

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

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

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

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City) (County) (State)

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: \_\_\_\_\_

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

Relationship to student (circle one):  
**mother & father** **mother** **father** **other** (specify) \_\_\_\_\_

Residing Street Address: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

Father's Place of Employment: \_\_\_\_\_

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

Are there any custody issues of which we should be aware? \_\_\_\_\_

**If so, please provide us a copy of the court papers signed by a judge**

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

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

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

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

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

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

Is English the student's primary language? (circle one) **Yes** **No** If no, what language is spoken? \_\_\_\_\_ Is child a foster child? (circle one) **Yes** **No**

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 Foundations, Headstart 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 and to receive day-care services (State required)

Will your child ride a bus? (circle one) **Yes** **No** Will someone be available to meet the bus? (circle one) **Yes** **No**

If seven 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**

Is this student covered under a Private Insurance Company or TennCare? If so, please list carrier: \_\_\_\_\_

**Do you or your spouse receive any untaxable income? (Social security, child support, disability payments, unemployment compensation, etc.)** (circle one) **Yes** **No**

If yes, what is the amount per year? \_\_\_\_\_

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

**My child qualifies for Tier \_\_\_\_\_ If you indicate Tier 1, please complete the attached Eligibility form.**

**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.

Dickson County has implemented a new emergency parent notification plan. For more information, go to <http://www.dicksoncountyschools.org/parents/emergency.html>. Do not register for the emergency notification plan until July 1.