**Metropolitan Nashville Public Schools**



**190**

**Student K-12 Registration**

To enroll your child you will need:

\_\_\_Child Birth Certificate or Verification (Passport, Visa, I-94, etc.)

\_\_\_Parent or Guardian Photo ID

\_\_\_Proof of Residence *(Current Utility Bill or Lease/Mortgage Document in the Parent or Guardian’s name)*

\_\_\_Documented Proof of Current Immunization and Physical *(If coming from out of State or Country)*

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

\_\_\_\_\_Home/Apartment owned or rented by the student’s parent/legal guardian (proof of residence in parent/legal guardian name required)

\_\_\_\_\_renting a hotel/motel room \_\_\_\_\_at a campsite \_\_\_\_\_in an automobile

\_\_\_\_\_With a relative or friend and lease or mortgage is not in parent/legal guardian’s name (family does not have a residence)

\_\_\_\_\_Other housing (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registering to attend MNPS School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE (circle one) K 1 2 3 4 5 6 7 8 9 10 11 12

What is the name of the last school this student attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s age \_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male or Female **Ethnicity** Hispanic or Non-Hispanic Social Security# \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_

*(circle one)*

OPTIONAL

*(circle one)*

**Race** **(***circle all that apply***)** *American Indian/Alaskan Native Asian Black/African American Pacific Islander/Native Hawaiian White*

Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Birth \_\_\_\_\_\_ County of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Primary Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle any services this student receives: IEP 504 EL Was this student asked to leave or expelled from the last school? NO YES

**Please list siblings in the household that are enrolled in a Metro Nashville Public or Charter School**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_ 3. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_ 4. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Student and Enrolling Parent or Guardian’s Residential Address** (proof provided yes / no) if not HERO

Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_

**Parents or Guardians living in the household with student** (*please list 1 person only per household section)*

**1.)** Relationship to student: **(circle one)** Mother / Father / Legal Guardian

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_

Date of Birth \_\_\_/ \_\_\_/ \_\_\_\_\_\_ Gender **(circle one)** Male or Female

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This person needs access to: **(circle all that will apply)** portal / attendance / behavior / mailings / teacher / messages

**2.)** Relationship to student: **(circle one)** Mother / Father / Legal Guardian

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_

Date of Birth \_\_\_/ \_\_\_/ \_\_\_\_\_\_ Gender **(circle one)** Male or Female

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This person needs access to: **(circle all that will apply)** portal / attendance / behavior / mailings / teacher / messages

**Is there a Parent or Guardian living at a different address? If so please complete this box.**

Relationship to child: **(circle one)** Mother / Father / Legal Guardian

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_

Date of Birth \_\_\_/ \_\_\_/ \_\_\_\_\_\_ Gender **(circle one)** Male or Female

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This person needs access to: **(circle all that will apply)** portal / attendance / behavior / mailings / teacher / messages

**Emergency Contact (*If school personnel cannot reach the parent or guardian listed, who do they call and in what order)***

1. Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Male/ Female) Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Male / Female) Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Notice**

Are there any court orders involving this student? \_\_\_Y \_\_\_N (If you answered yes regarding Legal Notice, you must provide a current Magistrate/Judge signed court order document.)

**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 your 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?

4. In what country was your child born?

5. What date did your child enter the U.S., if not born in the U.S.?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**Student Health Information**

Does the child have any health problems? \_\_\_ Yes \_\_\_ No (If yes, please provide the school with approved documents)

Health issues to be noted on student record\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Incomplete packets will not be accepted and cannot be held by a school, Enrollment Center or the Family Information Center.***

I certify that I am the parent or guardian of the child listed and I have provided MNPS with accurate information as required by State Law and that the above address is the primary residence where my child and I live. I will notify the school of any change in residency status within 10 days of that change.

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* INFORMATION BELOW IS FOR MNPS ENROLLMENT CENTER USE ONLY\***

Please check off each task as completed: Greeter: \_\_\_\_ Search Campus \_\_\_\_ Search Zone Finder/SAS \_\_\_\_PK Survey (if needed)

Processor: \_\_\_\_ Search EIS \_\_\_\_ Packet uploaded to IC \_\_\_\_ HERO/emailed

Enrollment Specialist that accepted and reviewed this packet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

02/06/2018 DQI



