

# NEW / CHANGE OF STUDENT ENROLLMENT

FORM 410A REVISED 7/16/2019



ROANE COUNTY  
SCHOOLS

This form should be completed each time a student enrolls in a Roane County school, including students new to Roane County public schools, students previously enrolled who are returning from homeschooling or enrollment in another school district, students who reside outside of Roane County, students residing in Roane County who wish to enroll at a school outside their attendance zone of residence, and students returning to Roane County from out-of-county / out-of-state placement.

**NEW / RETURNING STUDENT**  
(complete Form 510A2 on reverse)

**IN-COUNTY TRANSFER**  
(requires Superintendent approval)

**OUT-OF-COUNTY TRANSFER**  
(requires BOE approval)

## STUDENT INFORMATION

**STUDENT'S FULL LEGAL NAME** \_\_\_\_\_

**WVEIS ID (IF KNOWN)**

**STUDENT'S MAILING ADDRESS** \_\_\_\_\_  
*Street / PO Box*

**DATE OF BIRTH**   /   / 20

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP*

**GENDER**  Female  Male

**STUDENT'S HOME PHONE** (    )    -      (unlisted)

**ETHNICITY** (check all that apply)  
 American Indian / Alaskan Native  Asian  
 African-American  Hispanic  
 Native Hawaiian / Pacific Islander  White

Other \_\_\_\_\_

## SCHOOL INFORMATION

### SCHOOL ENTERING / TRANSFERRING TO

Geary  Walton  Spencer Elementary  Spencer Middle  RCHS

### GRADE ENTERING

### DATE TO BEGIN

### PREVIOUS SCHOOL

Public \_\_\_\_\_  
 Private \_\_\_\_\_  
 Homeschooling \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_

**IS THIS STUDENT CURRENTLY EXPELLED OR PLACED IN AN ALTERNATIVE SCHOOL?**  Yes  No

**DOES THIS STUDENT HAVE AN INDIVIDUALIZED EDUCATION PLAN (IEP)?**  Yes  No

**WILL THIS STUDENT REGULARLY RIDE THE BUS?** (check all that apply)  
 Morning  Afternoon

**BUS NUMBER** \_\_\_\_\_

**DOES THIS STUDENT HAVE A SECTION 504 PLAN?**  Yes  No

### NOTES

No student shall enroll as an "out-of-county transfer" or as an "in-county transfer" until securing the approval of the Superintendent and/or Board of Education as appropriate on this form.

No student classified as "homeless" under the federal McKinney-Vento Act definition shall be denied enrollment or appropriate services as required by the Act.

## PARENT / GUARDIAN SIGNATURE AND ACKNOWLEDGEMENT

By signing here, I certify that I am the parent and / or legal guardian of the student seeking enrollment or transfer by this form, and that the information provided here is accurate to the best of my knowledge.

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

## TRANSFER APPROVALS

**SUPERINTENDENT**  Approved  Denied

**DIRECTOR OF OPERATIONS** \_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**DIRECTOR OF STUDENT SUPPORT SERVICES** \_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**BOE APPROVAL (if applicable)** \_\_\_\_\_  
*Date* \_\_\_\_\_

# STUDENT CONTACT AND MEDICAL INFO

FORM 410A2 REVISED 7/16/2019



ROANE COUNTY  
SCHOOLS

This form should accompany any new / returning student enrollment and be resubmitted upon any need to update this information.

STUDENT'S FULL LEGAL NAME \_\_\_\_\_

WVEIS ID (IF KNOWN)

## PARENT / GUARDIAN INFORMATION

GUARDIAN 1  Parent  Grandparent  Foster Parent  
 Step Parent  Aunt / Uncle  Other

GUARDIAN 2  Parent  Grandparent  Foster Parent  
 Step Parent  Aunt / Uncle  Other

NAME \_\_\_\_\_

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Same as student  
Street / PO Box  
City State ZIP

Same as student  
Street / PO Box  
City State ZIP

EMAIL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE (  )  -

HOME PHONE (  )  -

WORK PHONE (  )  -

WORK PHONE (  )  -

CELL PHONE (  )  -

CELL PHONE (  )  -

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

MILITARY SERVICE (if applicable)  Active Duty  Reserve  
 National Guard  Discharged / Retired

MILITARY SERVICE (if applicable)  Active Duty  Reserve  
 National Guard  Discharged / Retired

LANGUAGE SPOKEN AT HOME \_\_\_\_\_

LANGUAGE SPOKEN AT HOME \_\_\_\_\_

## STUDENT'S MEDICAL INFORMATION

LIST ANY KNOWN ALLERGIES

LIST ANY MEDICATIONS THE STUDENT HAS BEEN PRESCRIBED FOR REGULAR USE

\_\_\_\_\_

\_\_\_\_\_

STUDENT'S PRIMARY CARE PROVIDER

LIST ANY MEDICATIONS THE STUDENT HAS BEEN PRESCRIBED FOR EMERGENCY USE (E.G., EPIPEN)

\_\_\_\_\_

\_\_\_\_\_

City State

IS THE STUDENT DIABETIC?

- Yes, Type 1  
 Yes, Type 2  
 No

## EMERGENCY INFORMATION

IN CASE OF EMERGENCY, IF GUARDIANS ABOVE CANNOT BE CONTACTED, WHO SHOULD BE CALLED?

\_\_\_\_\_  
Name Phone Relation to Student

IF SCHOOL IS CLOSED EARLY, HOW SHOULD THE STUDENT BE TRANSPORTED HOME?  Bus  Parent / Guardian Pick-up  Other \_\_\_\_\_

IF AN EMERGENCY OCCURS, DO WE HAVE YOUR RELEASE TO SEND THE STUDENT TO ROANE GENERAL HOSPITAL, IF NECESSARY?  Yes  No