



Williamson County Schools
Enrollment Data Form

Please print legibly

STUDENT INFORMATION

Legal Name on Birth Certificate: Last First Middle

Grade: Enrolling School:

Date of Birth: Gender: Ethnicity: Race (mark all that apply):

Student's Preferred Name: Birth Mother's Maiden Name:

Home Language Federal law requires this information to be completed for all students

Birth City: Birth Country: Birth State: Birth County (US):

If born outside US: Date entered US Date entered US school

What is the first language this child learned to speak? English Other

What language does this child speak most often outside of school? English Other

What language do people usually speak in this child's home? English Other

FAMILY INFORMATION

If the family has a domestic relations order 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 student from school, we must have a legal document from the custodial parent to support this order.

Custody: Student lives with:

PARENT/GUARDIAN 1

Legal Name (primary custody): Relationship:

Street Address: Zip: City/State:

Apt. #: Subdivision or Apartment Complex:

I currently live at this address: This is a future address address:

Mailing Address (if different from physical):

Parent 1 Phone(s): home cell work primary phone number

Workplace: Parent 1 E-mail:

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

Table with 2 columns: Sibling's Legal Name, Sibling's School Name. Rows 1-6.

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(s): () _____ home cell work
() _____ home cell work
() _____ home cell work

Workplace: _____ Parent 2 E-mail: _____

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.		
6.		

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

Does your child have permission to bring a cell phone to school? 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 email you in the case of an emergency, for attendance notifications and other informational messages. It also allows school and district weather calls and emails.

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 yes no

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

Parent / Guardian Signature: _____

Date: _____

MCKINNEY-VENTO ACT STUDENT RESIDENCY FORM



The information requested on this form fulfills a requirement of the McKinney-Vento Act 43 U.S.C. 11434a(2), which is also known as 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. WCS will not illegally discriminate against any student as a result of the information provided below.

STUDENT NAME: _____ HOMEROOM TEACHER _____
(Last, First & Middle)

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: _____

Section A: Complete 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:

Section B: Complete IF you answered **Yes to BOTH QUESTIONS** in Section A. 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 guardians 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
Revised 2/2012

Relationship to Student

Date

Residency Verification Affidavit

Student's Name: _____

Enrolling School: _____

Address where student will reside: _____
Please read and sign below.

I declare under the penalty of perjury that this student resides at the address stated on this enrollment form. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. If I move outside the school zone, an Out of Transportation Zone Request will also be required. I understand that an Out of Zone request may be denied if it would result in overcrowding or oversized classes at the school. I also understand that in most circumstances the Out of Zone request would be approved for the remainder of the school year.

Failure to notify or falsification of any information of documents required for residency verification or the use of the address of another person without actually residing there may result in: a) revocation of student enrollment b) being held liable to reimburse the district for expenses incurred to educate this student and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Signature of Parent/Guardian

Date

Section below must be signed and notarized if parent/guardian is sharing a home with another Williamson County resident.

Please print the first and last name of the Williamson County resident providing housing for the enrolling student.

I, declare under the penalty of perjury, that the student being enrolled lives at the address stated on this enrollment form with me. I also agree to notify the school within two (2) weeks when residency has changed.

Address where student will reside: _____

First Name

Last Name

Signature of WC Resident

Subscribed and sworn before me on the _____ day of _____, 20 _____.

Notary Public Signature
(Place Notary Stamp Below)

Date Commission Expires

Print Child's Last Name	Print Child's First Name	Print Child's Middle Name
School Name	Homeroom Teacher	Child's Current Grade Level

Family Access Participation Agreement 2016-2017

To the Parent/Guardian:

By completing the application for this account, you allow Williamson County Schools (WCS) to make your child's information available to you by means of the Internet on a website that is secure and accessible only by a login and password. Only you will be able to see your child's information. Others will not be able to see the information of your child - unless you share your password with them. The information contained on the site includes your child's schedule, grades, online registration, teacher communications, conference registration, transcripts and attendance.

WCS will not make your username/password publicly available. The grades of your child posted on the website can be accessed only by someone who knows your username and password. You should share your username/password only with those whom you consider to have a legitimate interest in your child's grades. Also, there is a feature that allows you to change your username and reset your password on the website. You may cancel this service by contacting the Family Access principal of your child's campus.

