

Watt Hardison Elementary

Student Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ City of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Race: White \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Pacific Islander/Native Hawaiian \_\_\_\_\_ **Check all that apply**

Ethnicity: Hispanic \_\_\_\_\_ Not Hispanic \_\_\_\_\_

List sibling(s) currently attending the SCS: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Custody Papers On File In Office? Y or N \_\_\_\_\_ Non Custodial Parent May Pick Child Up From School? Y or N \_\_\_\_\_

Visitation Restrictions: \_\_\_\_\_ Non Custodial Parent May Attend School Functions and Join Child For Lunch? Y or N \_\_\_\_\_

Please List Any Person(s) Your Child Should **NEVER** Be Allowed Contact With. You Must Provide A Valid No-Contact Order For Us To Deny Contact With A Non-Custodial Parent.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Primary Residential Parent  Child Lives At This Address  Primary Residential Parent  Child Lives At This Address

List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached. Parents Are Required To Notify The School Office In Writing If Any Pick Up Information Changes.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Car Rider AM / PM / BOTH  Bus Rider AM / PM  / BOTH  
 Daycare AM / PM / BOTH

Tennessee Department of Education (TDOE)  
Title I, Part C of the Elementary and Secondary Education Act (ESEA)

**Migrant Education Program  
Occupational Survey**

Student Information: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last Name First Name Gender Race

District: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Migrant students may be eligible for additional services and assistance. Please answer the following questions and return the survey to the school so that we can determine if your child qualifies for migrant services.

1. Did you or someone in your family come to Tennessee looking for temporary or seasonal work in a factory processing foods or working in agriculture, fishing, or dairy (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, pork, chickens, vegetables, etc.)?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please mark which member of the family does or did this kind of work:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

2. Do you or someone in your family currently work in a factory processing foods or in agriculture, fishing, or dairy? (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, pork, chicken, vegetables, etc.)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please mark which member of the family does or did this kind of work:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

3. If your current job is not temporary work in agriculture or fishing, did you or someone in your family work in a temporary or seasonal agriculture or fishing in the last 3 years?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, where? \_\_\_\_\_  
City State Country

If you answered "yes" to any of the questions above, please answer questions 4, 5, and 6.

4. How long have you been in this county in Tennessee? \_\_\_\_\_  
months years

5. What is your current address? \_\_\_\_\_  
Street Address City State Zip Code

6. What is your current telephone number with the area code? (\_\_\_\_) \_\_\_\_\_

**NOTE TO THE SCHOOL:** Please send all surveys with at least one "yes" response to your district migrant liaison. Please make sure the form is filled out completely.

**NOTE TO DISTRICT MIGRANT LIAISON:** All surveys with at least one "yes" answer should be uploaded to the TNMEP site upon receipt. Please email [migrated@blomand.net](mailto:migrated@blomand.net) to inform Jessica Castañeda that new surveys have been uploaded.

Student Name \_\_\_\_\_

**Last, First & Middle**



## STUDENT RESIDENCY QUESTIONNAIRE

The information requested on this form fulfills one requirement of the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as the Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services your student may be eligible to receive. **No student(s) will be discriminated against based upon any of this confidential information provided.**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F Ethnicity: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Current Street Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Complete Section A... IF you are living in a TEMPORARY RESIDENCE.** If you have a **PERMANENT** residence (such as a house, an apartment, or a condo), please **only** complete **Section C** below.

### Section A.

1. **Is the student living in a temporary place such as:** motel/hotel, car, camper, emergency shelter, friend's house, relative's house? YES \_\_\_\_\_ NO \_\_\_\_\_
2. **Was the student forced into a temporary place due to loss of housing** from eviction, foreclosure, financial hardship, domestic violence, fire or natural disaster, death or incarceration of parent/guardian, or other crisis situation? YES \_\_\_\_\_ NO \_\_\_\_\_

If either question above is answered Yes, please explain further: \_\_\_\_\_

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

If you answered **Yes to BOTH QUESTIONS** in **Section A**, please **complete Section B** below. **Otherwise**, you may **skip to Section C** below and **sign** the form.

### Section B. Please check the box that best describes where the student is presently living:

- In the home/apartment of a friend or relative (sharing someone else's home because you have nowhere else to live)
- In a shelter or transitional housing program (examples: family shelter, domestic violence shelter, youth shelter, etc.)
- In a hotel or motel because of economic hardship, eviction, foreclosure, fire, lack of deposits for permanent housing, etc.
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or at another unsheltered location
- Moving from place to place

**Check the box that best describes with whom the student resides.** (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

Parent(s)  Legal Guardian(s)  Caregiver(s) who are not legal guardian(s) (example: relatives, friends, parent of friends, etc.)

