

MEMORANDUM

Grainger High School
School Counseling Office
Phone: 865-828-3886
Fax: 865-828-8686

Bus Information: 865-828-3611

To: Registering Students at GHS

From: Jill Denton, School Counselor (Grades 9 & 11)
Rachel Harris, School Counselor (Grades 10 & 12)

Date: 2022-2023 School Year

Subject: New Student Registration Process

In order to successfully register a new student at Grainger High School you should complete the following steps:

1. Pick-up a registration packet from the office and meet with the appropriate school counselor to schedule an appointment time to register your new student.

Appointment Time:

Counselor:

2. Student and parent/guardian should return for your appointment time with the following items from enrollment packet and other sources completed (explanation of all forms is listed on the reverse side):
 - Verification of residence form – completed and notarized
 - Student Registration and Information Form
 - Copy of Birth Certificate
 - Copy of Social Security Card
 - Documentation of Custody (if applicable)
 - Migrant Education Program Occupational Survey
 - A Tennessee Certificate of Immunization
 - An official copy of the School Transcript from the last school attended
 - Withdrawal Form/Statement from previous school
 - Copy of the Eligibility Report and the IEP if the student has been receiving Special Services at the previous school.
 - 3 copies of items that prove residence in Grainger County. These items should show the parent/guardian's name at the address given:
 - Electric Bill, Water Bill, Telephone Bill, Cable Bill, Lease Agreement, Housing Contract, Property Deed
 - Food Allergy Form
 - Internet Permission Form
 - Application for Free & Reduced Lunch

*Explanation of all forms is listed on the back.

Please Note: Only the legal guardian(s) may enroll a child as a student at GHS. The legal guardian(s) must also be a resident of Grainger County. The permanent address will be verified by Grainger County Board of Education authorities. Power of Attorney can only serve as legal guardianship under the three following conditions: incarceration of parent, loss of home due to natural disaster, or documented proof that parent is not capable of caring for the child.

Explanation of Forms Required for Enrollment

- *Verification of Residence Form* completed and and notarized.
- *Student Registration and Information Form* completed (front and back)
- *Withdrawal Form* – A withdrawal form from previous school stating that the student has officially withdrawn and does not owe any debts, books, etc.
- *Migrant Education Program Occupational Survey* – Complete if applicable.
- *Tennessee Immunization (Shot) Record* – This must be presented before student can be enrolled. If students have moved from out-of-state, the out- of-state shot record should be presented to the Grainger County Health Department to receive a Tennessee record.
- *Official Documentation of Custody* (if applicable) If student's last name and parent or guardian's last name is different, we must have a custody agreement or petition for legal guardianship (signed by a judge).
- *Transcript of classes from previous school* – This may include grade cards. Nonetheless, transcripts, withdrawal grades, attendance record, and discipline record must be obtained by GHS before student will be enrolled. Official copies of these records will be requested by the school counselors.
- *Proof of Residency* – At least three types of documentation must be provided to confirm your residency in Grainger County, such as an electric bill, water bill, cable/satellite bill, phone bill, proof of rent payment, etc.
- The completion of the following forms will be required (these forms are included in the packet):
 - *Food Allergy Form*
 - *Internet Permission Form*
 - *Application for Free/Reduced Lunch*

Please complete the following information and return it to school. (ALL fields must be completed.)

PERSONAL INFORMATION

Name: _____ Grade: _____ Homeroom: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____

Was the child born in the United States? Yes State Born in: _____
 No Where was the child born: _____

Gender: Male Female Social Security Number: _____

Does the child have an IEP or 504 plan? Yes No List Disability: _____

Has your child received Special Services/Speech? Yes No If yes, where? _____

Is the child currently in foster care? Yes No

Ethnicity: (please choose one)

- American Indian/Alaskan Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian/Pacific Islander
- Two or More
- White

Race:

- American Indian/Alaskan Native
- Asian
- Black or African American
- White
- Native Hawaiian/Pacific Islander

Does your child currently have an active court order pertaining to custody, etc? Yes No

*If so, the school **must** have an official copy of the court order to properly enforce.*

Who does the child live with: Mother Father Both Parents Grandparent Guardian

Residence of Child (Please check **only one** of the following):

- House/Apartment/Mobile Home owned/rented by the child's guardian
- Doubled Up (Living with another family member due to economic reasons)
- Shelter/Transitional Housing
- Hotel/Motel
- Unsheltered (Cars, Parks, Campground, Temporary Trailer, Abandoned Building)

FAMILY INFORMATION

Father/Stepfather/Guardian (First Name/Last Name): _____

Address (if different than child): _____

Father's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother/Stepmother/Guardian (First Name/Last Name): _____ (Maiden Name): _____

Address (if different than child): _____

Mother's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional Contact Person(s) if parents cannot be reached:

Person: _____ Phone Number: _____

Person: _____ Phone Number: _____

Please complete the following information and return it to school. (ALL fields must be completed.)