Be aware, however, that disclosure by WCS, including the contents of the website, may occur in the event such information is required by a court subpoena, order, a decision or directive from the Attorney General's office, or other reason required by law. This is true for any educational record.

You understand and agree that WCS is not responsible for Internet access to your child's grade reports by persons who do not have your authorization or consent. By checking the "Agree" box below, you waive any claims or causes of action that you may have against WCS by reason of such unauthorized access.

Please remember that the grades that you see might not include all assignments or tests that have been completed by your child. As teachers complete the grading of assignments and tests, the teachers will update the report. If you have questions about any of these items, please contact the teacher.

Acceptance of this agreement authorizes each parent/guardian assigned to this child to have a Family Access account. Note that a Family Access account is only available to biological parents, adopted parents, or another person who has been declared a guardian by a court of law or other legal process. Absent written permission from one of the above persons, a Family Access account is not available to step-parents, other relatives, or household members.

- Accept
- Reject

Please list all parents/guardians associated with this child. Check the box to indicate parent/guardian requesting the account.

<input type="checkbox"/> _____ Printed parent/guardian name	<input type="checkbox"/> _____ Printed parent/guardian name
<input type="checkbox"/> _____ Printed parent/guardian name	<input type="checkbox"/> _____ Printed parent/guardian name

Signature Date

Printed student name

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

Student Information: _____
Last Name First Name Gender Race

District _____ **School:** _____ **Grade** _____ **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 agriculture, fishing, dairy, or in any plant processing foods (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 agriculture fishing, dairy, or in any plant processing foods (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 of 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? _____
months years

5. What is your current address? _____

6. What is your current telephone number? _____

NOTE TO THE LEA: Please return only surveys with one or more "yes" responses to Jessica Castaneda 4660 Hills Creek Road, McMinnville TN 37110 or fax to 931-668-2611. Call 931-668-4139 if you have questions.

Tennessee Department of Education (TDOE)
Title I, Part C of the Elementary and Secondary Education Act (ESEA)
Programa de Educación para Estudiantes Migrantes
Encuesta Ocupacional

Nombre del Estudiante: _____
Nombre Apellido Sexo Raza

Distrito: _____ Escuela _____ Grado _____ Año _____

El Programa de Educación para estudiantes migrantes a través del Departamento de Educación Pública del Estado provee servicios de apoyo a los niños y familias que se han mudado Tennessee en los últimos 3 años. Para calificar en el programa las familias deben de haberse mudado de un lugar a otro en busca de trabajo temporal en agricultura o pesca. El Programa registra a niños y jóvenes entre las edades de 3 a 21 años (asistan o no a la escuela). Agradecemos que nos ayuden a determinar si su niño o pariente califica para recibir servicios en este programa. Por favor, conteste las siguientes preguntas y entréguelas a la escuela.

1. ¿Vino usted o alguien en su familia a buscar trabajo temporal en agricultura o en el campo (ejemplo: tabaco, papas, algodón, fresas, viveros, trabajo con árboles, etc.), o de pesca (empacadora de pescados o mariscos) o alguna planta procesadora de alimentos (cerdos, pollos, vegetales, etc.)?

SI _____ NO _____

Si su contestación es si por favor indique que miembro de su familia hizo esta clase de trabajo.

Madre _____ Padre _____ Hijos _____ Otros _____

2. Ud. o alguien de su familia trabaja ahora en agricultura (ejemplos : tabaco, papas, algodón, fresas, viveros, trabajo con árboles, etc.) o en una procesadora de pescado, lechería, o procesando comida (puerco, pollo, vegetales, etc.)

SI _____ NO _____

Si su contestación es si por favor indique que miembro de su familia trabaja en esta clase de trabajo.

Madre _____ Padre _____ Hijos _____ Otros _____

3. Si su trabajo actual no se relaciona a la agricultura y pesca, ¿Usted o algún miembro de su familia ha trabajado en dichas actividades en los últimos 3 años?

SI _____ NO _____

¿Dónde?

_____ Ciudad

_____ Estado

_____ País

Si usted contestó "sí" a alguna de las preguntas anteriores, favor de contestar las preguntas 4, 5 y 6.

