

Student Enrollment Form

Residency Affirmation: In 1993, the Smith County Board of Education approved a policy which does NOT accept out-of-county students. By affixing my signature to this document, I affirm that **I am a resident of Smith County.**

Signature of Parent/Guardian

Where choices are given, circle one.

Today's Date _____

Legal Name _____ Sex M F Grade _____
 Last First Middle

Enrollment Date: _____ Race: Asian Black Hispanic White Birthdate ____/____/____

Social Security # ____ - ____ - ____ Morning Bus # ____ Afternoon Bus # ____ Approx. Miles on Bus ____

Custody: Both Mother Father Other _____ Homeroom Teacher: _____

Mother's Name _____ Father's Name _____

911 Address _____ 911 Address (if different) _____

Home Phone _____ Home Phone _____

Cell/Beeper Number _____ Cell/Beeper Number _____

Employer & Number _____ Employer & Number _____

Contact If You Can Not Be Reached:

_____ Phone _____ Relation _____

_____ Phone _____ Relation _____

_____ Phone _____ Relation _____

Medial Treatment: If you can not be reached and your child should need emergency treatment by a physician or hospital attention, do you give your permission for him/her to receive medical attention? Yes No

Child's Physician _____ Phone _____

Hospital _____ Insurance Information _____

Please explain any **allergies or medical conditions** of which your child's teacher should be aware. _____

Does your child take **medication** on a regular basis? _____ If yes, please explain. _____

List those people who **HAVE** authority to pick up and/or visit with your child at school: _____

Who may **NOT** pick up and/or visit with your child at school: _____

Note: If an unauthorized person comes to pick up your child, you will be contacted for verification. If we are unable to contact you, your child will nto be allowed to leave school, unless a note or phone call is provided by you.

Fill out back side also.

Please give **specific directions** from the school to the child's home: _____

Is your child in: Title I (Remedial Reading) Yes No Special Education Yes No
Did your child attend: Head Start Yes No Pre Kindergarten Yes No

List any **information** we need to know about your child (physical, medical, suspensions, probation, custody problems, etc.):

What is the **first language** your child learned to speak? _____ English _____ Other

What language does your child **speak most often** out of school? _____ English _____ Other

What language do **people** usually speak in your child's home? _____ English _____ Other

Please review the policies below. After reviewing, please check the appropriate line and sign the form at the bottom.

Parent/Textbook Agreement: All books are the property of the Smith County Board of Education and shall be returned at the end of the school year, upon completion of the course or upon withdrawal from a course or the school. Books that are lost or damaged to the extent that is no longer usable, or maliciously vandalized must be paid for at 100% replacement cost. Failure to pay for the book(s) will result in the following: 1) refusal to issue an additional textbook; 2) withhold all grades, diplomas, report cards, or transcripts until restitution is made." Signing below signifies that I understand the above statement and understand that as the parent, I am responsible for the assigned textbooks."

_____ I AGREE to the above statement. _____ I DO NOT agree to the above statement.

Participation in **educational research** studies (with student anonymity): as approved by school officials.

_____ I DO give permission. _____ I DO NOT give permission.

Right to publish: Student name and/or photograph in local paper, school yearbook, hallway, or school website. (In order to protect student identity, either name or photo may be used on the school website but not both together.)

_____ I DO give permission. _____ I DO NOT give permission.

Residency Statement: _____ I am a resident of Smith County. _____ I AM NOT a resident of Smith County.

Access to Internet with school-use guidelines. (see attached) _____ I DO give permission. _____ I DO NOT give permission.

Computer Lab: (see attached) I have read and explained the computer lab rules to my son/daughter. I have also stressed the importance of following these rules and what the discipline will be if my child is disruptive or destructive in the lab.

_____ I AGREE to the above statement. _____ I DO NOT agree to the above statement.

Corporal Punishment: (See handbook) _____ I DO give permission. _____ I DO NOT give permission.

Textbook Agreement: _____ I AGREE to the above agreement. _____ I DO NOT agree to the above agreement.

Student Handbook: My child and I have reviewed, understand, and agree to attend school daily under conditions of the handbook. We have paid particular attention to the sections of Code of Conduct, Zero Tolerance, Sexual Harassment, and Non-discrimination.

_____ I AGREE to the above statement. _____ I DO NOT agree to the above statement.

Parent/Library Book Agreement: All library books are property of Forks River School and shall be checked out for one week intervals. Students may check out only one book at a time. Students may not check out another book until late books are returned. Books that are lost or damaged to the extent that it is no longer usable, or maliciously vandalized must be paid for at 100% replacement cost. Replacement cost is \$15.00. Failure to pay for the book(s) will result in the following: (1) refusal to check out other books; 2.) withhold all grades, diplomas, report cards, or transcripts until restitution is made. "Signing below signifies that I understand the above statement and understand that as a parent, I am responsible for the borrowed library books."

_____ I AGREE to the above statement. _____ I DO NOT agree to the above statement.

Please sign and return: _____
Parent/Guardian Signature Date