



# STUDENT REGISTRATION

School \_\_\_\_\_ Grade   9    10   11   12  Enrollment Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

TN IMMUNIZATION CERTIFICATE  
 PROOF OF RESIDENCE/ZONE

COPY OF BIRTH CERTIFICATE  
 PROOF OF GUARDIANSHIP

PHYSICAL/APPT. DATE \_\_\_\_\_

This is the student's   1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>   year in high school.

Has student been previously enrolled in any Tennessee public school, including the Clarksville-Montgomery County School System?

School Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Has student been previously suspended or expelled? Yes  No  If so, when? \_\_\_\_\_

Is or has student been in any of the following programs? **Special Education** Yes  No  **ELL** Yes  No  **504 Plan** Yes  No

Student Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Gender  Male  Female Ethnicity: Is this student Hispanic or Latino?  Yes  No

Race: Check all that apply (At least one is required)  Alaskan Native/American Indian  Asian  African American /Black  
 White  Native Hawaiian/Pacific Islander

Address \_\_\_\_\_  
Street or Road Apt. # or Subdivision Zip Code

Primary Contact Phone \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Military Dependent  No  Active Duty  National Guard  Reserve

Student's Birthplace \_\_\_\_\_  
City County State/Province Country

Last School Attended \_\_\_\_\_  
School Name Street City State Zip

Legal guardianship of student:  Mother  Father  Both  Other (Specify) \_\_\_\_\_

**(Current legal documents concerning child custody, adoption, and guardianship must be on file in school office.)**

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

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

- Home/apartment owned or rented by the parent(s)/guardian(s)
- In an automobile
- With a relative or friend (family does not have a residence)
- A campsite
- In a shelter
- Other housing (please explain) \_\_\_\_\_
- In a motel
- \_\_\_\_\_
- The above indicated housing is inadequate (i.e. no electricity, running water, etc.)

*In an emergency situation, if parent/guardian cannot be located, the school will use judgment and make necessary arrangements.*

*I certify the above information is true and accurate.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*It is the policy of the Clarksville-Montgomery County School system not to discriminate against any student, employee or applicant on the basis of sex, marital status, race, color, creed, national origin, or handicapping condition.*

**DEAR PARENTS:** Graduation requirements for all diploma types may be found in the CMCSS Academic Catalog. The school counselor will review with you the appropriate course selection and enter them below. The student will be scheduled into these courses and will be expected to remain in these courses for the school year. Alternate course choices will be substituted should a course be full or otherwise unavailable.

FIRST SEMESTER:

SECOND SEMESTER:

Course#

Course Name

Course#

Course Name

1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	

ONLY IF DIFFERENT FROM 1<sup>ST</sup> SEMESTER

ALTERNATES:

Alternates are not needed for required courses:

Course#

Course Name

Course#

Course Name

		For		
		For		
		For		
		For		
		For		
		For		
		For		

**I understand that schedules (teachers, courses, periods) WILL NOT be changed EXCEPT BY TEACHER RECOMMENDATION OR FOR COMPUTER ERROR.**

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



REQUIRED AT REGISTRATION  
FOR ALL NEW STUDENTS

Student Name \_\_\_\_\_

**Primary Home Language Survey K-12:**

1. What is the first language your child learned to speak? \_\_\_\_\_

2. What language does your child speak outside of school? \_\_\_\_\_

3. What language is mostly spoken in your child’s home? \_\_\_\_\_

**If the answer to any of the questions above is a language other than English, please provide the following information:**

Was the child born in the United States (U.S.)? Yes / No      If no, complete the following:

Country of Birth: \_\_\_\_\_

Date of Entry into the U.S. (MM/DD/CCYY): \_\_\_\_\_

Date of Entry into first U.S. school (MM/DD/CCYY): \_\_\_\_\_

**This section is to be completed only for students who answered any of questions 1-3 with a language other than English.**

Years of Education in Home Country: \_\_\_\_\_

Interrupted Schooling:      Yes / No

L1 (1<sup>st</sup> language) Literacy:      Yes / No

ELL/ESL student in another U.S. school?      Yes / No

Years of previous education in U.S. schools: \_\_\_\_\_

In what language do you want notices sent to you from the school? \_\_\_\_\_

Please check the category of the student:

- Category A – speaks only the language other than English
- Category B – speaks mostly the language other than English
- Category C – speaks English and the other language equally as well
- Category D – speaks mostly English
- Category E – speaks only English

Parent/ Guardian Signature \_\_\_\_\_

**Please file original copy in the cumulative folder and distribute copy to the ESL teacher if another language other than English is listed in any block on this form. If there is not an assigned ESL teacher, send this form to the ESL coordinator at the ESL office.**