

GREENBRIER MIDDLE SCHOOL

A.M. Bus # \_\_\_\_\_ /P.M. Bus# \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ S.S. # \_\_\_\_\_

Student's Name \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address \_\_\_\_\_  
BOX # CITY, STATE ZIP CODE

Home Phone# \_\_\_\_\_ Dad's Cell# \_\_\_\_\_ Mom's Cell# \_\_\_\_\_

Custodial Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Custodial Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Other people to whom the school may release your child to:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Custodial Parent's Signature \_\_\_\_\_

**Greenbrier Middle School  
Enrollment Checklist**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_ 1. Data Form **completed** and signed by parent/legal guardian

\_\_\_\_ 2. Proof of custody (official court documents).

\_\_\_\_ 3. Proof of legal residence (3 total required –all documents must have a **recent date on them/ todos los documentos deben de tener una fecha reciente**)

- |   |   |
|---|---|
| ■ notarized statements,                                     | <i>documentos notariados</i>  |
| ■ credit card bill,   | <i>cuenta de tarjeta de crédito</i>                                       |
| ■ letter from bank, checks with latest address,             | <i>carta del banco, cheques con la dirección presente</i>                 |
| ■ government check with name and address,                   | <i>cheque del gobierno con nombre y dirección</i>                         |
| ■ light bill,   | <i>cuenta de la luz</i>   |
| ■ paycheck stub with address,                               | <i>el talón del cheque de pago con dirección</i>                          |
| ■ change of address from post office,                       | <i>cambio de dirección de la oficina de correos</i>                       |
| ■ insurance form (health/car),                              | <i>forma de seguro (de salud o del carro)</i>                             |
| ■ Mortgage documents/property deed/apartment or home lease. | <i>Documentos de hipoteca, títulos de propiedad, contrato de la renta</i> |

**Students must reside with parents, custodial parent, or legal guardian in the zoned school area. Proof of custody will be required.**

\_\_\_\_ 4. Proof of appropriate grade placement (transfer slip required or documented by testing if transfer is from non-approved school).

\_\_\_\_ 5. Birth certificate

\_\_\_\_ 6. Proof of immunizations (30 calendar days in-state/out-of-state **immediately** in hand on TN form ONLY)

**In-State due date:** \_\_\_\_\_ (30 calendar days from enrollment date)

\_\_\_\_ 7. Proof of current physical (first time admission in Robertson County, **TN form ONLY**)

\_\_\_\_ 8. Release of Record Request signed

\_\_\_\_ 9. Data Card

\_\_\_\_ 10. Home Language Survey completed and signed (only required once)

\_\_\_\_ 11. Migrant Education Program Occupational survey form completed (only required once)

\_\_\_\_ 12. Medical History Form completed (give to the Nurse)

\_\_\_\_ 13. Acknowledgement Form completed and signed.

\_\_\_\_ 14. Does/Did the student have any special classes (IEP)? Resource, RTI Tier placement, Gifted Services, ESL Services

**(Out of State IEP's must be reviewed by the school psychologist. A meeting will be held within ten days to make them eligible in TN and develop the IEP based on TN disability criteria).**

\_\_\_\_ 15. Does the student have any particular interest in being in band?

\_\_\_\_ 15. Does the student have any interest in any sports? Which one(s)?

(Football, Cheerleading, Cross Country, Wrestling, Basketball, Volleyball, Baseball, Softball)



GREENBRIER MIDDLE SCHOOL  
 2450 HIGHWAY 41 SOUTH  
 GREENBRIER, TN 37073

615.643.7823

615.643.4580 (FAX)

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

DATE: \_\_\_\_\_

STUDENT'S FULL NAME: \_\_\_\_\_

CURRENT GRADE LEVEL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LAST SCHOOL ATTENDED: (Please include the name of the school and the address):  
 \_\_\_\_\_  
 \_\_\_\_\_

HAS THE STUDENT EVER BEEN ENROLLED IN A SCHOOL IN ROBERTSON COUNTY? Yes or No

If Yes, Grade(s) \_\_\_\_\_ Year \_\_\_\_\_ School(s) \_\_\_\_\_

DOES YOUR CHILD HAVE AN: \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ FBA (Behavior Plan)  
 (Please check all that apply)

