

Blount County Schools – Kindergarten Enrollment Form

Homeroom: \_\_\_\_\_  
(School use only)

Student Enrollment Information:

1. Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_  
2. Birth date: \_\_\_\_\_ 3. Gender:  Male  Female 4. Nickname \_\_\_\_\_  
5. Social Security Number: \_\_\_\_\_ 6. Home Phone: \_\_\_\_\_ 7. Grade Level: \_\_\_\_\_  
8. Mother's Name: \_\_\_\_\_ 9. Father's Name: \_\_\_\_\_  
9. Guardian Name:(if different than Mother/Father) \_\_\_\_\_  
10. Home Address: \_\_\_\_\_

General Demographic Information:

1. Ethnicity(check one):  Hispanic  Not Hispanic 2.Race (circle all that apply): White, Black, Asian, Am Indian, Pac.Islander  
3. Relation to student of person(s) student lives with (must have legal custody): \_\_\_\_\_  
Father/Male Guard.Name: (Last,First) \_\_\_\_\_ Father/Male Guard. Cell Phone: \_\_\_\_\_  
Father/Male Guard. Employer: \_\_\_\_\_ Father/Male Guard Work/Day Phone: \_\_\_\_\_  
Mother/Female Guard. Name (Last,First): \_\_\_\_\_ Mother/Female Guard. Cell Phone: \_\_\_\_\_  
Mother/Female Guard. Employer: \_\_\_\_\_ Mother/Female Guard. Work/Day Phone: \_\_\_\_\_

State Information:

Lang spoken in home: \_\_\_\_\_ Did you move into this area for agricultural work?  No  Yes  
In USA 3 yrs. or less?  No  Yes If Yes, country of origin: \_\_\_\_\_ Date entered US Schools: \_\_\_\_\_  
**Where does your child stay at night?** (Please check one)  
 Home/apt owned or rented by parent(s)/guardian(s)  With a relative or friend (family does not have residence)  
 Shelter  Motel  Automobile  Campsite  Housing that is inadequate (no electricity, running water, etc.)  
Other housing (please explain): \_\_\_\_\_  
**Student's Birth Information:** Country \_\_\_\_\_ State \_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_

School Information:

1. School \_\_\_\_\_ Grade \_\_\_\_\_ Enroll Date \_\_\_\_\_  
2. Enrolled or attended Kindergarten at any other time?  No  Yes (school) \_\_\_\_\_ When? \_\_\_\_\_  
3. Usually a car rider?  No  Yes **Bus** (if student ever rides): AM # \_\_\_\_\_ miles \_\_\_\_\_; PM # \_\_\_\_\_ miles \_\_\_\_\_  
4. After-School "Friends" Program?  No  Yes (Friends will NOT be in operation in case of early dismissal)  
5. Brothers and/or sisters in this school: \_\_\_\_\_  
6. Receive special services?  No  Yes 7. Home Internet Access?  No  Yes 8. School Internet Permission?  No  Yes  
9. My child may be individually pictured and/or identified in media resources (newspaper, school website, local TV, and social media) for school purposes:  No  Yes (If no, please submit a written request to the principal's office)  
10. In case of emergency, I/we give permission for authorized personnel to have my child transported to the hospital by EMS if the parent/guardian cannot be reached. In such case, I would like my child transported to:  
Hospital \_\_\_\_\_ Dr. \_\_\_\_\_ Dr. Phone \_\_\_\_\_ Medical Insurance?  No  Yes  
Allergies: \_\_\_\_\_ Reaction \_\_\_\_\_ Current medications: \_\_\_\_\_  
Other medical info: \_\_\_\_\_  
**In case of Early Dismissal, my child should:**  
 Ride the bus  Remain at school until picked up by someone authorized by parent/guardian

Do you have: Birth Certificate  SS Card  Proof of Residence  TN Shot Record  Custody papers

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

Please Complete back of Form

School use only:

First Day Requirements: Birth Certificate \_\_\_\_\_ Physical \_\_\_\_\_ Immunizations \_\_\_\_\_ Dental \_\_\_\_\_ Proof of Residence \_\_\_\_\_ SS# \_\_\_\_\_

First 30 Days: Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Speech/Lang \_\_\_\_\_ Assessment \_\_\_\_\_

Use this area to complete information for parents the student *does not* live with, and/or for other relatives, friends, etc. who you would like to be contacted in case of an Emergency and/or have permission to pick up your child; please fill in as much info as possible for at least *two* contacts:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Relation to student: \_\_\_\_\_ Can pick student up? Yes  No  Primary lang: English  Other: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Relation to student: \_\_\_\_\_ Can pick student up? Yes  No  Primary lang: English  Other: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Relation to student: \_\_\_\_\_ Can pick student up? Yes  No  Primary lang: English  Other: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Relation to student: \_\_\_\_\_ Can pick student up? Yes  No  Primary lang: English  Other: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Please list anyone who is *NOT ALLOWED* to pick up your child and provide the school with legal paperwork:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relation to student: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relation to student: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relation to student: \_\_\_\_\_