**Registration Information**

FOR USE AT SCIENCE HILL HIGH SCHOOL

**Student's Name:** ___________________________________________  **Grade:** ______

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

**Previous TN School(s) attended:** ___________________________________________________________

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### DOCUMENT

<table>
<thead>
<tr>
<th>PROOF OF AGE AFFIDAVIT</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>TENNESSEE CERTIFICATE OF IMMUNIZATION OR EXEMPTION REQUIREMENTS</th>
<th>PHYSICAL: NEW AND TRANSFER STUDENTS</th>
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</thead>
<tbody>
<tr>
<td>(Examples include Birth Certificate, insurance papers, doctor's records, passports, adoption records, etc)</td>
<td>(Not required - Schools will issue pin # at time of registration)</td>
<td>(Exemption requirements are listed on the back of the yellow paper copy)</td>
<td>Parental Consent for Sharing TN Immunization Info signed.</td>
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<tr>
<td>Parent/Guardian ID</td>
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<tr>
<th>DOCUMENT</th>
<th>PROOF OF ADDRESS</th>
<th>CUSTODY PAPERS</th>
<th>OCCUPATIONAL SURVEY</th>
<th>HEALTH INFORMATION CARD</th>
<th>BUS TRANSPORTATION REQUEST</th>
<th>ADDITIONAL SERVICES FOLLOW-UP</th>
<th>ATTENDANCE POLICY</th>
<th>CHROMEBOOK AGREEMENT</th>
<th>RECORD OF GRADES: REPORT CARD OR TRANSCRIPT FROM PREVIOUS SCHOOL</th>
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**Counselor's Appointment:**  **Date:** ______________  **Location:** ______________

**Counselor's Name:** ___________________________________________

**Please provide student's phone number and email:** (            )               -

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**Parent/Guardian Signature:** ________________________________________________________________________________  **Date:** ______________

**For Nurse Use Only (initial below):**

- Complete 7th or higher ________
- Incomplete ________
- Health Information Card received and entered

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**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.**

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**Please read and sign below:**

Received by: ________________________________________________________________________________  **Date:** ______________

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**DO NOT REMOVE FROM STUDENT'S PERMANENT RECORD**

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

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**For Nurse Use Only (initial below):**

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**Revised 02/28/2022**