Other, please specify: \_\_\_\_\_

Is this student awaiting foster care placement? If so, please explain: \_\_\_\_\_

Please list all student(s) and their age(s) of this family under your care: \_\_\_\_\_

**Section C.** I understand that the information provided above is correct, true and current. I also understand that enrolling a child in a Tennessee public school under false pretense is punishable by law.

\_\_\_\_\_  
Signature of Parent/Guardian or Other Person completing form

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

S.I.T. -- Students In Transition: If both sections A & B are completed, proceed with completion of the Enrollment FORMS and enroll the student even if documents normally required for enrollment are not available. Then, file all completed forms and send the requested files to Melanie Webster or Kecia Ray by fax 615-451-5437 with notification so we can be on the lookout.



**Sumner County Board of Education  
Acknowledgement of 2017-2018  
Important Policies for Parents and Students**

|                                  |   |                     |                      |
|----------------------------------|---|---------------------|----------------------|
| <b>Student Last Name</b>         | <b>First Name</b>                             | <b>M.I.</b>         | <b>Date of Birth</b> |
| <b>Parent/Guardian Last Name</b> |   | <b>First Name</b>   |                      |
| <b>School Name</b>               | <b>Homeroom/1<sup>st</sup> Period teacher</b> | <b>Student ID #</b> | <b>Student Grade</b> |

| <b>PLEASE MARK YES OR NO FOR ALL OPTIONS</b>   | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| A. I am aware that the Sumner County Schools Handbook is available online at <a href="http://sumnerschools.org/studenthandbook">sumnerschools.org/studenthandbook</a> .  |            |           |
| B. I will read the policies included in the <b>2017-2018 Important Policies for Parents and Students Handbook</b> . I will discuss these policies with my child and explain their meaning and associated consequences.   |            |           |
| C. I give permission for my child's name and/or picture to be released for use in the newspaper, on television, on the school's website, or in other published media in recognition for events such as honor roll, student of the month, athletics, or other school activities.  |            |           |
| D. My child has permission to participate in surveys that will be used in developing system policies and strategic plans, school health programs, curriculum and initiatives, and school improvement plans. Surveys will be available for review at <a href="http://www.sumnerschools.org">www.sumnerschools.org</a> . |            |           |
| E. My child has permission to participate in the hearing, vision, height, weight, blood pressure, and dental screenings.   |            |           |
| F. I will read the Sumner County Guidelines for Dispensing Medications at School and discuss them with my child.   |            |           |
| G. I will read Policy JGCC Student Communicable Diseases and Conditions in the handbook.   |            |           |
| H. Pursuant to TCA § 49-1-201, do you have <u>home</u> Internet connectivity?  |            |           |

**FAMILY LIFE EDUCATION NOTICE**  
 The Family Life portion of the State Health Education Standards covers the dynamic process of growth and development encompassing physical, mental, emotional, and social maturation. Courses taught in grades 6-12 that use the family life curriculum may include but are not limited to: Health, Teen Living, Wellness, Family and Consumer Science. Parents have the right to examine the grade level instructional material. **Parents should request in writing to the principal, school counselor, or instructor if they would like their student to be excluded from any portion of the family life curriculum.**  
**I acknowledge receipt of this notice. Parent/Guardian Initials: \_\_\_\_\_**

**MILITARY RECRUITER ACCESS TO STUDENT INFORMATION**  
 Parents of students in 6-12 grade have a right to request their child's name, address, and telephone number not be released to a military recruiter without their prior written consent. 20 U.S.C 7908(A)(2)  
**I acknowledge receipt of this notice. Parent/Guardian Initials: \_\_\_\_\_**

**Sumner County Schools Student Internet Use Agreement**  
**CONSENT OF PARENT / GUARDIAN**  
 As the parent or legal guardian of the student named above, I have read the Student Use Technology Resources policy and agree that my student will be bound by these terms. I understand that the school district provides filtered Internet access, but this technology may not prevent access to all inappropriate content; therefore, I agree not to hold the Sumner County Board of Education responsible for access to inappropriate online materials. I also understand that student violation of this policy may result in confiscation of personal electronic devices, suspension of technology access privileges, or other disciplinary actions up to and including suspension, expulsion, and where appropriate the involvement of appropriate law enforcement.  
**Parent/Guardian Initials: \_\_\_\_\_**

