

2024 – 2025 ~ Scott County Schools ~ Enrollment Form ~ K-12

Date of Enrollment ___/___/___ School Enrolling: _____ Gender: ___ Male ___ Female
(Must match Birth Certificate)

Student Name _____ *Date of Birth ___/___/___ Grade Level _____
Last Name First Name Middle Name Suffix

*Social Security Number ___/___/___ *Immunization Records Attached ___ Yes ___ No

Ethnicity - ___ Not Hispanic or Latino ___ Hispanic or Latino Year Entered Ninth Grade _____

Race (Circle only one) American Indian/Alaskan Native, Asian, Black/African American, Pacific Islander/Native Hawaiian, White

Is this student in Foster Care ___ Yes ___ No (High School only) Year Entered Ninth Grade _____

INFORMATION REQUIRED BY THE STATE

Student's Mother's Maiden Last Name: _____ Student's City of Birth: _____
 Student's County of Birth: _____ Student's State of Birth: _____ Student's Country of Birth: _____

**These Numbers will receive Automated School Broadcasts

Parent/Guardian Names _____ Phone ** _____ Relation to Student _____
 Father's Place of Work _____ Dad Cell ** _____ Work Phone _____
 Mother's Place of Work _____ Mom Cell ** _____ Work Phone _____
 Another Emergency Contact _____ Relation to Student _____ Phone (____) _____ - _____

Physical/911 Address: _____
Street Address City State Zip Code

Mailing Address: _____
Street/Mailing Address City State Zip Code

Type of transportation: (Circle one) Bus Car Walk Bus Number _____ Miles from Home _____

EMERGENCY CONTACTS

Name	Relationship to Student	Home Phone	Cell Phone	May Pick Up Student	
				Yes	No

Name of last school attended _____ State _____ Date of Last Attendance ___/___/___
Month Year

Do you have a computer at home? ___ Yes ___ No Parent E-mail _____

Where does your child stay at night? (Please Check One) ___ Home/Apartment owned or rented by the parent/guardian
 ___ With a relative/friend (family does not have a resident) ___ In a Shelter ___ In a Motel ___ In an Automobile
 ___ A Campsite ___ In housing that is inadequate (no electricity, running water, etc) ___ Other Housing _____

Please List Other brothers or sisters (living in the same household) that are enrolled in a Scott County School

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Legal Alert ===== Important

List all persons who this student **CANNOT** leave with (Legal documentation must be on file in the school office)

1. _____ 2. _____ 3. _____

Parent Signature _____ Date ___/___/___

2024 - 2025 Student Enrollment Form (Page 2)

Student Name _____
Last
First
Middle

Check if Either Parent is: Active Military National Guard Reserve Military

Medical Information

IS STUDENT COVERED BY INSURANCE: Yes, No

Insurance Company: _____ Policy Number: _____

Current Medications: _____ Medical Conditions: _____

Allergies: (type) _____ Asthma – Inhaler Use: _____

Diabetes: Seizures: Bleeding Disorders: _____ Heart Problems: _____

Orthopedic: Vision/Hearing: _____ Other: _____

Does student need to take medication at school? Yes No (If Yes, parental form must be on file in the office)

Student's Doctor _____ Doctor's Phone (_____) _____ - _____

Did you or someone in your family come to Tennessee looking for temporary seasonal work in a factory processing food or working in Agriculture? Yes No

If your current job is not temporarily working in agriculture, did you or someone in your family work in a temporary or seasonal agriculture job in the last three years? Yes No

Directions to Home from School

For New Student Only: Has this student ever been enrolled in a Scott County School? Yes No

If yes what School? _____ Approximately what year? _____

List of Transportation – Please circle one (Bus #'s may change)

Burchfield	04-4	05-05	06-4	12-2	15-1	21-4	22-3				Walk	Car
Fairview	05-03	06-2	15-2	20-2	20-3	21-3	21-5	22-1			Walk	Car
Huntsville	05-01	05-07	09-1	09-2	12-1	16-2	18-1	18-2	21-2	22-2	Walk	Car
Robbins	05-08	06-3	06-5	06-7	20-1	22-6	22-7				Walk	Car
Winfield	06-6	20-4	21-1	22-5							Walk	Car
Special Needs/Handicapped					06-8	10-1	10-2	12-3	16-1	20-5		Car

