

G Grainger High School G

2025-2026

New Student Registration Packet

School Counseling Office Information:

2201 Hwy 11W South* Rutledge, TN 37861

Phone: (865) 828-3886 Fax: (865) 828-8686

April Whaley, Registrar/Attendance (awhaley@gcs123.net)

Rachel Harris, School Counselor Grades 9 & 11 (rharris@gcs123.net)

Tonya Ely, School Counselor Grades 10 & 12 (teley@gcs123.net)

****Bus Information-Brett Coffey (865) 828-3611****

To successfully register a new student at Grainger High School you should complete the registration packet and return it to the school along with the required documentation listed below.

If you enroll the student in the summer, you will want to contact April Whaley for an appointment to drop off the paperwork. She may be reached at awhaley@gcs123.net

Items in the Registration Packet:

- *Student Enrollment Form
- *Student Registration and Information Form
- *Verification of residence form-**completed and notarized**
- *Tennessee Parent Occupation Survey
- *Food Allergy Form (For Cafeteria)
- *Home Language Survey
- *Student Computing Device Contract (**front and back**)
- *Internet Permission Form (**front and back**)
- *Application for Free and Reduced Lunch
- *Consent for School Counselors and Mental Health Services
- *Consent for School Health Services/School Nurse

Additional Required Items:

- * Birth Certificate
- * Social Security Card
- *Tennessee Certificate of Immunization (shot record)
- *Documentation of Custody (if applicable)
- *If available a copy of Transcript and or Withdrawal form from previous school
- *If applicable a copy of Eligibility Report and the IEP and or copy of the ILP or ILP-D if the student
- *has been receiving Special Services at the previous school
- *3 proof of residency-items should show the parents/guardians name at the address given
- *Examples of proof of residency: electric, water or telephone bill, lease agreement, property deed, insurance papers, driver's license, etc.

Explanation of all forms is listed on the back of this page

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

Explanation of Forms Required for Enrollment at GHS

- *Student Registration and Information Form* completed (front and back)
- *Verification of Residence Form* completed and notarized
- *Withdrawal Form* from previous school
- *Tennessee Parent Occupational Survey*-Complete if applicable
- *Copy of Birth Certificate and Social Security Card*
- *Tennessee Immunization (shot) records*-This **MUST** be presented before the student can be enrolled. If the student has moved from out of state, that shot record should be presented to the Grainger County Health Department to receive a Tennessee shot record.
- *Official Documentation of Custody* (if applicable)-If the 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 records and discipline records must be obtained by GHS before the student is enrolled. Official copies of these records will be requested by the school registrar.
- *Proof of Residency*-At least 3 types of documentation must be provided to confirm your residency in Grainger County, such as an electric, water, cable/satellite bill, rental contract/receipt, driver's license, insurance papers, etc. Proof of residency must match the name of the student's parent/guardian to a Grainger County address.
- The completion of the following forms will be required (these forms are included in the packet)

***Food Allergy Form**

***Student Computing Device Contract**

***Internet Permission Form**

***Consent for School Health Services/School Nurse**

***Consent for School Counselors and Mental Health Services**

***Application for Free/Reduced Lunch**

We look forward to having your student here at Grainger High School

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:

County:

City:

☐ No Where was the child born:

Does the child have an IEP or 504 plan? ☐ Yes ☐ No

Disability?

Does the child have an ILP or ILP-D? ☐ Yes ☐ No

Is the child currently in foster care?

☐ Yes

☐ No

Ethnicity: (please choose one) ☐ American Indian/Alaska 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
☐ Native Hawaiian/Pacific Islander ☐ White

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.

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

☐ House/Apartment/Mobile Home owned/rented by the child's guardian

☐ Shelter/Transitional Housing

☐ Doubled Up (Living with another family member due to economic reasons)

☐ Hotel/Motel

☐ 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:

☐ Active Duty Military Dependent (4) ☐ National Guard Military Dependent (5) ☐ 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? ☐ Yes ☐ No If yes, please complete the information below.

☐ 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

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

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# _____ 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.

