

# Brighton Elementary School

## New Student Registration Checklist

Student's Name: \_\_\_\_\_

**PLEASE NOTE:** Child **MUST** be 5 years of age on or before *August 15<sup>th</sup>* of the current year in order to register.

Please put items in the following order, with this form on top.

1. \_\_\_\_\_ Completed Registration Form
2. \_\_\_\_\_ (1) Current and up-to-date proof of School Zone Residence:
  - Property tax records which indicate the 911 location of the homestead
  - Mortgage documents or property deed
  - Apartment or home lease
  - Current utility bills showing residence address
  - Automobile registration
  - State issued ID/ Documents

**\*\*\*Note: Any document, which evidences only a post office box as an address, shall not be accepted.**

3. \_\_\_\_\_ Certified copy of the child's birth certificate (not the mother's copy)
4. \_\_\_\_\_ An up-to-date TN Kindergarten Immunization Certificate and Physical Examination
5. \_\_\_\_\_ Home Language Survey
6. \_\_\_\_\_ Residence Verification Survey
7. \_\_\_\_\_ Proof of grade placement (Report Card or Withdrawal Form from previous school)
8. \_\_\_\_\_ Custody Documents (**ONLY** if applicable)

**\*\* If you are unable to provide any of the above documents please contact your zoned school **Principal**.**

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Attendance Clerk Signature: \_\_\_\_\_

**Kindergarten Registration Form  
Brighton Elementary School**

**Child's Full Name:** (please print name as it appears on certified birth certificate)

\_\_\_\_\_

**Name child is called:** \_\_\_\_\_

**Birth date** \_\_\_\_\_ **Sex:** (circle one) **Male Female**

**City, State, & County of Birth:** \_\_\_\_\_

**Ethnicity:** \_\_\_ Hispanic \_\_\_ Non-Hispanic

**Race:** \_\_\_ American-Indian \_\_\_ Asian \_\_\_ Black or African-American \_\_\_ Native Hawaiian or Pacific Islander  
\_\_\_ White Other: \_\_\_\_\_

**Are there any custody arrangements that pertain to your child?** \_\_\_ yes \_\_\_ no

**Custody documents have been provided to us?** \_\_\_ yes \_\_\_ no

**Primary custodial parent name:** \_\_\_\_\_

**With whom does the child reside?** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
(If different)

**Best # to contact for automated school wide messages or early dismissal:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Workplace** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Home Number** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Workplace** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Parents are:** \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other

**Please mark if either parent is deceased:** \_\_\_ Father \_\_\_ Mother

**My child will be a:**

\_\_\_ **Bus Rider (Bus #: \_\_\_\_\_ )** \_\_\_ **Car Rider** \_\_\_ **After School Care (SACC)**

**Medical alert information:** \_\_\_\_\_

**Sibling names and grades:** \_\_\_\_\_

**Did your child attend a pre-k program? If so, where?** \_\_\_\_\_

Brighton Elementary  
KINDERGARTEN INFORMATION FORM

CHILD'S NAME: \_\_\_\_\_

GENERAL HEALTH:

1. Does your child have any medical conditions and/or allergies that we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_
2. Is he/she on medication for this condition? \_\_\_\_\_
3. Does your child have any toileting concerns which might affect his/her participation?  
\_\_\_\_\_
4. Does your child regularly stay away from home?
  - With a babysitter
  - In a Mother's Day Out Program
  - At a daycare center
  - With a relative
5. Has your child had any kind of traumatic experience of which the school needs to be aware (i.e. divorce, death in the family, serious accidents)?  
\_\_\_\_\_
6. What is your child's bedtime? \_\_\_\_\_
7. Please describe any unusual fears or nervous habits:  
\_\_\_\_\_

SOCIAL DEVELOPMENT:

1. List below any schools, pre-schools and/or Mother's Day Out programs he/she attended previously:

School

Year

\_\_\_\_\_  
\_\_\_\_\_

Did he/she have a positive experience at his/her previous school?  
\_\_\_\_\_

(\*Please fill out reverse side →)

2. Describe your child's play when he/she plays alone:  
(Ex: quiet, active, loud, imaginative) \_\_\_\_\_
3. How many hours per day are spent watching/playing: TV/Videos?  
\_\_\_\_\_  
Electronic Games? \_\_\_\_\_

DEVELOPMENT OF SKILLS:

1. Does your child seem to be:                      Right Handed                      or                      Left Handed?
2. Does your child follow directions?   Always                      Usually                      Seldom                      Never
3. Does your child dress him/herself?  
\_\_\_\_\_
4. Has your child had experience using:
- Crayons                      (Yes, No)    Scissors                      (Yes, No)
  - Pencil                      (Yes, No)    Computers                      (Yes, No)
  - Paints                      (Yes, No)
5. Can your child's speech be understood by people unfamiliar to him/her?  
                    Yes    No

PARENT'S IMPRESSIONS AND ATTITUDES:

1. What means of discipline works best for your child?  
\_\_\_\_\_
2. What causes your child to become upset or angry?  
\_\_\_\_\_
3. What additional information do you feel would help your child's teacher?  
\_\_\_\_\_  
\_\_\_\_\_

**Thank You!**

# Tipton County Schools Night-time Residency Form

Student's Name: \_\_\_\_\_

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

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

\_\_\_\_\_ In a camper trailer or at a campsite

\_\_\_\_\_ In housing that is inadequate (I.E. no electricity, running water, etc.)