The following items must be attached to this form for students who enroll in a Scott County School for the first time: (Check when received)

1. Copy of Birth Certificate. 2. Copy of Social Security Card. 3. Copy of Immunization Records.

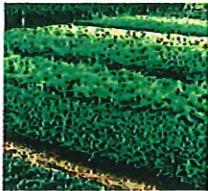





Tennessee Parent Occupational Survey

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:**

 <p><input type="checkbox"/> Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)</p> <p>Total Months Worked: _____</p>	 <p><input type="checkbox"/> Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)</p> <p>Total Months Worked: _____</p>	 <p><input type="checkbox"/> Dairy/Cattle Raising (feeding, milking, rounding up)</p> <p>Total Months Worked: _____</p>
 <p><input type="checkbox"/> Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)</p> <p>Total Months Worked: _____</p>	 <p><input type="checkbox"/> Forestry (soil preparation, planting, cutting trees; landscaping not included)</p> <p>Total Months Worked: _____</p>	 <p><input type="checkbox"/> Commercial Fishing & Processing (catching, sorting, packing, transporting)</p> <p>Total Months Worked: _____</p>

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:
-------------------	------------------	--------------

Encuesta Ocupacional de Tennessee

Para mejor servir a sus hijos, nuestro distrito escolar le gustaría identificar a estudiantes quienes pueden calificar para programas educacionales adicionales, como tutoría, materiales escolares, almuerzo gratis o a precio reducido, campamentos de verano y otros servicios. **La información que proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese este formulario a la escuela.


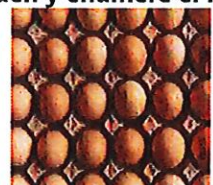

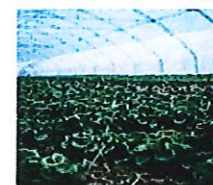

Fecha _____ Nombre del Padre/Guardian _____

Primer Nombre de Estudiante _____ Apellido de Estudiante _____

Escuela _____ Grado _____

1 ¿Durante los últimos tres años usted o alguien en su familia ha trabajado temporalmente o por temporadas en los siguientes trabajos en los Estados Unidos?

- No
- SI. Marque todas las que apliquen y enumere el numero de meses trabajados:**

 <p><input type="checkbox"/> Trabajo de campo/Agricultura (sembrar, plantar, pizcar, cosechar, empacar, s ortear vegetales, frutas, algodón, etc.) Total de meses trabajado: _____</p>	 <p><input type="checkbox"/> Procesamiento/Empaque de alimentos y carnes (vegetales y carne de res, pollo, cerdo, etc) Total de meses trabajado: _____</p>	 <p><input type="checkbox"/> Lechería/Ganadería (Ordeñar, alimentar, acorralar) Total de meses trabajado: _____</p>
 <p><input type="checkbox"/> Vivero/Invernadero (sembrar, cultivar, plantar flores, plantas) Total de meses trabajado: _____</p>	 <p><input type="checkbox"/> Trabajo Forestal (sembrar, plantar, cultivar, cosechar arboles; paisajista no incluido) Total de meses trabajado: _____</p>	 <p><input type="checkbox"/> Pesca/Procesamiento de Pescado (sortear, empacar, pescado o mariscos) Total de meses trabajado: _____</p>

2. En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado?

- No
- SI. Cuanto tiempo lleva en su actual dirección?**
- _____ Años _____ Meses _____ Semanas

Si respondió "si" a las preguntas, porfavor llenar las siguientes preguntas.

Domicilio _____ Apt # _____

Ciudad _____ Estado _____ Código Postal _____

Numero de Telefono _____ Mejor día de la semana y hora para llamar _____

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:
-------------------	------------------	--------------