

Registration Information

School Name: _____

School Year: _____

Student's Name: _____ Grade: _____

Child has attended another school in the state of Tennessee? Yes No

Previous TN School(s) attended: _____

DOCUMENT	RECEIVED	PENDING	PENDING DOCUMENT RECEIVED ON
Proof of Age Affidavit (Examples include Birth Certificate, insurance papers, doctor's records, passports, adoption records, etc)			
Social Security Number (Not required - Schools will issue pin # at time of registration)			
Parent/Guardian ID			
Tennessee Certificate of Immunization or Exemption Requirement met (Exemption requirements are listed on the back of the yellow paper copy) <input type="checkbox"/> Parental Consent for Sharing TN Immunization Info signed.			
Physical: For ALL Students entering school for the first time (Preschool, Kindergarten, 1st grade and other students from whom there is no health record) - Must be dated after August 1 of the year preceding the year of enrollment. Student has an appointment on (date): _____			
Physical: For Other New and Transfer Students			
Proof of Address (at least 2 examples: valid lease, current utility bill(s), or mortgage documents)			
Custody Papers, if applicable			
Home Language Survey (Provided by school) - ENTIRE FORM MUST BE COMPLETED			
Emergency/Enrollment Form (Provided by school)			
Health Information Card (Provided by school) - COMPLETED AND GIVEN TO NURSE			
Occupational Survey (Provided by school)			
Bus Transportation Request (Provided by school)			
Additional Services Follow-up (Enrollment Card - Page 3)			
Attendance Policy (Provided by school)			
Chromebook Agreement (If Applicable - Provided by school)			
Other:			

Received by: _____

Date: _____

Please read and sign below:

I understand that ALL of the information listed above will need to be received in order for my child's registration to be fully processed according to Johnson City School's registration requirements.

Parent/Guardian Signature: _____

Date: _____

For Nurse Use Only (initial below):

- Complete K-6th _____
- Complete 7th or higher _____
- Incomplete _____
- Health Information Card received and entered

DO NOT REMOVE FROM STUDENT'S PERMANENT RECORD

Please place white copy in student's permanent record. Yellow copy is for parent/guardian.