

# Student Enrollment Form



## STUDENT NAME (MUST MATCH BIRTH CERTIFICATE)

Student Last Name		<b>Office Use</b> Date: Student ID: Teacher: Bus #:
Student First Name		
Student Middle Name		
Student's Preferred Name		

## PREVIOUS SCHOOL ENROLLMENT

Has the Student <b>Ever</b> Been Enrolled in Cleveland City Schools Before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When/Where?	
Does the Student Have Siblings Already Enrolled in Cleveland City Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Their Names/Schools.	
Has the Student <b>Ever</b> Been Enrolled in a Tennessee Public School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When/Where?	
If Not Already Listed Above, Please List the Student's Last School Name, City, and State			

## STUDENT DEMOGRAPHICS

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	
Grade Level		Social Security Number	
Did Student Receive Special Services at Previous School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List Any Legal Alerts to be Included in Student's File	

## BIRTH INFORMATION (REQUIRED BY STATE OF TENNESSEE)

Mother's Maiden Name			
Student's Birth City		Student's Birth County	
Student's Birth State		Student's Birth Country	

## RESIDENCY INFORMATION (REQUIRED BY STATE OF TENNESSEE)

Where does your student stay at night?	<input type="checkbox"/> Home/Apartment Owned/Rented by Parent/Guardian <input type="checkbox"/> Shelter <input type="checkbox"/> Campsite <input type="checkbox"/> With Relative/Friend (Family Does Not Have a Residence) <input type="checkbox"/> Motel <input type="checkbox"/> Automobile <input type="checkbox"/> Inadequate Housing (No Electricity/Running Water) <input type="checkbox"/> Other (Explain):
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**OTHER STUDENT INFORMATION**

Student's Primary Phone #	
Student's Email Address	
Student's Primary Home Address	
Zoning for this Address	<input type="checkbox"/> In Zone <input type="checkbox"/> Out of Zone <input type="checkbox"/> CCS Employee
Will Student Ride Bus?	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/> Will Not Ride
List Any Medical Alerts to be Included in Student's File	
Student's Ethnicity	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Not Latino/Hispanic
Student's Race (Check All That Apply)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
U.S. Military Designations (Check All That Apply)	<input type="checkbox"/> Student is a Dependent of an Active Member of the U.S. Military <input type="checkbox"/> Student is a Dependent of an Active Member of the National Guard <input type="checkbox"/> Student is a Dependent of an Active Member of Military Reserves

**PRIMARY STUDENT CONTACT**

**(ADDITIONAL CONTACTS ARE OPTIONAL ON A SEPARATE PAGE)**

Primary Contact Name	
Relationship to Student	
Lives with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custody ( <input type="checkbox"/> Primary or <input type="checkbox"/> Joint) of Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact for Student Emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Pick Up Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address ( <input type="checkbox"/> Send Automated Messages/Notifications)	
Primary Phone Number ( <input type="checkbox"/> Send Automated Messages/Notifications)	
Cell Phone Number ( <input type="checkbox"/> Send Automated Messages/Notifications)	
Work Phone Number ( <input type="checkbox"/> Send Automated Messages/Notifications)	
Contact's Address <input type="checkbox"/> Same As Student (Do Not Fill Out)	

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Parent/Guardian Signature

\_\_\_\_\_  
Date