Mother Email: _____

Father Email: _____

If either/or both parents are actively in the armed forces, please check one of the following:

Active Duty Military Dependent (4) National Guard Military Dependent (5) Reserve Military Dependent (6)

MEDICAL INFORMATION

List any allergies or medications: _____

*If the child has serious medical concerns, please make arrangements to see the school nurse, as well as advise the homeroom teacher. This is very important to the wellbeing of your child.

In case of illness, accident, or injury during school hours, and I cannot be reached, a responsible adult has my permission to take the following action: (Check one):

Take my child to a medical facility for treatment. I hereby authorize medical personnel to examine and treat my child.

(Other) _____

Child's Name: _____

Parent's Signature: _____

PREVIOUS SCHOOL INFORMATION:

Has your child ever been enrolled in a Tennessee School Yes No If yes, please complete information below:

School Name: _____

School Address: _____ City _____ Zip Code _____

School Phone Number: _____

OTHER INFORMATION

Is your child going to be a car rider?

Yes No

List the names of adults that could pick your child up through the car rider line:

(This does not include picking them up early from the front office.) (Does not apply to pre-K)

- 1.
- 2.
- 3.

List siblings that currently attend Grainger County Schools, please include grade level:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

*BAD WEATHER PLAN: Please discuss with your child what he/she is to do in case school is dismissed early due to bad weather or other reasons. Grainger County Schools will notify parents using the automated "School Messenger" system.

Please choose below the plan your child is to follow during an early release for bad weather or any other reason. This is the plan the faculty and staff will follow unless notified otherwise by the parent/ guardian.

____ Ride Regular Bus # _____

____ Ride Bus # _____ to _____

____ Be a Car Rider

____ Be Picked Up By: _____

____ Other, please explain: _____

Please complete the following information and return it to school. (ALL fields must be completed.)

RELEASE AUTHORIZATION

In case of emergency, such as an accident, illness, school dismissal, or other times that a parent/guardian cannot be reached/cannot pick up a child at school, I hereby authorize the following person(s) to pick up my child:

***Note: Person or Persons will be required to provide identification to school personnel when signing your child out of school.**

PLEASE PRINT NAME(S) OF AUTHORIZED PERSONS BELOW:

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

This signature certifies that all information provided on the form is accurate. I understand that changes in any information must be reported to the school within 24 hrs.

Parent/Guardian Signature

Date

Grainger County Schools prohibit discrimination in all its programs and activities on the basis of race, color, national origin, gender, disability, or age.

Grainger High School Student Registration and Information Form

Student Information – Use the student’s legal name as it appears on the birth certificate.

Legal First Name		Legal Middle Name		Legal Last Name		Suffix (Jr. II, etc.)	
Grade	Gender (Circle Appropriate) M F		Birthdate (MM/DD/YYYY) ____ / ____ / ____		Social Security Number: ____ - ____ - ____		
Current Residence Street Address			City		State	Zip Code	
Student Phone #:		Mailing Address (IF DIFFERENT from Current Residence Street Address)					
Birthplace (As it appears on the Birth Certificate)		I have lived at the above address since: _____ Month of _____ Year					
City & County of Birth:		Ethnicity		Race – Please check ALL that apply:			
State of Birth:		Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Asian		_____ African American	
Country of Birth:				_____ American Indian/Alaskan Native			
Mother’s Maiden Name:				_____ Pacific Islander/Hawaiian		_____ White	

Previous School Enrollment

Last School Attended		Last School Street Address		Last School City	Last School State	Zip Code
Has this student ever attended a Grainger County school before? Yes No Year _____		Is this student CURRENTLY suspended or expelled from another school or district? Yes No		Has this student been previously retained? Yes No		Has this student received any of the following services at a previous school? _____ English as a Second Language (ESL or ELL) _____ Special Education Services under an Individualized Education Program (IEP) or a 504 Accommodation Plan

Other School Age Children in Home

Legal Name (First, Middle, Last)	Gender M F	School Enrolled	Grade
Legal Name (First, Middle, Last)	Gender M F	School Enrolled	Grade
Legal Name (First, Middle, Last)	Gender M F	School Enrolled	Grade

ELL/ESL Information

What is the first language she/he learned?	What language is usually spoken at home?
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Medical Information

Allergies and/or Medical Problems	Medications Taken Regularly
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Living Status – Where does your child stay at night? (please check one)

