

Student ID# \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_  
Bus: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARROTTSVILLE ELEMENTARY REGISTRATION FORM**  
(Please Print)

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First) (Middle)

Student's Home Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(First) (Last)

Father's Address (if other than student): \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's work name & #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(First) (Maiden) (Last)

Mother's Address (if other than student): \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's work name & #: \_\_\_\_\_

Who has legal custody of the student? \_\_\_\_\_

Emergency Contact: (name, relationship and #): \_\_\_\_\_

Parent Email address: \_\_\_\_\_

Please list names (other than those above), relationships (ex.: Jan Jones, Grandmother) & phone numbers for those who have permission to pick-up your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address & phone number of school last attended: \_\_\_\_\_

\_\_\_\_\_

Has student ever attended school in Cocke Co? \_\_\_\_\_ If yes, when and where: \_\_\_\_\_

Where does your child stay at night? (Please check one of the following)

- Home/apartment owned or rented by the parent(s)/guardian(s)
- With a relative or friend (family does not have a residence)
- In a shelter  In a motel  In an automobile  A campsite
- In housing that is inadequate (i.e. no electricity, running water, etc.)
- Other housing (please explain) \_\_\_\_\_

Student ID# \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Bus #: \_\_\_\_\_

## PARROTTSVILLE KINDERGARTEN REGISTRATION FORM (Please Print)

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First) (Middle)

Student's Home Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(First) (Last)

Father's Address (if other than students): \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's work name & #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(First) (Maiden) (Last)

Mother's Address (if other than student): \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's work name & #: \_\_\_\_\_

Parent Email address: \_\_\_\_\_

Who has legal custody of the student? \_\_\_\_\_

Please list names (other than those above), relationships (ex.: Jan Jones, Grandmother) & phone numbers for those who have permission to pick-up your child:

\_\_\_\_\_  
\_\_\_\_\_

If student attended Pre-K please list: \_\_\_\_\_

Where does your child stay at night? (Please check one of the following)

- Home/apartment owned or rented by the parent(s)/guardian(s)  
 With a relative or friend (family does not have a residence)  
 In a shelter       In a motel       In an automobile       A campsite  
 In housing that is inadequate (i.e. no electricity, running water, etc.)  
 Other housing (please explain) \_\_\_\_\_

### OFFICE USE ONLY

\_\_\_\_\_ Physical      \_\_\_\_\_ Proof of age (ex: birth certificate)  
\_\_\_\_\_ Immunization Record