GRAINGER HIGH SCHOOL

STUDENT INFORMATION

Name: _____ Grade: _____ Homeroom: _____
 Date of Birth: _____ SSN: _____ Male: _____ Female: _____
 Primary Phone Number: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address (*if different from physical address*):
 Address: _____ City: _____ Zip Code: _____

Student Cell Number: _____

RESIDENTIAL PARENTS:

Parent Name: _____ Parent Name: _____
 Relation to student: _____ Relation to student: _____
 Parent Work Number: _____ Parent Work Number: _____
 Parent Cell Number: _____ Parent Cell Number: _____
 Parent Email: _____ Parent Email: _____

NONRESIDENTIAL PARENTS (*if applicable*):

Parent Name: _____ Parent Name: _____
 Relation to student: _____ Relation to student: _____
 Parent Work Number: _____ Parent Work Number: _____
 Parent Cell Number: _____ Parent Cell Number: _____
 Address: _____ City: _____ Zip Code: _____
 Car Rider: _____ yes _____ no Bus Number: _____ to _____ from _____

RELEASE AUTHORIZATION

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

(Print child's name here)

Please print name(s) of authorized person	Phone Number	Cell Number

Signature of Parent/Guardian: _____ Date: _____

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 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

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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 _____

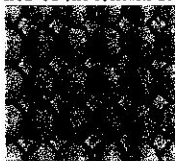
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- ☐ No
☐ Yes. Check all that apply and list the total number of months worked:



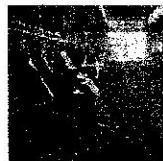
☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



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

Total Months Worked: _____



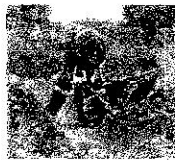
☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

Total Months Worked: _____



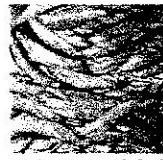
☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

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: _____

Department of Education
Grainger County

P.O. Box 38
7850 Rutledge Pike
Rutledge, TN 37861
Phone: 865-828-3611 Fax: 865-828-4357
Mr. Mark Briscoe, 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)

<u>Symptoms that may occur if ingested:</u>	<u>Action to be taken:</u>

Signature of Parent or Guardian: _____ Date: _____

Signature of Student/Faculty/Staff: _____ Date: _____

Department of Education Grainger County

P.O. Box 38
7850 Rutledge Pike
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Mark Briscoe, Director

Home Language Survey

Student's Name: _____

Date: _____

School: _____

Please answer the following 3 questions:

1. What is the first language this child learned to speak? (Circle One)

English, Spanish, Other (Please List) _____

2. What language does this child speak most often outside of school?

English, Spanish, Other (Please List) _____

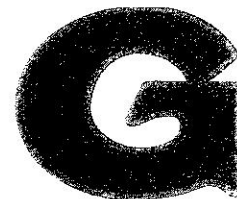
3. What language do people usually speak in this child's home?

English, Spanish, Other (Please List) _____

Parent/Guardian Signature

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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.
- 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 and charger to school in good working condition 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.

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 if he/she withdraws 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.

Student Signature: _____ Printed Name: _____

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

- o Do not send electronic information from accounts that do not belong to you without the owner's authorization
- o Do not access unauthorized or inappropriate areas on the network
- o Do not make unauthorized copies of software or information
- o Do not access the network at your school without a signed Internet Use Agreement.
- o Do not transmit any material in violation of any state or federal regulation
- o Do not use the network for product advertisement or political lobbying
- o Do not damage computer, computer systems or computer networks
- o Do not access obscene, pornographic and/or sexually explicit material on the network
- o Do not invade the privacy of other network users
- o Do not use the network in ways which violate school policies and behavior standards

Any items produced by the students will not be posted to the Internet without their written permission. If permission is granted, items will be considered fair use and available to the public. The use of the Internet connection is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Based upon the acceptable use guidelines outlined in this document, the system administrators will deem what is inappropriate use and their decision is final.

USER AGREEMENT AND PARENT PERMISSION FORM

STUDENT USER (Please print)			
Last Name	First Name	Middle Name	

The undersigned acknowledges that he/she has read the guidelines for acceptable use of Internet and networks for the Grainger County School System before signing this use agreement. The signature(s) is legally binding and indicates the party who signed has read the terms and conditions of said policy and guidelines carefully, understand their significance and agree to abide by all provisions of said policy and guidelines. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and appropriate legal action.