_____ Inadequate housing (no electricity, running water, etc.)	_____ In a motel	_____ Other Housing (please explain):
_____ With a relative or friend	_____ In an automobile	_____
_____ Home/apartment owned or rented by the parent(s)/guardian(s)	_____ In a shelter	_____ A campsite

Parent/Guardian Information

Legal Last Name of Parent/Guardian 1	Legal Last Name of Parent/Guardian 2
Legal First Name of Parent/Guardian 1	Legal First Name of Parent/Guardian 2
Parent/Guardian 1 Relationship to Student Father Mother Step-Father Step-Mother Foster Father Foster Mother Guardian Grandfather Grandmother Aunt Uncle Sister Brother	Parent/Guardian 2 Relationship to Student Father Mother Step-Father Step-Mother Foster Father Foster Mother Guardian Grandfather Grandmother Aunt Uncle Sister Brother
Current Address of Parent/Guardian 1 IF DIFFERENT from Student's Residence Street Address City State Zip	Current Address of Parent/Guardian 2 IF DIFFERENT from Student's Residence Street Address City State Zip
Phone Numbers/ Email Address of Parent/Guardian 1 Home Telephone () Work Telephone () Alternate Telephone () Email Address	Phone Numbers/ Email Address of Parent/Guardian 2 Home Telephone () Work Telephone () Alternate Telephone () Email Address
Employer of Parent/Guardian 1	Employer of Parent/Guardian 2
Child Lives with Parent Guardian 1 Yes No	Child Lives with Parent Guardian 2 Yes No
I have legal custody of this child. (In case of custody disputes, legal documentation must be provided) Yes No	I have legal custody of this child. (In case of custody disputes, legal documentation must be provided) Yes No

Emergency Contacts (Other than Parent/Guardian(s) listed above)

Emergency Contact 1 Legal Name (First, Middle, Last)	Emergency Contact 1 Telephone Numbers Home Telephone () Work Telephone () Alternate Telephone ()	Relationship
Emergency Contact 2 Legal Name (First, Middle, Last)	Emergency Contact 2 Telephone Numbers Home Telephone () Work Telephone () Alternate Telephone ()	Relationship

Transportation Information

AM Bus #	PM Bus #	Miles Transported
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Please Read and Sign the Following Statement

I understand the above listed child must live with his/her parent(s)/guardian(s) in Grainger County in order to enroll or attend school in Grainger County and that I will be asked to provide proof.	Date ___ / ___ / ___	Parent/Guardian Signature X _____
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Department of Education
Grainger County

P.O. Box 38
7850 Rutledge Pike
Rutledge, Tennessee 37861
Phone 865/828-3611 Fax 865/828-4357
Mr. Mark Briscoe, Director

Grainger County Schools
Verification of Residence

I, _____ certify that I am a legal resident of
Parent/Legal Guardian
Grainger County, and am residing at the address listed below. I further stated that
_____ is my legal responsibility and
Student's Name
resides at the same address.

Name: _____

Parent/Guardian

911 - Address _____

City

State

Zip

Bus Number: _____ Community: _____

Phone Number: _____

Signature of Parent/Guardian

Date

(Notary Public)

My Commission Expires _____, 20 ____

*Please return this form to the school principal within five (5) school days.

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 _____

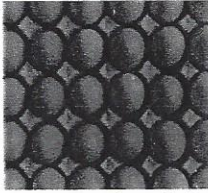
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- 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: _____



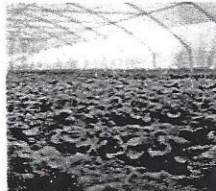
Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



Dairy/Cattle Raising (feeding, milking, rounding up)

Total Months Worked: _____



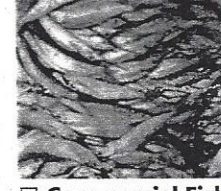
Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

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 in 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: _____



Student Computing Device Contract

Students who are issued district-owned equipment must agree to the following guidelines:

