

JOHNSON CITY SCHOOL SYSTEM EMERGENCY/ENROLLMENT FORM

SY 2022-2023

Grade: _____ Student Name (Legal): _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____

Last School Attended: _____
 Previous TN School(s) Attended (including Pre-K): _____

FOR OFFICE USE ONLY			
PowerSchool # _____ State ID # _____ Entry Date _____ Exit Date _____ Records Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Room: _____ School Counselor: _____	Medical Alert: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunizations <input type="checkbox"/> Yes <input type="checkbox"/> No Physical <input type="checkbox"/> Yes <input type="checkbox"/> No	Out of Zone <input type="checkbox"/> Yes <input type="checkbox"/> No Tuition <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No
Early Dismissal Only: _____ Car Rider _____ Bus Rider _____ Walker	Car Rider <input type="checkbox"/> Yes <input type="checkbox"/> No Walker <input type="checkbox"/> Yes <input type="checkbox"/> No Educare <input type="checkbox"/> Yes <input type="checkbox"/> No	Bus AM <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No _____	Bus PM <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No _____

IMPORTANT CONTACT INFORMATION
 Parent/Guardian phone numbers will be used for emergencies and for automated emergency notifications.
 If any information changes during the school year, please notify the school.

Student's Home Address: _____
 City/State/Zip: _____
 Mailing Address if different: _____
 City/State/Zip: _____

DO NOT RELEASE THIS CHILD TO _____ (See court papers in permanent record)

Parent/Guardian #1 First Name: _____ Last Name: _____
 Relationship to student Mother Father Step-Mother Step-Father Aunt Uncle
 Brother Sister Grandfather Grandmother Foster Parent
 Other, please explain: _____

Best Phone Number: (____) _____ - _____ Home - Land Line Work Cell Phone If Cell, Receive Text
 1st Alternate Number: (____) _____ - _____ Home - Land Line Work Cell Phone If Cell, Receive Text
 2nd Alternate Number: (____) _____ - _____ Home - Land Line Work Cell Phone If Cell, Receive Text

Email: _____ Employer: _____

Does the student reside full time with this parent/guardian? Yes No Joint Custody in Separate Households
 If separate households, please print address: _____
 City/State/Zip: _____

Does this parent/guardian have custody of this student? Yes No Joint Custody
 Explanation/Comments: _____

Spouse Name (if applicable/not required): _____
 Best Contact Number for Spouse (if applicable/not required): (____) _____ - _____

Middle
First
Last
Student Name (Legal):
Grade:

Parent/Guardian #2

First Name: _____ Last Name: _____

- Relationship to student Mother Father Step-Mother Step-Father Aunt Uncle
 Brother Sister Grandfather Grandmother Foster Parent
 Other, please explain: _____

Best Phone Number: (____) _____ - _____ Home - Land Line Work Cell Phone If Cell, Receive Text
 1st Alternate Number: (____) _____ - _____ Home - Land Line Work Cell Phone If Cell, Receive Text
 2nd Alternate Number: (____) _____ - _____ Home - Land Line Work Cell Phone If Cell, Receive Text

Email: _____ Employer: _____

Does the student reside full time with this parent/guardian? Yes No Joint Custody in Separate Households

If separate households, please print address: _____
City/State/Zip: _____

Does this parent/guardian have custody of this student? Yes No Joint Custody

Explanation/Comments: _____

Spouse Name (If applicable/not required): _____

Best Contact Number for Spouse (if applicable/not required): (____) _____ - _____

Additional Emergency Contact #3

Do you want to add an additional contact for emergencies and automated emergency notifications? Yes No

First Name: _____ Last Name: _____

- Relationship to student Mother Father Step-Mother Step-Father Aunt Uncle
 Brother Sister Grandfather Grandmother Foster Parent
 Other, please explain: _____

Best Phone Number: (____) _____ - _____ Home - Land Line Work Cell Phone If Cell, Receive Text
 1st Alternate Number: (____) _____ - _____ Home - Land Line Work Cell Phone If Cell, Receive Text
 2nd Alternate Number: (____) _____ - _____ Home - Land Line Work Cell Phone If Cell, Receive Text

Email: _____ Employer: _____

If parents cannot be reached, please call:

1st Contact: Name: _____ Phone: (____) _____ - _____

- Relationship: Mother Father Step-Mother Step-Father Aunt Uncle
 Brother Sister Grandfather Grandmother Foster Parent
 Other, please explain: _____

2nd Contact: Name: _____ Phone: (____) _____ - _____

- Relationship: Mother Father Step-Mother Step-Father Aunt Uncle
 Brother Sister Grandfather Grandmother Foster Parent
 Other, please explain: _____

Grade: _____ Student Name (Legal): _____

Last

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Military

- Is your child an active duty military dependent? Yes No
- Is your child a National Guard military dependent? Yes No
- Is your child a reserve military dependent? Yes No

Siblings

1	_____	Grade: _____
2	_____	Grade: _____
3	_____	Grade: _____
4	_____	Grade: _____

Where does your child stay at night? (Please check one)

- Home/Apartment owned or rented by parent(s)/Guardian(s)
- With a relative or friend (family does not have a residence)
- In a shelter (Please list name of shelter: _____)
- In a motel (Please list name of motel: _____)
- In an automobile
- A campsite
- In housing that is inadequate (i.e. no electricity, running water, etc.)
- Other housing (please explain): _____

Are you a student under the age of 18 who lives apart from your parents/guardians? Yes No

Have you received books from Imagination Library? Yes No



- Yes No At various times during the school year, Johnson City Schools (JCS) and a variety of media outlets request permission to film, video tape and photograph in our schools. They subsequently publish, broadcast or use these materials, which often include images and depictions of students, as well as student work products. If you consent and grant permission for your child's likeness or work products to be used/featured by the school, JCS or electronic or social media, please check "Yes." If you do not consent, please check "No."
- Yes No My child's photograph and/or work products may be printed in the school's yearbook.
- Yes No My child's name, gender, school, grade, home room teacher, parent/guardian name, address, and phone number (unless unlisted) may be made available upon request as directory information.
- Yes No I understand I am responsible for lost and damaged books and/or computer devices.
- Yes No My child receives additional services at school.

A Health Information Card must be completed on all students.

I certify that all information on this form is true and correct.

Parent/Guardian Signature: _____ Date: _____

Grade: _____ Student Name (Legal): _____

Last _____ First _____ Middle _____

NOTES

Grade: _____ Student Name (Legal): _____

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First

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