4. ¿Hace cuánto tiempo se mudó a este condado? _____
Mes Año

5. ¿Cuál es su dirección actual? _____
Ciudad Código Postal Teléfono

6. ¿Cuál es su numero del teléfono actual? _____

NOTE TO THE LEA: Please return only surveys with one or more "yes" responses to Jessica Castaneda 4660 Hills Creek Road, McMinnville TN 37110 or fax to 931-668-2611. Call 931-668-4139 if you have questions.

Williamson County Board of Education Procedures and Guidelines

Effective Date:
6/21/10; 6/20/11;
6/18/12; 5/20/13;
4/21/14; 11/17/14;
4/20/15

4.406p

ACCEPTABLE USE AND INTERNET SAFETY AGREEMENT
Page 5 of 5

10. Electronic Communication

All communication conducted electronically between a WCS employee and a student shall be for the purpose of official business of WCS. WCS employees may initiate texts to students only with the permission of the parent/guardian upon approval of the school principal. Text messages should be generated by the teacher from a WCS email account. WCS employees must complete WCS training before using TWITTER to communicate with students.

Email communication from a WCS employee to a student shall only be through the teacher's WCS email account and the WCS student email account.

ACCEPTANCE OF TERMS AND CONDITIONS:

These terms and conditions reflect the entire agreement of the parties and supersede all prior oral and written agreements and understandings of the parties.

If you are under the age of 18, a parent or guardian must also read and sign this contract.

I understand that should I fail to honor all the terms of this contract, future Internet and other electronic media accessibility may be denied, including loss of the privilege of bringing an electronic device to school, and the school administration will consider it a major disciplinary offense.

Student Name (Please Print)

Student Signature

Date

I have read this contract and understand that the school wishes to expand the availability of information to students and at the same time attempt to assure the appropriateness of this information as it relates to the goals of the school. By signing below, I give permission for the school to allow my son or daughter to have access to the Internet and other technology resources under the conditions set forth above.

Parent or Guardian Name (Please Print)

Parent or Guardian Signature

Date

Media Release Agreement

I agree to the following release of information regarding my child:

The school or school district may feature my child in the broadcast, print, and online media, on the school or school district web site, social media and in district publications and programs.

Parent or Guardian Name (Please Print)

Parent or Guardian Signature

Student Name (Please Print)

Date

Students Who Need Bus Assignments

Legal Name on Birth Certificate: _____

Student Preferred Name: _____

Address: _____

School Attending: _____

Riding Bus in: AM _____ PM _____

Parent Name & Ph #: _____

Other Notes: _____

Legal Name on Birth Certificate: _____

Student Preferred Name: _____

Address: _____

School Attending: _____

Riding Bus in: AM _____ PM _____

Parent Name & Ph #: _____

Other Notes: _____

Legal Name on Birth Certificate: _____

Student Preferred Name: _____

Address: _____

School Attending: _____

Riding Bus in: AM _____ PM _____

Parent Name & Ph #: _____

Other Notes: _____

WCS Health History and Emergency Contact Information 2016-17

School _____ Grade/Teacher: _____ / _____

Car Rider: Y or N Bus # _____

Student Name _____ Sex _____ Date of Birth: _____

Home address _____ City/State/Zip Code _____ Main Phone _____

Please place asterisk* beside first contact number and/or email to call/contact in an emergency:

Mother/Guardian: _____ work# _____, cell# _____, email _____

Father/Guardian: _____ work# _____, cell# _____, email _____

Emergency Contact: _____, relationship _____, # _____

Emergency Contact: _____, relationship _____, # _____

List siblings and schools they attend _____

Health Concerns/Medical Conditions: _____

Any Prior History of Serious Head Injury, if so, When & describe: _____

Medication Allergies: _____ Insect Sting Allergies: _____

Food Allergies: _____ Other Allergies: _____

Will Emergency Medications be supplied and kept at school? (Must be supplied by parent/guardian): yes ___ no ___

If so, list name and dosage: _____

Medications taken at school (must be supplied): _____

Medications being taken at home: _____

Name of Physician: _____ phone _____ fax _____

Name of Dentist: _____ phone _____ fax _____

Last Physical Examination-month/year: _____ Last Dental Examination-month/year: _____

I authorize my child to receive emergency medical treatment from a medical provider if he/she is seriously injured or ill while at school. Relevant health information will be shared only as necessary to maintain and promote the student's health and safety.

Preferred Hospital to transport my child if EMS has to be called _____

Parent/Guardian Signature _____ Date _____