

McEwen High School
REGISTRATION FORM

FOR OFFICE USE ONLY

EIS Student PIN _____
EIS Student ID _____
Homeroom _____

Student's Legal Name: _____

Date of Birth: _____ (Last) _____ (First) _____ (Middle)
Place of Birth: _____
(Country) (State) (County) (City)

Gender (circle one): Male Female
Ethnicity (circle one): Hispanic Non-Hispanic

Student's native language: _____

Race (circle those that apply): American-Indian Asian Black Pacific-Islander White

Grade: _____ AM Bus#: _____ PM Bus# _____

Miles ridden to school: _____

AM Bus Pickup Address: _____ PM Bus Dropoff Address: _____

Person(s) with Legal Custody: Both Parents Mother Only Father Only Other*
Anything other than both parents, signed legal documentation is needed.

*Custody Information: _____

Full Name of Parent NOT Living with the student and sharing legal custody: _____
Relationship: _____

Pick up: Yes / No Contact: Yes / No Mailings to the right: Yes / No

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

Relationship to student: Mother & Father Mother Father Other _____

Student Address: _____

City and Zip: _____

E-mail: _____

Home Phone#: _____ Cell Phone#: _____

Student Cell Phone Number: _____

Full Name of Mother: _____

Mailing Address: _____

E-mail: _____

Home Phone#: _____ Cell Phone#: _____

Place of Employment: _____

Work Phone#: _____

Mother's Maiden Name: _____

Full Name of Father: _____

Mailing Address: _____

E-mail: _____

Home Phone#: _____ Cell Phone#: _____

Place of Employment: _____

Work Phone#: _____

Emergency contact (other than parent): _____

Relationship: _____ Work Phone#: _____

Home Phone#: _____ Cell Phone#: _____

Emergency contact (other than parent): _____

Relationship: _____ Work Phone#: _____

Home Phone#: _____ Cell Phone#: _____

For additional contacts use the Emergency Contact Addition form found on the school website.

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) ___ In a motel
___ With a relative or friend (family does not have a residence) ___ In a shelter
___ In an automobile ___ A campsite ___ In housing that is inadequate (i.e. no electricity, running water, etc.)
Other housing (please explain) _____


In order to identify parents in the Armed Forces, please complete the following questions:

Do either parent serve _____ full time or _____ part time in the Armed Forces?

Which classification best describes your services?

___ Army, Navy, Air Force, Marine Corps, or Coast Guard ___ National Guard ___ Active Guard Reserve.

Medical Concerns: (Including food allergies): _____

 Signature of enrolling parent/guardian: _____ Date: _____

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.

 Signature of enrolling parent/guardian: _____ Date: _____

McEwen High School
HEALTH FORM

Please list diagnosed medical problems and allergies.

Diagnosed Medical Problems
1.
2.
3.
4.
5.

Allergies
Is your child allergic to latex? Yes _____ No _____
Any medication allergies: Yes _____ No _____
Please list: _____
Any food allergies: Yes _____ No _____
Please list: _____
*Per state law, if you child is allergic to any food, it must be documented by your Healthcare Provider for the school system to make an emergency plan.

Please list any prescribed medication. Also, list if the medicine is to be taken at school. Please refer back to the medicine policy in the student handbook.

Medication Name	Taken at School or home	Dose	Time	Start Date	Stop Date	Parents Initial

Over the Counter Medicine (OTC)

Medication Name	Dose	Parents Initial
Tylenol		
Ibuprofen		
Benadryl		
Other:		

In the event my child needs to take OTC medication please do the following: (Check the box that apply)

Contact me before any medication is given: ☐

Medication may be given without contacting me: ☐

MEDICAL CARE DISCLOSURES

I certify that I am a parent or legal guardian of the above-named child. I authorize release of medical information to school personnel involved in the care of my child. In case of emergencies, I, authorize either of the emergency contacts to act on my behalf in the event I cannot be reached. Furthermore, I authorize school personnel to seek medical treatment as needed if I cannot be reached, or in cases of extreme emergencies



Signature of enrolling parent/guardian: _____ Date: _____

MEDICAL POLICY ACKNOWLEDGEMENT

By signing this form, I certify I am a parent or legal guardian of the above-named child and that I have read the Humphreys County School System's Medication Policy. I also authorize release of medical information to pertinent school personnel involved in the care of my child. I also authorize school personnel to seek medical treatment as needed if I cannot be reached.



Signature of enrolling parent/guardian: _____ Date: _____