

Legal Last Name _____ First _____ Middle _____
 Social Security #: _____
 Sex (Circle one): Male/Female Race _____
 Grade: _____ Homeroom: _____
 Birthdate: _____
 Enrollment Date: _____
 A.M. Bus: _____ P.M. Bus: _____
 Distance from Home to School: _____
 Legal Custody (circle one): 1-Both 2-Mother
 3-Father 4-Other 5-Married 7-State

Parent/Guardian: _____
 Student Address: _____
 City/State/Zip: _____
 Home Phone: _____
 Emergency Phone: _____
 Pager/Cell Phone: _____
 Father's Work Place _____
 Phone _____
 Mother's Work Place _____
 Phone _____

Previous Sevier County school: _____
 Last school attended: _____
 Receiving Special Ed. Services? Yes No
ENGLISH AS SECOND LANGUAGE SURVEY
 What is the first language your child learned to speak? (i.e., English, Spanish, etc.)

 What language do people usually speak in your child's home? (i.e., English, Spanish, etc.)

EMERGENCY PARENT PERMISSION

It is important for teachers and principals to have special medical information concerning your child so that any emergency may be taken care of as adequately as possible. Please summarize below:

Allergies: _____
 Other Conditions: _____
 Local Physician's Name: _____
 Office Phone: _____ Home Phone: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions. In the event it is impossible to contact this physician, or in the event my child's condition warrants it, I hereby authorize the emergency transportation of my child to the Fort Sanders Sevier Medical Center or other medical treatment center for observation and treatment as deemed necessary by the physicians there.

Signature of Parent/Guardian _____ Date _____

The Sevier County School System does not discriminate on the basis of race, sex, color, religion, national origin, age, handicap, or veteran status in provision of educational opportunities, programs, activities, or employment opportunities and benefits.

For the protection and safety of your child, we are asking that you list every person whom you would authorize to pick up your child from school (in addition to those listed above). If someone comes to pick up your child whose name does not appear below, we will NOT allow them to take your child. These rules are to protect your child. We appreciate your cooperation. The following individuals are authorized to pick up the above named child and/or to work with school personnel in the event of an emergency or illness.

Authorized Person's Name	Relation to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FREE TEXTBOOKS AND MATERIALS AGREEMENT

I hereby agree that I will be responsible for all textbooks, library books, and instructional materials used by my child. I further agree that I will reimburse the Sevier County Board of Education for the replacement value of any books or materials that are damaged, destroyed, or misplaced which my child has been issued during this scholastic year.

Signature of Student: _____
 Signature of Parent: _____ Date _____