



2017-2018

# Registration Booklet

**Explore Office Use Only**

**Student name:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Follow up items:**

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



# Metro Nashville Public Schools Student Registration

Current MNPS students living with you. (name and school attending)

1. Name \_\_\_\_\_ School \_\_\_\_\_

2. Name \_\_\_\_\_ School \_\_\_\_\_

Did the Parent/Guardian ever attend an MNPS school? Y / N If so, what name were they enrolled under?

1. (name) \_\_\_\_\_ 2. (name) \_\_\_\_\_

## Parents/Guardians Living in the Household With Student

Relationship to Student (circle one) Mother / Father / Legal Guardian / POA **\*\*approval required\*\***

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

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different from Home address \_\_\_\_\_

Home Ph: (landline) \_\_\_\_\_ Cell : \_\_\_\_\_ Parent / Guardian DOB \_\_\_\_\_

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

Allow this person access to: portal / attendance / behavior / mailings / teacher / message

*circle all that apply*

EMERGENCY CONTACT Sequence 1 2 3

## Parents/Guardians Living in the Household With Student

Relationship to Student (circle one) Mother / Father / Legal Guardian / POA **\*\*approval required\*\***

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

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different from Home address \_\_\_\_\_

Home Ph: (landline) \_\_\_\_\_ Cell : \_\_\_\_\_ Parent / Guardian DOB \_\_\_\_\_

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

Allow this person access to: portal / attendance / behavior / mailings / teacher / message

*circle all that apply*

EMERGENCY CONTACT Sequence 1 2 3

## Parents/Guardians Living at a Different Address Other Than The One Listed Above

Does this parent/guardian have joint custody? Y / N

Relationship to Student (circle one) Mother / Father / Legal Guardian / POA **\*\*approval required\*\***

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

HOME Address: \_\_\_\_\_ APT# \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Ph: (landline only) \_\_\_\_\_ Cell : \_\_\_\_\_ DOB \_\_\_\_\_

Did this Parent/Guardian ever attend an MNPS school? Y / N

If so what name were they enrolled under? \_\_\_\_\_

Allow this person access to: portal / attendance / behavior / mailings / teacher / message

*circle all that apply*

EMERGENCY CONTACT Sequence 1 2 3

**If School Personnel cannot reach the parent/guardian with the phone numbers listed above who do they call next?**

Emergency Contact \_\_\_\_\_ (M / F) phone \_\_\_\_\_  
*Last First MI*

Emergency Contact \_\_\_\_\_ (M / F) phone \_\_\_\_\_  
*Last First MI*

## STUDENT ENROLLMENT INFORMATION

**NEW SCHOOL** What school is this student registering for? \_\_\_\_\_ Grade \_\_\_\_\_

**PRIOR SCHOOL** What school did this student last attend? \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Middle Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_ Optional  
Ethnicity (*circle one*): Hispanic or Non Hispanic  
**Race (circle all that apply)** Black/African American American Indian/Alaskan Native  
Pacific Islander / Native Hawaiian Asian White  
Birth City \_\_\_\_\_ Birth County \_\_\_\_\_ Birth Country \_\_\_\_\_ Birth State \_\_\_\_\_  
Has this student ever received services for: EL 504 IEP \_\_\_\_\_ Has this student ever been expelled? Y / N \_\_\_\_\_  
What is this student's Mother's maiden name \_\_\_\_\_

**Legal Alert:** \_\_\_\_\_  
*(If yes, a copy of the court order MUST be provided)*

### Student Health Information

**Does your child have a health problem? (circle all that apply)**

My child has no health problems which would affect his/her school day. Y / N  
Allergies to (Nuts, Bees, Food, Other please list) \_\_\_\_\_  
Asthma, is inhaler prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_ Home only? \_\_\_\_\_ Need at school? \_\_\_\_\_  
Diabetes Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_ What medication taken? \_\_\_\_\_  
Seizures - what type? \_\_\_\_\_ Date of last seizure? \_\_\_\_\_  
Behavior/Emotional (ADHD, Depression) \_\_\_\_\_ Catheterization \_\_\_\_\_ Cancer/Leukemia \_\_\_\_\_ Sickle Cell Anemia \_\_\_\_\_  
Heart Problems \_\_\_\_\_ Date diagnosed? \_\_\_\_\_  
Any other condition you would like to tell us about \_\_\_\_\_

**Medical Alert:** \_\_\_\_\_

### 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 this 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? \_\_\_\_\_

*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.

### Statement of Residence: Where does the student stay at night? (Please check ONE)

\_\_\_\_ Home/Apartment owned or rented by the student's parent/legal guardian  
\_\_\_\_ a campsite \_\_\_\_ in an automobile \_\_\_\_ With a relative or friend (family does not have a residence)  
\_\_\_\_ Shelter \_\_\_\_ in a motel \_\_\_\_ Other housing (please explain) \_\_\_\_\_

I certify that the above information is true, accurate, and subject to verification. If any information is found to be fraudulent the student may be subject to withdrawal and the parent/legal guardian subject to tuition reimbursement (TCA 49-6-3003).