- I pledge to treat the device issued to me with respect. I will operate it by following all school guidelines as stated in the Grainger County Schools' Responsible Use Policy.
- I accept responsibility for using the device at school and outside of school hours.
- I pledge to hold the device carefully, to open and close it gently, and to have it under my physical control at all times.
- If a sleeve or case is provided, I pledge to keep the device issued to me in the school approved computer sleeve, zipped up, while transporting.
- I pledge to honor my 1:1 commitment by not loaning out the device or cord to another student unless I am asked to by an authorized adult.
- I pledge to keep food and drinks (including the water fountain) away from the device.
- I pledge to use the device with clean hands.
- I pledge to keep the device on my workspace, never leaving it unattended on the floor and never placing it on the edge of my desk.
- I pledge to care for the screen by not stacking books or other objects on top of the device; I will not close the lid with pens/pencils/other objects on the keyboard.
- I pledge to use email appropriately and remember that my emails are monitored. I have no expectation of privacy while using the device.
- I pledge that I will only use school-approved software and programs (no unapproved games from home).
- I pledge that at the end of the day I will restart the device and plug it in to charge.
- I understand that my parents/guardians and I are responsible for costs associated with loss, damages, or theft of the device.
- I pledge that if the device is lost, stolen, or if any problem arises with the device, I will immediately notify my teacher.
- I pledge that I will only use the device assigned to me and will keep my hands off another's computer unless asked to assist.
- I agree to return the device, charger, and sleeve to school in good working condition at the conclusion of the school year (or if I withdraw from Grainger County Schools).
- I understand that the device can be taken and inspected at any time and that failure to comply with any of the guidelines and policies may result in suspension of my use of the computer.

Student Signature _____

Printed name _____ Date _____



Parent/Guardian Computing Device Contract

I pledge to review the Student Computing Device Contract with my child and support him/her in following the pledge.

I understand that my child's ability to use and have access to technology is imperative for his/her future success in today's job market; therefore, my child will receive my full support in their academic endeavors.

I understand that my child's device must be returned to Grainger County Schools at the end of the school year (or upon his/her withdrawal from the system). The device should be returned in good condition and in good working order. One exception is with seniors. The school system will give seniors their device upon graduation pending their signed agreement with the school system that absolves the school district of all liability with the device.

Parent Signature _____

Printed name _____ Date _____

**GRAINGER COUNTY BOARD OF EDUCATION
ACCEPTABLE USE POLICY ACCESS TO INTERNET AND NETWORKS**

The Grainger County Board of Education provides Internet access for the purpose of promoting the use of telecommunication and networking technology as a tool to enhance classroom teaching and learning. All use of the network must be consistent with this purpose and be in accordance with this policy in an appropriate and responsible manner.

The Superintendent will develop and implement procedures addressing unethical use of the Internet, offensive or inappropriate language, transmission of material in violation of any state or federal regulation, use of the network for commercial activities, vandalism, and issues of privacy. The use of the Internet and networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Written guidelines will be provided to users stating rules of on-line behavior, access privileges and penalties for policy/procedural violations. A written parental request shall be required prior to a student's being granted independent access to electronic media involving district technological resources. The form must be signed by the student and by the parent/legal guardian of any student under 18. This form shall be kept on file by the school as a legal, binding document. If the parent/guardian wishes to rescind the agreement, the parent/guardian must do so in writing to the Superintendent.

**GRAINGER COUNTY SCHOOL SYSTEM GUIDELINES FOR ACCEPTABLE USE TO
INTERNET AND NETWORKS**

Our goal in providing internet service to teachers and students is to promote educational excellence by facilitating resource sharing, innovation, and communication. Our connection provides direct access to the Internet. The Internet is an "electronic highway" connecting millions of computers all over the world., and millions of individual users. Your child will be using it in the classroom to communicate with fellow students in Grainger County and all over the world.

With access to computers and people all over the world also come the availability of material that may not be considered to be of educational value in the context of the school setting. Internet access is coordinated through a complex association of government agencies, and regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines.

Students in Grainger County will participate in projects using the Internet in a directed manner to support curriculum and research activities. Teachers and students will use the Internet to participate in distance learning activities, to ask questions of and consult with experts, to communicate with other students and individuals, and to locate material to meet their educational and personal information needs. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire.

These guidelines include:

- Do not use offensive or inappropriate language, or language that would promote violence or hatred, and do not respond to such
- Do not reveal your (or other's) personal address, phone number or credit card information
- Do not harass anyone by sending uninvited communication

Department of Education
Grainger County

P.O. Box 38
7850 Rutledge Pike
Rutledge, Tennessee 37861
Phone 865/828-3611 Fax 865/828-4357
Edwin Jarnagin, Director

Student/Faculty/Staff Information
(for cafeteria use)

Name _____

Homeroom Teacher _____ Grade _____

Address _____

Parent/Guardian _____

Home Phone _____

Emergency Phone _____

Mother's Work Phone _____

Father's Work Phone _____

List food allergies _____

(If no allergies, please state NONE and sign below)

Action to be taken in case of allergen ingestion:

- 1.
- 2.

Signature of Parent or Guardian Date

Signature of Student/Faculty/Staff Date

Teach. Learn. Succeed.

This institution is an equal opportunity provider.

Grainger County Schools prohibit discrimination in all its programs and activities on the basis of race, color, national origin, gender, disability, or age.