

Murfreesboro City Schools
Enrollment Data Form

Please Print Legibly

STUDENT INFORMATION

Legal Name on Birth Certificate: _____, _____, _____

Last

First

Middle

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

Ethnicity: Hispanic Non-Hispanic

Race (mark all that apply): White American Indian/Alaskan Native Asian
 Black or African-American Native Hawaiian/Other Pacific Islander

Student's preferred name: _____ Birth Mother's Maiden Name: _____

Birth History

Federal law requires complete information for all students.

Birth Country: US Other Birth City: _____ Birth State: _____ Birth County (US): _____

FAMILY INFORMATION

If the family has a domestic relations order or parenting plan governing custody or care of the child, we must have a copy of this order or parenting plan. If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove the child from school, we must have a legal document from the custodial parent to support this order. These documents must be received by your child's school before he or she will be enrolled. You are responsible for notifying the school if these plans change. Please be sure any legal documents pertaining to child custody or care on file with your child's school are current at all times.

Custody: Both parents Mother Father Guardian Student lives with: _____

Name of Primary Residential Parent: _____

Do you have a current domestic relations order or parenting plan governing custody or care of the child? Yes No

MILITARY RELATION

Does this child qualify as a(n) ... Active duty military dependent: yes no
National Guard military dependent: yes no
Reserve military dependent: yes no

PARENT/GUARDIAN 1

Legal Name (primary custody): _____ Relationship: _____

Street Address: _____ Zip: _____ City/State: _____

Apt.#: _____ Subdivision or Apartment Complex: _____

I currently live at this address: yes no

Parent 1 Phone(s): _____

Mark one primary phone _____

home cell work primary phone

home cell work primary phone

home cell work primary phone

Workplace: _____ Parent 1 email: _____

Turn paper over and complete the back

PARENT/GUARDIAN 2

Legal Name (primary custody): _____ Relationship: _____

Mark all that apply: Custody Pick up allowed Call in Emergency

Street Address: _____ Zip: _____ City/State: _____

Apt.#: _____ Subdivision or Apartment Complex: _____

I currently live at this address: yes no

Parent 2 Phone(s): _____
Mark one primary phone _____
 home cell work primary phone number
 home cell work primary phone number
 home cell work primary phone number

Workplace: _____ Parent 2 email: _____

Siblings currently attending Murfreesboro City Schools

Sibling's Legal Name	Sibling's School Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

OTHER LOCAL EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____ Pick up allowed: yes no

Name: _____ Relationship: _____ Phone: _____ Pick up allowed: yes no

Name: _____ Relationship: _____ Phone: _____ Pick up allowed: yes no

Do you wish to receive phone call notifications from the school and district? Yes No

When you check "Yes" you are allowing your child's school and the school district to call and email you in the case of an emergency, for attendance notifications and other informational messages. It also allows school and district weather calls and emails.

LAST SCHOOL ATTENDED

School Name: _____ School street address: _____

City, State: _____ Phone: _____ Dates attended: _____

Last year my child had a(n) IEP 504 Plan English Language Learner Services

Has this student ever attended a Tennessee public school? Yes No If yes, indicate years: _____

TRANSPORTATION

Will this student ride the bus? Yes No AM only PM only Both

Will this student walk to and from school? Yes No

Will this student attend the Extended School Program (ESP)? Yes No

Parent/Guardian Signature: _____

Date: _____