

NEW / CHANGE OF STUDENT ENROLLMENT

FORM 410A REVISED 7/13/2020



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 410B 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 _____ *City* _____ *State*
 Homeschooling

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 410B REVISED 7/13/2020



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)

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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

Same as student

Street / PO Box

Street / PO Box

City State ZIP

City State ZIP

EMAIL ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE () -

HOME PHONE () -

WORK PHONE () -

WORK PHONE () -

CELL PHONE () -

CELL PHONE () -

EMPLOYER _____

EMPLOYER _____

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

MILITARY SERVICE Active Duty Reserve
(if applicable) 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