

STUDENT REGISTRATION

School _____ Grade 9 10 11 12 Enrollment Date: _____

This is the student's 1st 2nd 3rd 4th year in high school.

Has student been previously enrolled in any Tennessee public school, including the Clarksville-Montgomery County School System?

School Name _____ Grade Level _____

Has student been previously suspended or expelled? Yes No If so, when? _____

Is or has student been in any of the following programs? **Special Education** Yes No **ELL** Yes No **504 Plan** Yes No

Student Name _____

Last

First

Middle

Date of Birth _____ **Gender** Male Female **Ethnicity:** Is this student Hispanic or Latino? Yes No

Race: Check all that apply (At least one is required) Alaskan Native/American Indian Asian African American /Black
 White Native Hawaiian/Pacific Islander

Address _____

Street or Road

Apt. # or Subdivision

Zip Code

Primary Contact Phone _____ **Mother's Maiden Name** _____

Military Dependent No Active Duty National Guard Reserve

Student's Birthplace _____

City

County

State/Province

Country

Last School Attended _____

School Name

Street

City

State

Zip

I have Internet access in my home: ☐ yes ☐ no

My child has access to a device for educational purposes: ☐ yes ☐ no

Legal guardianship of student: Mother Father Both Other (Specify)

(Current legal documents concerning child custody, adoption, and guardianship must be on file in school office.)

Parent/Guardian Name _____ Relationship _____

Employer _____ Occupation _____ Work Phone _____

Parent/Guardian Name _____ Relationship _____

Employer _____ Occupation _____ Work Phone _____

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

 A campsite or automobile

 Other housing (please explain)

 The above indicated housing is inadequate (i.e. no electricity, running water, etc.)

In an emergency situation, if parent/guardian cannot be located, the school will use judgment and make necessary arrangements.

I certify the above information is true and accurate.

Parent/Guardian Signature _____ Date _____

It is the policy of the Clarksville-Montgomery County School system not to discriminate against any student, employee or applicant on the basis of sex, marital status, race, color, creed, national origin, or handicapping condition.

DEAR PARENTS: Graduation requirements for all diploma types may be found in the CMCSS Academic Catalog. The school counselor will review with you the appropriate course selection and enter them below. The student will be scheduled into these courses and will be expected to remain in these courses for the school year. Alternate course choices will be substituted should a course be full or otherwise unavailable.

FIRST SEMESTER:

SECOND SEMESTER:

Course#

Course Name

Course#

Course Name

1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	

ONLY IF DIFFERENT FROM 1ST SEMESTER

ALTERNATES:

Alternates are not needed for required courses:

Course#

Course Name

Course#

Course Name

		For		
		For		
		For		
		For		
		For		
		For		
		For		

I understand that schedules (teachers, courses, periods) WILL NOT be changed EXCEPT BY TEACHER RECOMMENDATION OR FOR COMPUTER ERROR.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____