\_\_\_\_\_ Other housing (please explain):

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**Primary Home Language Survey**

The parent or legal guardian should complete this form during registration.

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

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The native/home language of each student must be recorded in his/her permanent record.

**\*\*\*\*Please answer the following questions about your child's language background:**

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

2. What language does this child speak most often outside of school? \_\_\_\_\_

3. What language do people usually speak in the child's home? \_\_\_\_\_

Listing another language other than English to any of the questions above **DOES NOT** qualify a student as an English language learner. It does require, however, that the student participate in an approved language proficiency assessment to determine language proficiency and possible ESL classification based on these assessment results. If any question is answered with another language other than English, a copy of this form should be forwarded to the Title III Director at the Board of Education.

**\*\*\*Collected for Funding Purposes Only:**

Was this child born in the United States? Yes No

If no, what is the country of birth? \_\_\_\_\_

Date entered the United States: \_\_\_\_\_

Date entered schools in the United States: \_\_\_\_\_

Has this student ever been enrolled in an ESL program? Yes No

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

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

\_\_\_\_\_  
Date

*Tipton County Schools offers educational and employment opportunities without regard to race, color, creed, national origin, religion, sex, age or disability and adheres to the provisions of the Family Educational Rights and Privacy Act (FERPA).*

## Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

\_\_\_\_\_  
**Today's Date** **Parent/Guardian First & Last Name**

\_\_\_\_\_  
**Student First Name** **Student Last Name**

\_\_\_\_\_  
**School Name** **Student Grade**

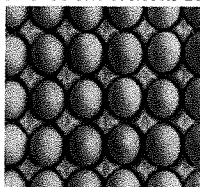
**1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?**

- No  
 Yes. Check all that apply and list the total number of months worked:



**Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

**Total Months Worked:** \_\_\_\_\_



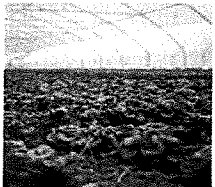
**Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

**Total Months Worked:** \_\_\_\_\_



**Dairy/Cattle Raising** (feeding, milking, rounding up)

**Total Months Worked:** \_\_\_\_\_



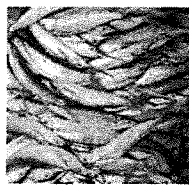
**Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

**Total Months Worked:** \_\_\_\_\_



**Forestry** (soil preparation, planting, cutting trees; landscaping not included)

**Total Months Worked:** \_\_\_\_\_



**Commercial Fishing & Processing** (catching, sorting, packing, transporting)

**Total Months Worked:** \_\_\_\_\_

**2. In the past three years, has your family moved to another state, city, school district, and/or county?**

- No  
 Yes. How long have you resided in your current address?

\_\_\_\_\_ Years      \_\_\_\_\_ Months      \_\_\_\_\_ Weeks

**If you answered "Yes" to questions 1 and 2, please complete the information below.**

\_\_\_\_\_  
**Home Street Address** **Apt #**

\_\_\_\_\_  
**City** **State** **Zip Code**

\_\_\_\_\_  
**Telephone Number** **Best Day of Week & Time of Day to Call**

**For School Use Only:** Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

<b>Student State ID:</b>	<b>Enrollment Date:</b>	<b>District ID:</b>
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# Parental Consent Form for Sharing Immunization Record with Tennessee Immunization Information System

Tennessee and Federal law allow for the sharing of immunization records between schools, health care providers, and public health agencies if parental consent is provided to the school. One way this is done is by each of these entities contributing the immunization records they have to one computer system that is available only to schools, health care providers, and public health agencies called the Tennessee Immunization Information System (TennIIS). This immunization record service system is operated by the Tennessee Department of Health and contains only basic name and address information, plus immunization records, including vaccines names and dates, from area doctors' offices and other health care providers.

Our school district uses this immunization record service. This service makes it much easier for us to get copies of your child's immunization record, a requirement for school entry under Tennessee law. We also share records of immunization not already in the system with this service so you or your child's healthcare providers can access complete immunization information in the future. Additionally, your child's immunization information will be accessible to you through your healthcare provider and to colleges and universities to satisfy their immunization enrollment requirements. This information is used solely to help protect your child and prevent disease by documenting and improving immunizations in our community. The information can only be shared with those entities authorized by Tennessee law (Tenn. Code Ann. § 63-2-101) to receive it.

If you choose to not have your child's immunization information in this system, it does not affect any school services. Should you be unable to locate copies of immunization records when needed in the future, however, it may mean a long record search or repeat immunizations for your child, which would involve more work for you, your child's clinic, and/or school staff to verify your child's immunization status as part of Tennessee's School Immunization Law.

*I authorize Tipton County Schools to release my child's immunization record to the public health immunization registry. I understand this information can only be used to improve the quality and timeliness of immunization services and to help schools enforce the School Immunization Law. This includes any immunization information the school currently has on my child plus any it may obtain while the student attends this school.*

I do authorize

I do not authorize

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_