I HEREBY AUTHORIZE YOU TO RELEASE ALL RECORDS AND TRANSCRIPTS FOR THE ABOVE STUDENT. PLEASE PROVIDE GMS WITH THE FOLLOWING:

- ☒ DATES OF ATTENDANCE
- ☒ BIRTH CERTIFICATE
- ☒ SEMESTER AND WITHDRAWAL GRADES
- ☒ RTI PLACEMENT AND PROGRESS MONITORING DOCUMENTATION
- ☒ STANDARDIZED TESTING GRADES
- ☒ CURRENT GRADING SCALE USED BY YOUR INSTITUTION
- ☒ ALL HEALTH RECORDS
- ☒ ALL BEHAVIOR/DISCIPLE RECORDS
- ☒ A COPY OF THE FRONT OF THE CUMULATIVE RECORD INCLUDING THE GRADING RECORD (S) FOR ALL GRADES ATTENDED.

**If the student received any special education services, please forward ASAP, at minimum, all special education records to include a current IEP, regardless of any debt owed to the institution.**

If debt to the institution exists, please notify Melissa Town @ GMS. (melissa.town@rcstn.net)

The parent or LEGAL guardian of the student must sign this form.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE



**Robertson County Schools  
2017-18 Student Enrollment/Data Form**

**Guardian Information**

To be completed only if the student lives with someone other than a natural/legal parent. A copy of the court order granting custody must be provided upon enrollment.

Legal Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
 911 Street Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (Required)  
 Mailing Address (PO Box only) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Driver License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 State Custody?  yes  no Agency Name \_\_\_\_\_  
 Case Worker \_\_\_\_\_ Case Worker's Phone \_\_\_\_\_

**Emergency Contact Information**

Please list three persons who may be contacted in the event of an emergency if parents/guardians are unavailable.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

**\*It is hereby assumed that the school has your permission to release this student to those listed as emergency contacts.\***

**Other Children in the Home**

Name	Birth Date	School	Name	Birth Date	School
1. _____	_____	_____	3. _____	_____	_____
2. _____	_____	_____	4. _____	_____	_____

**School/Educational History**

Has this student previously attended school in Robertson County?  yes  no  
 If yes, name of previous Robertson County School \_\_\_\_\_ Dates attended \_\_\_\_\_  
 What is the last school this student attended? \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
 Was this student suspended or expelled from that school?  yes  no Enrolled in an alternative program?  yes  no  
 Has this student received any of the following services (circle all that apply): Resource Gifted ESL Speech  
 Has this student ever had an Individualized Education Plan (IEP)?  yes  no If yes, when (date)? \_\_\_\_\_

**Parent/Guardian Military Information**

Is any parent/guardian active in the United States military?  yes  no Specify (circle): Father Mother Both  
 If yes, specify which parent/category(circle):  
 Father: Active Duty National Guard Reserve  
 Mother: Active Duty National Guard Reserve

Active: includes full-time training duty, annual training duty, and attendance at a school designated as a service school by law or the Secretary of the military department concerned.  
 National Guard: member of the Army National Guard or the Air National Guard.  
 Reserve: includes enlistment, appointment, grade, or office held as a Reserve member of one of the armed forces.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**This is a two page document. Please complete both sides.**

**Robertson County Schools  
2017-18 Student Enrollment/Data Form**

**Guardian Information**

To be completed only if the student lives with someone other than a natural/legal parent. A copy of the court order granting custody must be provided upon enrollment.

