

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?

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
☐ 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): _____

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: _____

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

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)

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 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.

Department of Education
Grainger County

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

Verification of Residence

I, _____ (Parent/Legal Guardian) certify that I am a legal resident of
Grainger County and am residing at the address listed below. I further state that

_____ (Student) is my legal responsibility and resides at the same
address.

Address:

Phone Number _____

Signature of Parent/Guardian _____ Date _____

(Notary Public)

My Commission Expires _____, 20____

Department of Education
Grainger County
P.O. Box 38
Rutledge, TN 37861
Telephone 865/828-3699 Fax 865/828-4357
Dr. James Atkins, Director

Home Language Survey

Student's Name: _____

Date: _____

School: Rutledge Middle 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