**Parent/Legal Guardian signature required for enrollment**

Date \_\_\_\_\_

Enrollment stamp here

MNPS use only

Student ID \_\_\_\_\_ Student PIN \_\_\_\_\_  
Start Date \_\_\_\_\_ Enrolled at \_\_\_\_\_  
ES \_\_\_\_\_ Center \_\_\_\_\_ Zoned School \_\_\_\_\_



2017-2018 Transportation Plan and Clearance for Pickup/Drop-off

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please indicate below the individuals (18 years and older) who are permitted to pick up your child from Explore! Community School. Include parents/guardians, any family members, neighbors, friends, etc. that will allow to pick up your child. **NO ONE WILL BE ALLOWED TO PICK UP YOUR CHILD WHOSE NAMES ARE NOT LISTED ON THIS TRANSPORTATION/DISMISSAL PLAN.\***

\*This applies to car riders, bus riders, and any other pickup/drop-off time during the school day.

\*For the safety of your child we will check IDs of all adults picking up or dropping off your child. Please inform the people on this list that we will conduct these verifications so they are prepared.

\*Please come to the school office if you need to change your child's list of approved individuals. We are not able to make any changes over the phone.

Transportation Plan (Circle One):    Bus                    Car                    Walk



Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Name

Phone

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |



Please list below any individuals who are NOT allowed to pick up your child. If either natural or legal guardian is not allowed to pick up your child we MUST have legal documentation on file in the office in order to enforce this request.

Name	Relationship to Student	Name	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## 2017-2018 Media Release Form

**Student Name:** \_\_\_\_\_

Staff, parents, and local media occasionally document school events with the Principal's permission by taking photographs or video. Media featuring Explorers may be included in newspaper, television, websites, school marketing, and school-related social media.

By signing below, you agree that you have been notified of the possibility that your child may be included in photographs or videos and authorize their use for public print, display, or broadcast.

\_\_\_\_\_ I give permission for my child's name and/or photograph to be used for school-related public media and the school's website.

\_\_\_\_\_ I do not give permission for my child's name and/or photograph to be used for school-related public media or the school's website. (Students will still be allowed to attend all activities and programs.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*This form will remain in effect for the 2017-2018 school year. If at any time you wish to change your response, please ask for a replacement form in the office. Thank you!*







217 S. 10<sup>th</sup> St.  
Nashville, TN 37206  
615.784.8222

## 2017-2018 REQUEST FOR STUDENT RECORDS

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Last School Attended was a:

- Metro Head Start
- Metro Nashville Public School
- Private School/Pre-K Center
- Out of County/State School

Please send cumulative records including health forms, grades, standardized test scores, immunizations, birth certificate, social security number/card, attendance/discipline records, and SpEd/IEP information.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_







<p><u>For Explore office use only</u></p> <p>Enrollment Center: _____</p> <p>Enrollment Center Fax: _____</p> <p>Previous School Fax: _____</p> <p>1<sup>st</sup> request: _____</p> <p>2<sup>nd</sup> request: _____</p> <p>3<sup>rd</sup> request: _____</p>
--





## Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive **FREE** educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

Student Name: (Last Name, First Name)	Grade:	Date:
Parent/Guardian Name:	School:	
<p><b>1. Has your family moved within the last 3 years to another city, county, or state, in order to work in the agricultural and fishing industries? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <p>If yes, please indicate which family member  <input type="checkbox"/> Mother    <input type="checkbox"/> Father    <input type="checkbox"/> Children    <input type="checkbox"/> Other</p>		
<p><b>2. Do you or someone in your immediate family currently work in any of the occupations listed below? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <p>If yes, please indicate which occupation and which family member  <input type="checkbox"/> Mother    <input type="checkbox"/> Father    <input type="checkbox"/> Children    <input type="checkbox"/> Other</p>		
<input type="checkbox"/> <b>Meat and Food Processing/Packing</b>  <p>Examples: Fruit, vegetables, chicken, pork, beef, etc.</p>	<input type="checkbox"/> <b>Agriculture/Field Work</b>  <p>Examples: Plant, pick and sort crops such as tomatoes, tobacco, cotton, strawberries, etc. Soil preparation, irrigation, fumigation, etc.</p>	<input type="checkbox"/> <b>Dairy/Cattle Raising</b>  <p>Examples: Feeding, milking, rounding up, etc.</p>
<input type="checkbox"/> <b>Nursery/Greenhouse</b>  <p>Examples: Planting, potting, pruning, watering, etc.</p>	<input type="checkbox"/> <b>Forestry</b>  <p>Examples: Soil preparation, planting, growing, cutting trees, etc.</p>	<input type="checkbox"/> <b>Fishing/Fish Processing</b>  <p>Examples: catch, sort, pack, transport fish, etc.</p>
<p><b>3. If your current job is not in agriculture or fishing, did you or someone in your immediate family work in any of the occupations listed above in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <p>If yes, where? _____ City    State</p>		

**If you answered "YES" to any of the questions above, please answer the following questions.**

How long have you been in this county in Tennessee?	_____ Weeks _____ Months	_____ Years
Home Address	City	State    Zip Code
Telephone number, please include area code.	(    )	

**For school use only:** Please send all surveys with at least one "YES" response to your district migrant liaison. All qualifying surveys should be uploaded to the TN MEP site. Please notify the TN MEP that new surveys have been uploaded. Questions? Call (931)212-539

**PLEASE LIST YOUR SCHOOL DISTRICT:** \_\_\_\_\_