

**Student Enrollment Data  
Clarksburg School**

*Previous School (if applicable):*

Student Name:			Birthdate:		
(First) (Middle) (Last)					
Mailing Address:					
911 Address (if different):					
Home Phone:					
AM Bus:		PM Bus:		Number of miles from school:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pac Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Decline to State					
Name of legal guardian:					
Guardianship/Legal Custody: <input type="checkbox"/> Father and Mother <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other (specify):_____					
City of birth:		County of birth:		State of birth:	
Country of birth:		Mother's Maiden Name:			
Birth Certificate #:		TN Id #:			
Grade Level:		Gender:		Graduation Year:	
Father's Name:		Day Phone:		Cell Phone:	
Father's Employer:			Father's Work Phone:		
Father's email address:					
Mother's Name:		Day Phone:		Cell Phone:	
Mother's Employer: :			Mother's Work Phone:		
Mother's email address:					
<b>Contact Information (Please complete order of priority for contacts. 1= first to be called. Emergency contacts may or may not be parents listed above.)</b>					
Emergency Contact #1:			Contact relationship to student:		
Phone Numbers (for contact #1): Home:		Cell:		Work:	
Emergency Contact #2:			Contact relationship to student:		
Phone Numbers (for contact #2): Home:		Cell:		Work:	
Emergency Contact #3:			Contact relationship to student:		
Phone Numbers (for contact #3): Home:		Cell:		Work:	
Allergies/Special Conditions/Medical Alerts:					
Any restrictions on student contact or "pick up" should be submitted annually in writing to the classroom teacher and the principal's office. Restraining or court order documentation will be needed if restrictions include a parent. _____					
According to the Family Educational Rights and Privacy Act, SCCSSD, requests and discloses upon requests education records (including special education records) without parent, guardian, or student consent to officials of other schools, school districts, or education institutions in which students seek or intend to enroll, or are already enrolled if the disclosure is for purposes of the student's enrollment or transfer.					

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_