

Jefferson Middle School

Parent/Guardian Registration Checklist

Required Documentation from Parent/Guardian

- Proof of Residency (lease or mortgage, and current electric bill, in Parent's/Guardian's name)
- Birth Certificate
- Proof of Guardianship (parenting plan, court order, etc), if applicable
- Photo ID of Legal Guardian
- Immunizations on "Tennessee Immunization Certificate"
- School Entry Health Examination
- Social Security Card
- Health Insurance Provider
- Final report card from previous school with promotion status

Additional Enrollment Forms to be complete by Parent/Guardian

- Information for Cumulative Record Form
- Request for Previous School's Records Form
- Language Survey
- Consent/Non-Consent Fingerprint Scan
- Oak Ridge Juvenile Form
- Bus Form (no bus service provided for Tuition and Cross Boundary students)

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 _____ Gender (circle one): Male Female
First Last

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

Birthdate (mm/dd/yyyy) _____ Birth City _____ Birth Country _____
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.



Oak Ridge
SCHOOLS



Jefferson
MIDDLE SCHOOL

Jefferson Middle
200 Fairbanks Road
Oak Ridge, Tennessee 37830-7030

Phone: 865.425.9301

Fax: 865.425.9339

Release of Student Information

Please fax, mail or email to:

Jefferson Middle School

School Counseling Office
Amy Myers, Administrative Assistant
200 Fairbanks Road
Oak Ridge, TN 37830
Fax 865.425.9339
Email amyers@ortn.edu

School/Agency: _____ Attn: _____

Address: _____

Fax #: _____ Phone#: _____

Student's Name: _____ DOB: _____ Grade: _____

This request authorizes the release of the following records:

- _____ Cumulative Records/Attendance/Discipline
- _____ Withdrawal Grades/Test Scores
- _____ Immunization/School Entry Health Exam/School Health Records
- _____ Birth Certificate/Social Security Card
- _____ Special Ed/Psychological/IEP/Eligibility
- _____ 504/RTI/ELL
- _____ Other: _____

Parent/Guardian Signature

Date

OAK RIDGE SCHOOLS

HOME LANGUAGE SURVEY

Please complete information below and return to your child's school.

To make sure that all students receive the education services they need, the law requires us to ask questions about students' language backgrounds. The answers that you provide below will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them. Your answers will also help us communicate with you regarding the student and all school matters in the language you prefer.

Name of Student: _____ **Grade:** _____

Name of Parent/Guardian: _____

What is the first language this child learned to speak? _____

What language does this child speak most often outside of school? _____

What language do people usually speak in this child's home? _____

Parent/Guardian Signature: _____

Date: _____

September, 2020

(over)

OAK RIDGE SCHOOLS

ENCUESTA DE IDIOMAS DEL HOGAR

Complete la siguiente información y devuélvala a la escuela de su hijo.

Para asegurarnos de que todos los estudiantes reciban los servicios educativos que necesitan, la ley requiere que hagamos preguntas sobre los antecedentes lingüísticos de los estudiantes. Las respuestas que proporcione a continuación nos dirán si se debe evaluar la competencia en inglés de un estudiante y nos ayudarán a garantizar que se ofrezcan oportunidades importantes para recibir programas y servicios a los estudiantes que los necesitan. Sus respuestas también nos ayudarán a comunicarnos con usted con respecto al estudiante y todos los asuntos escolares en el idioma que prefiera.

Nombre del estudiante: _____ **Grado:** _____

Nombre del padre / tutor: _____

¿Cuál es el primer idioma que este niño aprendió a hablar? _____

¿Qué idioma habla este niño con más frecuencia fuera de la escuela? _____

¿Qué idioma suele hablar la gente en el hogar de este niño? _____

Firma del Padre / Tutor: _____

Fecha: _____

Septiembre 2020



Jefferson Middle School
 200 Fairbanks Road
 Oak Ridge, Tennessee 37830-7030
 Phone: 865.425.9301 ♦ Fax: 865.425.9339

Principal
 Phil Cox

Vice Principal
 Jenifer Laurendine
Dean of Students
 Nick Corrigan

CONSENT/NON-CONSENT TO FINGERPRINT SCANNERS

Dear JMS Parent:

Last year we introduced a new payment method in our school cafeteria. Students are now permitted to purchase lunch by having their fingerprint scanned instead of using their ID cards. This new system is intended to help improve the efficiency, accuracy, speed, and cost-effectiveness of this process. This technology will not store your student’s fingerprint in our system. Rather, the software converts your student’s fingerprint into a mathematical algorithm which will remain in the system after the fingerprint is initially scanned. More simply, the fingerprints scanned from each student are converted to a set of numbers and those numbers are used to identify each student. There are *no fingerprint images saved* to the computer system.

In addition, both parents and students can rest assured that the biometric images *cannot* be used by law enforcement for identification purposes. The fingerprint scanner will help to expedite the process to get students their lunches and eliminate potential for replacement cost of the ID badge. Our goal is to utilize this new technology to best serve our students and families while also making sure we are protecting our student information.

For your student to participate in this new pilot program, Tennessee law requires your active consent. If you consent to your student participating in this pilot program and the use of the fingerprint scanning device, indicate same and sign below. If you do not want your student to participate, please indicate same and sign below. Consent may be revoked at any time by providing notice to *Jefferson Middle School* administrators, in writing.

Respectfully,

JMS Administration

I **DO** consent to my student’s participation in the fingerprint scanner payment method as described above.

I **DO NOT** consent to my student’s participation in the fingerprint scanner payment method as described above. I understand that my student will continue to use his/her ID card to pay for school lunch.

 Student Name (printed)

 Date

 Parent Name (printed)

 Parent Signature

COURT REPORTING FORM

Required by TCA 49-6-3051

Not to be filed in the student cumulative folder

Student Name _____ Age _____ Grade _____

Please check below the specific offense for your son or daughter was adjudicated as delinquent or convicted of a felony.

- First Degree Murder
- Second Degree Murder
- Rape
- Aggravated Rape
- Rape of a child
- Aggravated rape of a child
- Aggravated Robbery
- Especially aggravated robbery
- Kidnapping
- Especially aggravated kidnapping
- Aggravated assault
- Felony reckless endangerment or
- Aggravated sexual battery
- None of the above
- Pending felony charges**

If any of the offenses are checked, the parent/guardian must provide a description of the nature of the offense in the space below. If the offense is not one of the ones listed, no description is necessary.

Description of the Nature of the Offense:

Parent/Guardian Signature _____ Date _____

School: _____ Grade: _____ New Student: YES NO

Student Last Name: _____ Student First Name: _____

First Student

Request for Bus Service

In compliance with ORS transportation provider, **First Student**, and to new state laws, it is required that each student have an assigned bus number in order for them to ride the bus to or from school. **Every ORS student will be required to complete this Request for Bus Service Form before the bus number is assigned. First Student will honor bus requests on the 15th and 30th of each month. PLEASE, DO NOT PUT YOUR CHILD ON A BUS UNTIL YOU RECEIVE WORD OF APPROVAL FROM THEIR RESPECTIVE SCHOOL OFFICE.**

Students will not be allowed to ride another bus other than the one they are assigned to without a bus pass from their respective school which the student will then provide to the driver.

Student Home Address: _____ Home Phone: _____

If your student rides the bus to or from a different address listed above, please indicate that address:

AM: _____ PM: _____

Birth Date: ____/____/____ Gender: M F (circle one)

Emergency Contact/Phone # _____

People Authorized (including parents) **to get Kindergarten Student off the bus** (they may be asked to provide ID):

AM Bus Service: YES NO (circle one) PM Bus Service: YES NO (circle one)

Parent Signature: _____ Date: _____

School Office Personnel: Please fax this completed form to Transportation Department at 425-1884 (no cover sheet required). Requests will be honored the 15th & 30th of each month, unless student is NEW to Oak Ridge Schools. Your office will receive a faxed bus approval with transportation information.

Thank You,
Clifford Bunch

PARENTS ARE RESPONSIBLE FOR THE TRANSPORTATION OF CROSS BOUNDARY AND TUITION STUDENTS