Legal Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
 911 Street Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (Required)  
 Mailing Address (PO Box only) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Driver License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 State Custody?  yes  no Agency Name \_\_\_\_\_  
 Case Worker \_\_\_\_\_ Case Worker's Phone \_\_\_\_\_

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Please list three persons who may be contacted in the event of an emergency if parents/guardians are unavailable.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

**\*It is hereby assumed that the school has your permission to release this student to those listed as emergency contacts.\***

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2. _____	_____	_____	4. _____	_____	_____

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 If yes, name of previous Robertson County School \_\_\_\_\_ Dates attended \_\_\_\_\_  
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 Was this student suspended or expelled from that school?  yes  no Enrolled in an alternative program?  yes  no  
 Has this student received any of the following services (circle all that apply): Resource Gifted ESL Speech  
 Has this student ever had an Individualized Education Plan (IEP)?  yes  no If yes, when (date)? \_\_\_\_\_

**Parent/Guardian Military Information**

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 If yes, specify which parent/category(circle):  
 Father: Active Duty National Guard Reserve  
 Mother: Active Duty National Guard Reserve

Active: includes full-time training duty, annual training duty, and attendance at a school designated as a service school by law or the Secretary of the military department concerned.  
 National Guard: member of the Army National Guard or the Air National Guard.  
 Reserve: includes enlistment, appointment, grade, or office held as a Reserve member of one of the armed forces.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**This is a two page document. Please complete both sides.**



**ROBERTSON COUNTY SCHOOL DISTRICT  
RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST**

*To be completed by Parent/Guardian*

Name of Student \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

(A Post Office Box number will not be accepted as an address. Please include a 911 address and directions on back.)

As per Robertson County Board Policy #6.220, I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the district, I will promptly notify the appropriate officials of this school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent or guardian and accepted as true and accurate by the school system. I understand that a pupil admitted under false information is not legally enrolled and will be removed from the school/system. I also understand that falsifying my legal residence could jeopardize my child's eligibility for interscholastic athletics and that providing false information to enroll a student is a criminal offense.

I further declare that I am the legal guardian of above named student and that if custody or any other legal documentation exists regarding above student, a copy is being provided to the school district.

Additional residency documentation may be requested at the discretion of the school principal.

Signature of Parent/Guardian	Date	Telephone Number
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*Two acceptable forms of residence must be submitted and approved no later than September 5, 2017.  
(see list below)*

**OFFICE USE ONLY**

Documents provided to me by Parent/Guardian: \_\_\_\_\_

(minimum of two required of all students)

Name of Parent/Guardian

- |          |  |
|----------|--|
| _____ 1. | Property Tax Record  |
| _____ 2. | Mortgage Document/Property Deed  |
| _____ 3. | Income Tax Documents   |
| _____ 4. | Lease Agreement/Recent Receipts including date, amount, and names of persons who made and received payments. |
| _____ 5. | Utility Bill (issued in the last 3 months)   |
| _____ 6. | State or Government ID   |
| _____ 7. | Voter Registration Card (voting precinct)  |
| _____ 8. | Affidavit -certifying address as student's primary residence (Monday-Thursday/majority nights per month).    |

If you are residing with another family, you must provide a notarized letter from the individual that permits you and your family to reside at his/her property **IN ADDITION TO THE TWO MINIMUM DOCUMENTS LISTED ABOVE**. The notarized letter must include the address of residence, the relationship with the person whom you are residing with, that the student will be residing at his/her home full time for the entire upcoming school year, and the rationale for this arrangement. The following must be attached to the letter: two or more proofs of residence (see required documents listed above) noting the address of this person and the name of the parent/guardian.

Documentation verified by: \_\_\_\_\_ Date: \_\_\_\_\_

# Robertson County Schools

## 2017-18 Calendar

Revised 2/23/2017

### AUGUST

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- 2: Admin Day  
- No Students
- 3: 1/2 Student Day
- 4: PD Day (6 hours)  
- No Students
- 7: Full Student Day

### SEPTEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

- 4: Labor Day  
- Schools Closed
- 18-19: Professional Development /Parent-Teacher Conferences (PD 12-3p, PTC 4-8p)  
- No Students

### OCTOBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- 9-13: Fall Break  
- Schools Closed
- 31: Early Release  
- 1/2 Day for Students

### NOVEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

- 20-24: Thanksgiving  
- Schools Closed
- 27-30: EOC Testing

### DECEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- 1-15: State Testing
- 4: Early Release  
- 1/2 Day for Students
- 20: 1/2 Day for Schools
- 21-29: Winter Break  
- Schools Closed

### JANUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 1-3: Winter Break  
- Schools Closed
- 12: PD Day (6 hours)  
- No Students
- 15: MLK, Jr. Day  
- Schools Closed

### FEBRUARY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

- 16: Early Release  
- 1/2 Day for Students
- 19: Presidents' Day  
- Schools Closed

### MARCH

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- 12-16: Spring Break  
- Schools Closed
- 29: Early Release  
- 1/2 Day for Students
- 30: Good Friday  
- Schools Closed

### APRIL

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

- 2: System Holiday  
- Schools Closed
- 16-30: State Testing

### MAY

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- 1-4: State Testing
- 21-25: Admin Hours for teachers after school
- 25: Report Card Day  
- 1/2 Day for Schools
- 28: Memorial Day

July 24-28: Registration & Residency Verification - All Students

Q1 Q2 Q3 Q4

\*Includes 18 hours of PD \*1 stockpiled day used for Parent Conferences; 2 used for Early Release Days; 10 remaining

Admin Days Professional Development Days System Holiday Progress Reports/Report Cards Abbreviated Days (1/2 Days)





# Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive **free** educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

STUDENT FIRST NAME:	STUDENT LAST NAME:	DATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		

1) In the past three years, have your children moved to another city, state, and/or country?

Yes       No

2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?

Yes       No

a. If yes, please circle all that apply:



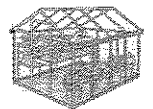
**Processing & Packing**  
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



**Agriculture/Field Work**  
(planting, picking, and sorting crops; soil preparation; irrigation; fumigation; etc.)



**Dairy/Cattle Raising**  
(feeding, milking, rounding up, etc.)



**Nursery/Greenhouse**  
(planting, potting, pruning, watering, etc.)



**Forestry**  
(soil preparation, planting, growing, cutting trees, etc.)



**Fishing/Fish Processing**  
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue. Otherwise, your form is complete.

3) How long have you been in this county in Tennessee?

WEEKS:	MONTHS:	YEARS:
--------	---------	--------

HOME ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		

**For school use only:** If questions 1 and 2 are "yes," please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

School District:	Student State ID:	Enrollment Date:
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Robertson County Schools  
Home Language Survey

Student's Name \_\_\_\_\_  
Nombre del Estudiante \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_  
Fecha \_\_\_\_\_ Nombre de la Escuela \_\_\_\_\_  
Grade \_\_\_\_\_ Grado \_\_\_\_\_

1. What is the first language your child learned to speak?  
*¿Cuál es el idioma nativo de su hijo?*

2. What language does your child speak most often outside of school?  
*¿Qué idioma habla su hijo/a fuera de la escuela?*

3. What language do people usually speak in your home?  
*¿Cuál es el idioma que se usa en el hogar?*

**If your child was not born in the United States: *Si su hijo nació fuera de los Estados Unidos:***

In what country was your child born?  
*¿En cuál país nació su hijo?*

When did your child enter the United States (month/year)?  
*¿Cuándo entró su hijo en los Estados Unidos? (mes/año)*

How many years of previous education does your child have in your home country?  
*¿Cuántos años de educación previa tiene su hijo en su país nativo?*

How many years of previous education, including public pre-K, does your child have in the U.S.?  
*¿Cuántos años de educación previa, incluyendo pre-K pública, tiene su hijo en los Estados Unidos?*

What is the name of the school that your child most recently attended and where is it located?

(city/state) \_\_\_\_\_  
*¿Cuál es el nombre de la escuela que su hijo más recientemente asistió y dónde se encuentra?*  
(ciudad/estado) \_\_\_\_\_

Was your child served by an EL (English Learner) program?  
*¿Fue su hijo servido por un programa de EL (Aprendiz de Inglés)?*

In what language would you prefer to receive information from your child's school?  
*¿En qué idioma prefiriere recibir información de la escuela de su hijo?*

Parent Signature \_\_\_\_\_  
*Firma del Padre*  
Date \_\_\_\_\_  
*Fecha*

White: Cumulative

Folder Yellow: EL Office

Pink: EL Teacher