

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.

Department of Education
Grainger County
P.O. Box 38
Rutledge, TN 37861
Telephone 865/828-3611 Fax 865/828-4357
Mark Briscoe, Director

Home Language Survey

Student's Name: _____

Date: _____

School: _____

Language first learned or acquired by the student: (Circle One)

English, Spanish, Other (Please List) _____

Language used by the student in the home:

English, Spanish, Other (Please List) _____

Language used by the student when playing or visiting with friends:

English, Spanish, Other (Please List) _____

Parent/Guardian Signature



Grainger County Schools

REQUEST/RELEASE OF STUDENT RECORDS

Date of Request: _____

To:

| | | | |
|------------------|-------|-----------------|--------|
| Previous School: | | School Phone #: | Fax #: |
| Street Address: | City: | State: | Zip: |

Dear Registrar:

We are in the process of completing enrollment for the following student who formerly attended your school:

| | | | |
|----------------------|----------------|-----------------------|--------------------------|
| Student's Last Name: | | Student's First Name: | Middle Initial: |
| Grade: | Date of Birth: | State ID #: | Last Date of Attendance: |

The Family Education Rights and Privacy Act (20 u.s.c. sec. 1232g) allows educational institutions to transfer records without written consent to another school system in which the student has enrolled.

In order to complete our enrollment process for the above named student, we are requesting the following records:

| Records Requested | Records Requested |
|--|-----------------------------|
| List of courses and grades at time of withdrawal | ELL records (if applicable) |
| Attendance records | Discipline records |
| Achievement Scores | Immunization records |
| IEP (Individual Education Plan) if applicable | Health/medical records |
| 504 Plan (if applicable) | Psychological records |
| RTI records (if applicable) | Copy of birth certificate |
| Gifted and Talented Records (if applicable) | Other _____: |

Please send these documents to:

| | | | |
|-----------------------------------|-------------------|-----------------|---------------|
| Attention: Hope | | School Phone #: | Fax #: |
| School: Rutledge Middle School | | 865-828-3366 | 865-828-3364 |
| Street Address: 140 Pioneer Dr | City: Rutledge | State: TN | Zip: 37861 |

Thank you for your assistance.

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? | <input type="checkbox"/> Yes State Born in: _____ | County: _____ |
| | City: _____ | |
| | <input type="checkbox"/> No Where was the child born: _____ | |
| Does the child have an IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Disability? _____ | | |
| Is the child currently in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Ethnicity: (please choose one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or More <input type="checkbox"/> White | | |
| Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White | | |
| Does your child currently have an active court order pertaining to custody, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If so, the school must have an official copy of the court order to properly enforce. | | |

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

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

FAMILY INFORMATION

| | |
|--|-----------------------------|
| Father/Stepfather/Guardian (First Name/Last Name): | Lives with ____ Yes ____ No |
| Father's Home Phone: | Work Phone: Cell Phone: |
| Mother/Stepmother/Guardian (First Name/Last Name): | (Maiden Name): |
| Mother's Home Phone: | Work Phone: Cell Phone: |
| Additional Contact Person(s) if parents cannot be reached: | |
| Person: | Phone Number: |
| Person: | Phone Number: |
| Who does the child live with? ____ Both Parents ____ Mother ____ Father | |
| If either/or both parents are actively in the armed forces, please check one of the following: | |
| <input type="checkbox"/> Active Duty Military Dependent (4) <input type="checkbox"/> National Guard Military Dependent (5) <input type="checkbox"/> Reserve Military Dependent (6) | |

PREVIOUS SCHOOL INFORMATION

| | |
|--|----------------------------|
| Last School Attended: _____ | School Phone Number: _____ |
| Address _____ | City: _____ Zip Code _____ |
| Has your child ever been enrolled in a Tennessee school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the information below. | |
| <input type="checkbox"/> Same As Above | |
| School Name: _____ | School Phone Number: _____ |
| School Address: _____ | City: _____ Zip Code _____ |

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

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: _____

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:

1. _____

2. _____

3. _____

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

What bus will your child ride? _____

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# _____ Be a Car Rider _____ Be Picked Up By: _____

____ Ride Bus# _____ to _____

____ Other, please explain: _____

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: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ 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.