

**Williamson County Schools**  
**2019-2020 Enrollment Data Form**

Please print legibly

**STUDENT INFORMATION**

Legal Name on Birth Certificate: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  M  F Ethnicity:  Hispanic  Non-Hispanic

Race (mark all that apply):  White  American Indian/Alaskan Native  Asian  
 Black or African-American  Native Hawaiian/Other Pacific Islander

**Birth Country and Home Language Survey** (Federal law requires complete information for all students.)

Birth Country:  US  Other \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth County (US): \_\_\_\_\_

What is the first language this child learned to speak?  English **or**  Other \_\_\_\_\_

What language does this child speak most often outside of school?  English **or**  Other \_\_\_\_\_

What language do people usually speak in this child's home?  English **or**  Other \_\_\_\_\_

If the student was born outside US **or** uses a non-English language, date **first enrolled** in any US school (K-12): \_\_\_/\_\_\_/\_\_\_

**FAMILY INFORMATION**

*If the family has a domestic relations order or parenting plan governing custody or care of the child, we must have a copy of this order or parenting plan. If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove the child from school, we must have a legal document from the custodial parent to support this order. These documents must be received by your child's school before he or she will be enrolled. You are responsible for notifying the school if these plans change. Please be sure any legal documents pertaining to child custody or care on file with your child's school are current at all times.*

Custody:  Both parents  Mother  Father  Guardian Student lives with: \_\_\_\_\_

Name of Primary Residential Parent: \_\_\_\_\_

Do you have a current domestic relations order or parenting plan governing custody or care of the child?  Yes  No

Is this child a foster child?  Yes  No

Student's Preferred Name: \_\_\_\_\_

Birth Mother's Maiden Name: \_\_\_\_\_

**MILITARY RELATION**

Does this child qualify as a(n)... **Active duty military dependent:**  Yes  No

**National Guard military dependent:**  Yes  No

**Reserve military dependent:**  Yes  No

Is a parent/guardian interested in volunteering in WCS?  Yes  No

**PARENT/GUARDIAN 1**

Legal Name (primary custody): \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_ City/State: \_\_\_\_\_

Apt. #: \_\_\_\_\_ Subdivision or Apartment Complex: \_\_\_\_\_

I currently live at this address:  Yes  No This is a future address:  Yes  No

Mailing Address (if different from physical): \_\_\_\_\_

Parent 1 phone: (\_\_\_\_\_) \_\_\_\_\_  home  cell  work  primary phone number

Mark one primary phone (\_\_\_\_\_) \_\_\_\_\_  home  cell  work  primary phone number

(\_\_\_\_\_) \_\_\_\_\_  home  cell  work  primary phone number

Workplace: \_\_\_\_\_ Parent 1 email: \_\_\_\_\_

Sibling(s) currently attending a Williamson County School and residing at this address:

- |    | Sibling's Legal Name | Sibling's School Name |
|----|----------------------|-----------------------|
| 1. |                      |                       |
| 2. |                      |                       |
| 3. |                      |                       |
| 4. |                      |                       |
| 5. |                      |                       |

**PARENT/ GUARDIAN 2**

Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mark all that apply: Custody \_\_\_ Pick Up Allowed \_\_\_ Call in Emergency \_\_\_

Street Address (if different): \_\_\_\_\_ Zip: \_\_\_\_\_ City/State: \_\_\_\_\_

Parent 2 phone: (\_\_\_\_) \_\_\_\_\_  home  cell  work  primary phone number

Mark one primary phone (\_\_\_\_) \_\_\_\_\_  home  cell  work  primary phone number

(\_\_\_\_) \_\_\_\_\_  home  cell  work  primary phone number

Workplace: \_\_\_\_\_ Parent 2 email: \_\_\_\_\_  
*(must be a different email address than Parent 1)*

Parent/Guardian 2 Sibling(s) currently attending a Williamson County School and residing at this address if different from Parent 1:

- |    | Sibling's Legal Name | Sibling's School Name |
|----|----------------------|-----------------------|
| 1. |                      |                       |
| 2. |                      |                       |
| 3. |                      |                       |
| 4. |                      |                       |
| 5. |                      |                       |

**OTHER LOCAL EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick up allowed  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick up allowed  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick up allowed  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick up allowed  Yes  No

**Do you wish to receive phone call notifications from the school and district?**  Yes  No

*When you check "yes" you are allowing your child's school and the school district to call and e-mail you in the case of an emergency, for attendance notifications and other informational messages. It also allows school and district weather calls and e-mails.*

**LAST SCHOOL ATTENDED**

School Name: \_\_\_\_\_ School Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Last year my child had a(n)  IEP  504 Plan  English Language Learner Services  
Has student ever attended a Tennessee public school?  Yes  No If yes, indicate years: \_\_\_\_\_

Share my child's directory information with the PTO *(this includes student name, parent names, student grade, student address, primary phone, and first parent/guardian listed in Skyward's email address)*  Yes  No

**TRANSPORTATION:** Will student ride bus?  AM  PM *If riding a bus one or more times during the year, please check the box.*

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