student Health Information

Does your child have a health problem? (circle all that apply)

My child has no health problems which would affect his/her school day. Y / N
Allergies to (Nuts, Bees, Food, Other please list) _____
Asthma, is inhaler prescribed? Yes _____ No _____ Home only? _____ Need at school? _____
Diabetes Type 1 _____ Type 2 _____ What medication taken? _____
Seizures - what type? _____ Date of last seizure? _____
Behavior/Emotional (ADHD, Depression) _____ Catheterization _____ Cancer/Leukemia _____ Sickle Cell Anemia _____
Heart Problems _____ Date diagnosed? _____
Any other condition you would like to tell us about _____

Medical Alert: _____

Home Language Survey

TENNESSEE STATE BOARD OF EDUCATION ESL PROGRAM POLICY 3.207, states that: "Each School District must administer the Home Language Survey to all students entering the District for the first time."

The information is used to identify the need for English language support services for the student.

1. What is the first language this 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? _____

Please note : If the answer to question(s) 1, 2, or 3 is not English, The Office of EL will assess the student's English language proficiency and additional forms will need to be completed.

Statement of Residence: Where does the student stay at night? (Please check ONE)

Home/Apartment owned or rented by the student's parent/legal guardian
 a campsite in an automobile With a relative or friend (family does not have a residence)
 Shelter in a motel Other housing (please explain) _____

I certify that the above information is true, accurate, and subject to verification. If any information is found to be fraudulent the student may be subject to withdrawal and the parent/legal guardian subject to tuition reimbursement (TCA 49-6-3003).

Parent/Legal Guardian signature required for enrollment

Date _____

Enrollment stamp here

MNPS use only

Student ID _____ Student PIN _____
Start Date _____ Enrolled at _____
ES _____ Center _____ Zoned School _____