

**DICKSON COUNTY SCHOOL SYSTEM  
PRE-K REGISTRATION FORM**

Date: \_\_\_\_\_

FOR OFFICE USE ONLY			
Student PIN	_____		
Student ID	_____		
Homeroom	_____		
FOR INITIAL ENROLLMENT ONLY			
Immunization record (green card)	___		
Physical examination record	___		
Temporary certificate of examination	___		
Proof of Income	___		
Eligible	yes ___	no ___	
Parent notified on	_____		
Tier 1	Tier 2	Tier 3	Tier 4

Student's Legal Name: \_\_\_\_\_

(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

(Country) (State) (City) (County)

Gender *(circle one)*: Male Female  
 Ethnicity *(circle one)*: Hispanic Non-Hispanic

Race *(circle those that apply)*: American-Indian Asian Black Pacific-Islander White

AM Bus#: \_\_\_\_\_ PM Bus# \_\_\_\_\_ Miles ridden to school: \_\_\_\_\_

Person Claiming Legal Custody: Both Parents Mother Only Father Only Other\*  
*Anything other than both parents, signed legal documentation is needed.*

\*Custody Information: \_\_\_\_\_

Full Name of Parent NOT Living with the student and claiming legal custody:

\_\_\_\_\_ Relationship: \_\_\_\_\_

Pick up: Yes / No Contact: Yes / No Mailings to address below: Yes / No

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

\_\_\_\_\_

Relationship to student: Mother & Father Mother Father Other \_\_\_\_\_

Student Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Emergency contact *(other than parent)*: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Emergency contact *(other than parent)*: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

In order to identify student living conditions please complete the following question: Where does your child stay at night? (Please check one)  
 \_\_\_ 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) \_\_\_\_\_

Medical Concerns *(Including any food allergies)*: \_\_\_\_\_

Has your child ever received services from Special Education, Foundations, Head Start or Early Intervention? *(circle one)* Yes No

For your child to ride the bus you or another adult must meet the school bus in the morning and afternoon. Also, your child must be four (4) years of age to be a bus rider.  
 Will your child ride a bus? *(circle one)* Yes No Will someone be available to meet the bus? *(circle one)* Yes No

If ten or more pre-kindergarten students need child care services it will be made available through our extended child care program.

Do you need morning child care? *(circle one)* Yes No Do you need afternoon child care? *(circle one)* Yes No

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

My child qualifies for Tier \_\_\_\_\_.

**DISCLOSURE OF PRIOR CRIMINAL RECORD**

Pursuant to Tennessee Code a student who enrolls or re-enrolls in a school his/her parent or guardian shall notify in writing the school principal if the student has been adjudicated delinquent for an offense involving first degree murder, second degree murder, rape, aggravated rape, aggravated robbery, especially aggravated robbery, kidnapping, aggravated kidnapping, especially aggravated kidnapping, aggravated assault, or felony reckless endangerment. Such information shall be shared only with employees of the school having responsibility for classroom instruction of the child, but such information is otherwise confidential and shall not be shared by school personnel with any other person or agency except as may otherwise be required by law. This written notification shall not become part of such child's student record.

I HEREBY DECLARE *(name)* \_\_\_\_\_ HAS NOT BEEN ADJUDICATED DELINQUENT OF A CRIME OUTLINED IN THE LAW ABOVE.

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