

**DR. WILLIAM BURRUS ELEMENTARY 2022 - 2023**

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Last First Middle

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ State of Birth \_\_\_\_\_ School Last Attended \_\_\_\_\_

List sibling(s) currently attending a Sumner Co. school: 1.) \_\_\_\_\_ School \_\_\_\_\_ Gr \_\_\_\_\_

2.) \_\_\_\_\_ School \_\_\_\_\_ Gr \_\_\_\_\_ 3.) \_\_\_\_\_ School \_\_\_\_\_ Gr \_\_\_\_\_

Custody: Mother Father Both Other \_\_\_\_\_ Custody Papers On File In Office? Y or N Non-Custodial Parent May Pick Child Up from School? Y or N

Visitation Restrictions: \_\_\_\_\_ Non-Custodial Parent May Attend School Functions and Join Child For Lunch? Y or N

Please List Any Person(s) Your Child Should NEVER Be Allowed Contact With. You Must Provide A Valid No-Contact Order For Us To Deny Contact With A Non-Custodial Parent.

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

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

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_

Employer \_\_\_\_\_ Wk Phone \_\_\_\_\_ Employer \_\_\_\_\_ Wk Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Primary Residential Parent  Child Lives At This Address

Primary Residential Parent  Child Lives At This Address

**List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact# 1 \_\_\_\_\_ Contact # 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact# 1 \_\_\_\_\_ Contact # 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact# 1 \_\_\_\_\_ Contact # 2 \_\_\_\_\_

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.

Parent or Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Car Rider AM / PM / BOTH  Bus Rider AM / PM / BOTH

YMCA  DAYCARE BUS Rider AM / PM / BOTH

**BUS#**

Does your child have an IEP \_\_\_Yes\_\_\_No  
Does your child have a 504 Plan \_\_\_Yes\_\_\_No