**STUDENT ACCEPTANCE OF POLICY**  
 As a student in the Sumner County School District, I have read and agree to comply with the Student Use of Technology Resources policy. I understand that violation of this policy may result in confiscation of personal electronic devices, suspension of technology access privileges, or other disciplinary actions up to and including suspension, expulsion, and where appropriate the involvement of appropriate law enforcement.  
**Student Initials: \_\_\_\_\_**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN MILITARY SERVICE INFORMATION**

Information required by the Every Student Succeeds Act (ESSA) and the US Dept. of Education

Student Name \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Are you currently an active member of any branch of our Military?

Circle One: YES NO

If YES, do you serve

Circle One: FULL TIME PART TIME

If YES, in which branch are you currently serving?

Please check one:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Army  |
| <input type="checkbox"/> | Navy  |
| <input type="checkbox"/> | Air Force                                     |
| <input type="checkbox"/> | Marine Corp                                   |
| <input type="checkbox"/> | Coast Guard                                   |
| <input type="checkbox"/> | National Guard                                |
| <input type="checkbox"/> | Active Guard Reserve (full-time Reserve Duty) |

Mother's Name: \_\_\_\_\_

Are you currently an active member of any branch of our Military?

Circle One: YES NO

If YES, do you serve

Circle One: FULL TIME PART TIME

If YES, in which branch are you currently serving?

Please check one:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Army  |
| <input type="checkbox"/> | Navy  |
| <input type="checkbox"/> | Air Force                                     |
| <input type="checkbox"/> | Marine Corp                                   |
| <input type="checkbox"/> | Coast Guard                                   |
| <input type="checkbox"/> | National Guard                                |
| <input type="checkbox"/> | Active Guard Reserve (full-time Reserve Duty) |

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

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

# Watt Hardison Elementary

## Early Dismissal Form

In case of inclement weather please check how you would like your child to go home.

I'll pick up my child. \_\_\_\_\_

Childs regular bus. \_\_\_\_\_

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Parent or Guardian name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Text Message Y or N

Work Phone (Mom) \_\_\_\_\_

Work Phone (Dad ) \_\_\_\_\_

All emergency numbers that you would like to add.

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**Sumner County Board of Education  
HOME LANGUAGE SURVEY**

**School:** \_\_\_\_\_

Student Name: \_\_\_\_\_  
Given Name Middle Name Family Name

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Did the students' family **move** during the last 3 years **in order to do temporary or seasonal** agriculture work, including farming, poultry or meat growing, or nursery work? \_\_\_\_\_ yes \_\_\_\_\_ no

1. Was this student born in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, in which state? \_\_\_\_\_  
If no, in which country? \_\_\_\_\_ date of entry to U.S.: \_\_\_\_\_

2. Please check if the student is:  
A. \_\_\_\_\_ Native American Indian C. \_\_\_\_\_ Native Pacific Islander  
B. \_\_\_\_\_ Alaska Native D. \_\_\_\_\_ Native U.S. Virgin Islander

3. Has your child attended any school in the **United States** for any three years during their lifetime?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, please provide school names and dates attended:**  
Name of School: \_\_\_\_\_ State \_\_\_\_\_ Dates attended: \_\_\_\_\_  
Name of School: \_\_\_\_\_ State \_\_\_\_\_ Dates attended: \_\_\_\_\_  
Name of School: \_\_\_\_\_ State \_\_\_\_\_ Dates attended: \_\_\_\_\_

4. What is the language most **frequently spoken** in the child's home? \_\_\_\_\_

5. What language do you most frequently speak to your child? (mother) \_\_\_\_\_ (father) \_\_\_\_\_

6. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

7. Is your child's first-learned language any language other than English? \_\_\_\_\_ yes \_\_\_\_\_ no

**If you responded "yes" to # 7 above**, please answer the following questions:

In what country did your child most recently live? \_\_\_\_\_

Which language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your **child** most frequently speak at home? \_\_\_\_\_

Please describe the language **understood by your child** (check only one):

- \_\_\_\_\_ understands only the home language and no English
- \_\_\_\_\_ understands mostly the home language and some English
- \_\_\_\_\_ understands the home language and English equally
- \_\_\_\_\_ understands only English

Has your child ever received English as a Second Language or English Language Learner instruction?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, for how many years? \_\_\_\_\_ Did your child complete the ESL or ELL program? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date