



C.C.H.S. Jet's Registration

↓ For Office Use:

I.D.#

STUDENT CLASSIFICATION: REGULAR ALTERNATIVE GED+2

PREVIOUS SCHOOL ATTENDED (PLEASE INCLUDE CITY AND STATE):

GRADE: 9 10 11 12

M_{ALE} **F**_{EMALE}

DATE OF ENROLLMENT

LAST NAME

FIRST NAME

MIDDLE NAME

STUDENT SOCIAL SECURITY NO.

DATE OF BIRTH

PLACE OF BIRTH

ETHNICITY: (CIRCLE ONE) AMER. INDIAN BLACK/AFR. AMER HISPANIC NATIVE HAWAIIAN PACIFIC ISLANDER ASIAN WHITE

Immigrant Students: Has student been enrolled in another state previously? If so, what state? _____

Year entered United States: _____ Are you a United States Citizen? YES or NO

HOME PHONE: _____

Student Cell (Optional) : _____

HAS STUDENT EVER BEEN ENROLLED IN CUMBERLAND CO. SCHOOL BEFORE? YES NO

HOME ADDRESS

MAILING ADDRESS (IF DIFFERENT)

_____ APT. _____

_____ TN/ZIP CODE _____

_____ TN/ZIP CODE _____

TRANSPORTATION INFORMATION

(CIRCLE ONE BELOW)

_____ _____
BUS NO. A.M. P.M. MILES ONE WAY- AREA (Tansi, City, ETC..)

CAR RIDER: YES or NO

DRIVES: YES or NO

Parent/Guardian Information: e-mail address: _____

PARENT NAME _____ RELATIONSHIP _____ PHONE NO. _____

CELL NO. _____

PLACE OF EMPLOYMENT _____ TITLE/SHIFT _____ WORK NO. _____

PARENT NAME _____ RELATIONSHIP _____ PHONE NO. _____

CELL NO. _____

PLACE OF EMPLOYMENT _____ TITLE/SHIFT _____ WORK NO. _____

IF STUDENT IS NOT LIVING WITH EITHER LEGAL PARENT:

LEGAL GUARDIAN: _____ RELATIONSHIP: _____

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IF STUDENT DOES NOT LIVE WITH BOTH LEGAL PARENTS

LEGAL PARENTS ARE: DIVORCED LEGALLY SEPARATED UNMARRIED MARRIED

****A COPY OF THE COURT ORDER AWARDING CUSTODY OF STUDENT IS REQUIRED FOR RECORD.**

IS A COPY IN THE STUDENT'S FILE? YES or NO

PLEASE LIST NAMES & AGES OF CHILDREN LIVING IN HOUSEHOLD

_____ AGE _____ _____ AGE _____
_____ AGE _____ _____ AGE _____

***EMERGENCY CONTACTS:** The persons listed below have my permission to pick up my teenager. If for any reason (injury, illness, discipline, etc.) school officials need to send my teenager home, and I am unable to be contacted, I give my authorization for the people below to be allowed to pick up my teenager for me:*

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

****PLEASE NOTE:** For appointments & other reasons that require an early checkout, a note MUST be received prior to the dismissal, if someone other than yourself is to pick up your student.

WAS STUDENT IN SPECIAL HELP CLASSES? YES: SPEECH GIFTED RESOURCE/SPED NO
OTHER:

MEDICAL/ALLERGY ALERTS:

MEDICATIONS: _____

DOCTOR'S NAME _____ OFFICE NO. _____

KNOWN ALLERGIES: _____

COURSE OF STUDY:

(PLEASE CHECK ONE)

UNIVERSITY PATH:

TECHNICAL PATH:

DUAL PATH:

LEGAL ALERT---IMPORTANT! LIST ALL PERSONS WHO YOUR TEENAGER CANNOT LEAVE WITH:

In case of an emergency, (accident, injury, illness, etc.) and parent(s) or legal guardian cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary for the health and well being of my teenager. I will not hold the school district financially responsible for the emergency care and/or transportation for my teenager.

PARENT/GUARDIAN SIGNATURE _____ DATE _____