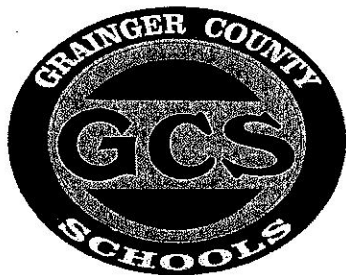
User signature: _____ Date / /

If user is under the age of 18, a parent or guardian must also read and sign this agreement.

PARENT OR GUARDIAN

As the parent or guardian I have read and agree to the terms of the acceptable use policy and guidelines to Internet and networks for the Grainger County School System. I understand that this access is designed for educational purposes. I will not hold the school responsible for materials acquired on the network. I recognize that it is impossible for the Grainger County School System to restrict and prevent access to controversial materials, and I will not hold the school system responsible for materials acquired on the network. I accept full responsibility for my student's action on the network in school. I hereby give permission for my child to use the Internet and networks for educational purposes.

Parent/Guardian Signature: _____ Date: ____/____/____



Grainger County Schools
7850 Rutledge Pike
Rutledge, TN 37861
Phone: 865-828-3611
Director of Schools: Mark Briscoe

Consent for Services-- School Counselors and Mental Health Services

According to the "Families' Rights and Responsibilities Act", Tennessee Public Chapter No. 1061 (in effect July 1, 2024), parents or legal guardians must provide written permission for their minor children to receive counseling services from either a school counselor or a contracted service provider. If a parent or guardian does NOT provide consent for counseling services, a school counselor or contracted services provider can only provide services in the case of a mental health crisis/emergency. Permission is not required for students to see school counselors for academic planning purposes or in situations such as resolving interpersonal conflicts between students.

School counselors and contracted mental health services providers located in schools aim to support the mental and emotional well-being of students.

Individual and group counseling for emotional and behavioral issues, including but not limited to:

- Support for students dealing with trauma or significant life changes
- Substance abuse counseling and prevention programs
- Support for anxiety, depression, and other mental health conditions
- Coordination with external mental health providers

Please complete a consent form for each child for PreK-12th grade. Counseling services cannot be provided until consent is granted. Please complete, sign and return the information below to your child's school.

Student Full Name _____ Date of Birth _____

School _____ Homeroom _____ Grade _____

My child has permission to see the counselor or other persons acting on behalf of the school system for basic counseling and mental health services.

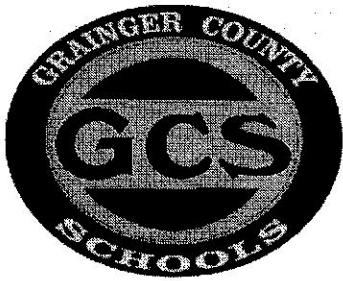
_____ YES _____ No

Parent/Legal Guardian Name (PRINT PLEASE): _____

Signature of Parent/Legal Guardian: _____

School Counselor/Administrator initials: _____

Date received: _____



Grainger County Schools
7850 Rutledge Pike
Rutledge, TN 37861
Phone: 865-828-3611
Director of Schools: Mark Briscoe

Parent/Legal Guardian Consent for School Health Services/School Nurse

In accordance with the "Families' Rights and Responsibilities Act", Public Chapter No. 1061 (in effect July 1, 2024), students will need parent/legal guardian consent to receive non-emergent medical care without parent/guardian consent. Under the Tennessee Department of Education's "Guidelines for Healthcare in a School Setting," it remains important to remember that assistance with and/or self-administration of activities of daily living (ADLs) generally will not require physician order or parental consent. ADLs also do not need to be performed by a licensed healthcare professional, and would include, but would not be limited to, actions such as the application or use of dressing (band aids, gauze), nose packing for nosebleeds, etc. If a parent/guardian does NOT provide consent to treat, the nurse or any other school employee will always treat the student during any potentially life-threatening emergency.

Student Full Name _____ Date of Birth _____

School _____ Homeroom _____ Grade _____

My student has permission to see the school nurse or other persons acting on behalf of the school system for basic health services including assessment and treatment of illness (headache, abdominal pain, vomiting, fever, etc.), injury, and/or non-emergent care.

If you do NOT consent for your child to receive basic health care services, you will need to ensure that you are able to arrive at the school within 60 minutes of notification from the school for assessment and treatment of any illnesses or injuries of your child. If not, EMS may be called.

_____ YES _____ No

Parent/Legal Guardian Name (PRINT PLEASE): _____

Signature of Parent/Legal Guardian: _____

School Nurse initials: _____ Date received: _____

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