

# Moore County Schools

## Student Registration Form

Student's Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Are there any siblings enrolled in Moore County Schools? (Please list name and grade)

Year Student entered 9<sup>th</sup> grade (if applicable)  Enrollment  Re-enrollment

Date of birth \_\_\_\_\_ Gender (circle one) **Male** **Female** Ethnic Group (circle one) **Black** **White** **Hispanic** **Pacific-Islander** **Asian** **American Indian**

Grade \_\_\_\_\_ Mode of Transportation  Bus # am \_\_\_\_\_ pm \_\_\_\_\_  Car Rider  Walker  ESP

Complete name of person(s) with whom the student lives \_\_\_\_\_

Relationship to student (check one)  Mother & Father  Mother  Father  Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Is the above address a change of address? **Yes** **No**

Full name of mother \_\_\_\_\_ Home phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Full name of father \_\_\_\_\_ Home phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

What number would you like our SchoolConnects system to call? \_\_\_\_\_

Are there custody issues of which we should be aware? **If so, please provide a copy of court papers.**

Emergency contact (other than parent) \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency contact (other than parent) \_\_\_\_\_ Phone # \_\_\_\_\_

Is English the student's primary language? **Yes** **No** If no, what language is spoken? \_\_\_\_\_ Is child a foster child? **Yes** **No**

Is student covered under a Private Insurance Company or TennCare? \_\_\_\_\_ Please list carrier: \_\_\_\_\_

Medical Concerns (including any food allergies): \_\_\_\_\_

Signature of enrolling parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Name and address of school last attended: \_\_\_\_\_

Was school last attended a **Public** or **Private** school? (circle one)

Is student currently suspended/expelled from another school? **Yes** **No** If yes, what is the last day of suspension? \_\_\_\_\_

Is student currently participating in an alternative school program? **Yes** **No**

### Special Programs

My child has been enrolled in the following special programs:

Special Ed  Chapter Reading  Speech  Other \_\_\_\_\_  
 Homeless  Chapter Math  504  ESL  Migrant

### FOR SCHOOL STAFF ONLY (initial enrollment only)

Birth Certificate record: \_\_\_\_\_ Immunization record (green card): \_\_\_\_\_ Start Date \_\_\_\_\_

Physical examination record: \_\_\_\_\_ Temporary certificate of examination: \_\_\_\_\_ Social Security card \_\_\_\_\_

Proof of residency: \_\_\_\_\_

**Please send a copy of this form and proof of resident to Mr. Sisk at central office.**