

INFORMATION FOR CUMULATIVE RECORD

Oak Ridge Schools
Oak Ridge, Tennessee

Completing this form constitutes parental permission for preparation of the pupil's cumulative record.

Birth Certificate on file _____
TN Health Record _____
SSN card on file _____
Previous School Record _____
Checked EIS _____
Enrolled (first time this year) _____
Transferred Enrollment _____
Enrolled from Out-of-State _____
Medication Form _____

SCHOOL NAME: _____

ENROLLMENT DATE: _____

Teacher first assigned to: _____

Has your child ever attended Oak Ridge Schools? Y or N

PUPILS SOCIAL SECURITY NUMBER _____ - _____ - _____
(Optional)

GRADE _____

PUPILS FULL LEGAL NAME _____ Generation _____
Last First Middle (Jr., Sr., II, III etc.)

Preferred Name _____
First Last

Gender (circle one): Male Female

Pupil's Home Phone () _____ Mother's Maiden Last Name _____
Father's Name _____

Birthdate (mm/dd/yyyy) _____ Birth City _____ Birth County _____
Birth State _____ Birth Country _____

Immigrant _____ Date entered Country _____ Immigrant from _____ Year started school _____

Ethnic Code _____ (circle one Hispanic/Latino, Non-Hispanic/Latino)

Race _____ 1-American Indian or Alaska Native 2-Asian 3-Black or African American 4- Native Hawaiian or Other Pacific Islander 5-White

*Home Language _____ Requires Translator Y N

Physical Address: _____ Apt _____
City _____ State _____ Zip _____ County _____

Mailing Address: _____ Apt _____
(If different) City _____ State _____ Zip _____ County _____

Previous Physical Address: _____ Apt _____
City _____ State _____ Zip _____ County _____

In Order to Attend Oak Ridge Schools, a student must be a legal resident of Oak Ridge or have an approved tuition contract. Legal residence is defined as living with a legal custodial parent or legal guardian who is domiciled (living) in Oak Ridge. If the legal custodian or guardian moves out of the Oak Ridge city limits during the school year, Pupil Services must be notified immediately. Please provide school with appropriate legal documentation from judicial system regarding divorce/custody restrictions, orders of protection or power of attorney.

Within the last two years has your child been served by:

CDC Placement _____
 A Title 1/Chapter 1 Program _____
 An Individual Education Plan (IEP) _____
 An English as Second Language (ESL) Program _____
 Home School _____

A 504 Program _____
 A Gifted Program _____
 A Speech Clinician _____
 Other _____

If yes to any of the above, please provide explanation or documentation. _____

Health Insurance Provider: _____

Health problems or physical limitations: _____

Medication(s): _____
 (If medications are listed, please complete the form for Authorization for Medications.)

Is your child currently under a discipline action (suspension/expulsion) in another school system? Y or N

Explain: _____

Any additional information you feel is relevant to the enrollment and services for your child. _____

SCHOOL HISTORY List all schools attended (including Oak Ridge)

Date Entered	Grade	School, City and State	Date Left	Date Entered	Grade	School, City and State	Date Left

BROTHERS AND SISTERS Give last name if different

Name	Sex	Yr. of Birth	Grade or Occupation	Name	Sex	Yr. of Birth	Grade or Occupation

I certify that all of the above information is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. **I also certify that I am the parent, legal custodian/legal guardian of the child identified on this enrollment form.**

PARENT OR LEGAL GUARDIAN SIGNATURE _____ **Date** _____

CONTACTS FOR:	(Last)	(First)	
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ONE NAME PER CONTACT - MAILINGS WILL BE SENT TO CONTACT 1

<p>CONTACT 1: (Person with whom the student is living.)</p> <p>Name: _____</p> <p>Relationship: _____ (own, step, foster, other)</p> <p>Home Phone: () _____</p> <p>Work Phone: () _____</p> <p>Cell Phone: () _____</p> <p>Address: _____ (mailings will go to this address)</p> <p>Active Duty ___ National Guard ___ Reserve Military ___</p> <p>Email Address: _____</p> <p>Employer: _____</p> <p>Year of Birth _____ Birthplace _____</p> <p>Education Completed: _____</p>	<p>CONTACT 2: (Allowed to check student in/out Y N)</p> <p>Name: _____</p> <p>Relationship: _____ (own, step, foster, other)</p> <p>Home Phone: () _____</p> <p>Work Phone: () _____</p> <p>Cell Phone: () _____</p> <p>Address: _____</p> <p>Active Duty ___ National Guard ___ Reserve Military ___</p> <p>Email Address: _____</p> <p>Employer: _____</p> <p>Year of Birth _____ Birthplace _____</p> <p>Education Completed: _____</p>
<p>CONTACT 3: (Allowed to check student in/out Y N)</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: () _____</p> <p>Work Phone: () _____</p> <p>Cell Phone: () _____</p> <p>Address: _____</p>	<p>CONTACT 4: (Allowed to check student in/out Y N)</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: () _____</p> <p>Work Phone: () _____</p> <p>Cell Phone: () _____</p> <p>Address: _____</p>

STUDENT DIRECTORY INFORMATION (Please refer to the form in the discipline handbook, for more detailed information concerning directory information): The school, in conjunction with certain activities or certain community organizations may publish the names and addresses of students achieving awards or other recognition. If you do not want your child's name and/or address released as general student directory information you need to complete an opt- out form and return it to the building level principal. This form is located in the school office. A new opt-out form must be submitted at the beginning of each school year the student is enrolled.