

Watt Hardison Elementary

Student Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Birthdate \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ City 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 / BOTH  
[ ] \_\_\_\_\_ Daycare AM / PM / BOTH

Does your child have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your child have a 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Bus # \_\_\_\_\_

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.

# 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 \_\_\_\_\_