



# Sumner County Board of Education

Del R. Phillips III, Ph.D.

Director of Schools

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## Sumner County Schools Student Enrollment Checklist

REQUIRED documents for enrollment...

- Parent/Guardian Photo Identification:

Driver's License/state issued ID	May use passport, passport card
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- Student Information:

Certified Birth Certificate of Student	Mother's copy of birth certificate not accepted
Tennessee Certificate of Immunization Record	If not immunized in Tennessee, immunization record MUST be transferred to a Tennessee form. Religious Exemption must be submitted in writing. Medical Exemption must be submitted on physician letterhead.
Physical exam (if applicable)	Completed for Kindergarten registration and out of state move ins.

- Proof of Residency: must submit **(2) two** of the following options: (documents should be dated within 30 days of enrollment)

Copy of signed Lease Agreement	Students should be on lease
Mortgage Statement	Must provide 2 utility bills with a mortgage statement
Electric bill	
Water bill	
Gas bill	
Cable	

Items not accepted: cell phone bill, bank/credit card statements, handwritten agreements

- Additional items that may be requested upon enrollment:

Proof of Custody/Guardianship	*Custody or court ordered parenting plan documents must be provided at the time of registration in cases of legal custodian, shared parenting, or guardianship placements.
Residency Affidavit	Completed when the custodial/residential parent DOES NOT have a lease or ownership of the residence. Must be notarized.

*\*If a parenting plan is in place, the primary residential parent must register the student in their school of zone.*

Board of Education Members

Sarah Andrews Alice Bachman Tim Brewer Patricia Brown Andy Daniels Jeff Duncan Glen Gregory Betsy Hawkins Tammy Hayes Ted Wise David Wilkerson

# Sumner County Schools New Student Online Enrollment

**Notes:**

- Make sure your pop-up blocker is set to allow pop-ups from Skyward.
- If you use an iPad, Safari is the recommended browser.

1. Log in to request an account to enroll your new student.

<https://sumnerschools.org/index.php/registration>

Choose "NEW to Sumner County Schools"

Please check box that says you don't have an email, even if you do.

Enter your last name in both fields for email address you will add that later.

And enter your phone number where asked. It will then send you a text with your username & password immediately.

**Sumner County Schools**  
New Student Enrollment: Account Request

This form is the first step in enrolling your new student online. Complete it to request an account that you will use to log in to a secure Online Enrollment system.

Please complete all required fields to request an account to enroll a student new to Sumner County schools this school year. Using a cell phone number is preferred. A text notification will be sent to you immediately and first.

Enter the name of the legal parent/guardian of the student you want to enroll

\* Guardian Legal First Name: [text field]  
\* Guardian Legal Last Name: [text field]  
Guardian Legal Middle Name: [text field]  
Guardian Legal Name Prefix: [dropdown] Guardian Legal Name Suffix: [dropdown]

Guardian contact information

I don't have an email

\* Guardian Login: [text field]  
\* Re-type Login: [text field]  
\* Guardian Primary Phone Number: (951) [text field]-[text field]

Asterisk (\*) denotes a required field  
[Click here to request Online Enrollment Account Requested](#)

2. Once you receive your log in information, you will be directed to the New Student Online Enrollment (NSOE) log in page. Use the log in name you created and the password you were assigned to enroll your student.

**SKYWARD**  
Sumner County Board of Education  
Sumner County Board of Education - Live Conversion Data  
06/26/19

Login ID: [text field]  
Password: [text field]  
[Sign In](#)

05/26/20 09:10

Login Area: Enrollment Access

3. You will be taken to the New Student Enrollment: Application Form page where you will begin entering your student's information.

When entering information please make sure to make sure you enter the correct school.

And you will use enrollment date of 7/28/2020, **NOT** today's date.

**SKYWARD** Online Enrollment Access  
**Sumner County Schools**  
New Student Enrollment: Application Form

[Save and Continue to PIS Data Application](#) [Save and go to Summary Page](#) [Print Application](#) [Logout Without Saving](#)

Instructions for completing the resident application:  
Access the required enrollment through the Application Form. Click "Save and Continue to PIS Data Application" to save your progress and go to the next step. Click "Save and go to Summary Page" to save your application and go to the summary page. Click "Logout Without Saving" to end the session and return to the login page.

Asterisk (\*) denotes a required field. Please Note: Only one step may be added at a time.

**Step 1: Student Information** [Edit](#) [Cancel](#) [Save](#) [Save and Continue Next](#)

Instructions for completing the student information:  
Please enter student's current residency and address on the next page.

\* Last name as it appears on the birth certificate: [text field] \* First Name: [text field] \* Middle Name: [text field]  
\* Last Name as it appears on the birth certificate: [text field] \* First Name: [text field] \* Middle Name: [text field]  
\* Name Suffix as it appears on the birth certificate: [text field] \* Name Prefix: [text field] \* Birthdate: [text field] \* Gender: [dropdown]  
\* Date of Birth: [text field] \* Age: [text field] \* Sex: [text field] \* Birth County: [dropdown] \* Birth State: [dropdown]  
\* Home State: [text field] \* Home Phone: [text field] \* Cell Phone: [text field]

4. You will proceed through multiple steps. Be sure to click on the appropriate button to SAVE, COMPLETE ONLY, SAVE STEP AND MOVE TO STEP, or SAVE AND CONTINUE after each step. Once you completed all steps, you MUST click on the SUBMIT APPLICATION TO THE DISTRICT button.

IMPORTANT!

The screenshot shows a multi-step application process. At the top, there are buttons for "Complete Step 1 and Move to Step 2: Family/Guardian Information" and "Complete Step 1 Only". Below this, the interface is divided into four steps:

- Step 2: Family/Guardian Information** with "Edit" and "View Only" buttons.
- Step 3: Emergency Contact Information** with "Edit" and "View Only" buttons.
- Step 4: Additional District Forms** with "Edit" and "View Only" buttons. A note states: "All prior steps must be completed to edit or view this step."

At the bottom of the form, there are four buttons: "Save and Continue to Fill Out Application", "Save and go to Summary Page", "Print Application", and "Leave WITHOUT Saving". A red arrow points from the text "IMPORTANT!" to a red circle around the "Submit Application to the District" button. A note below this button states: "All steps must be Completed before an Application can be Submitted".

# Nannie Berry Elem. SYR 2021-2022

Student Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ City of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Race: \_\_\_\_\_ White \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Pacific Islander/Native Hawaiian Check all that apply

Ethnicity: \_\_\_\_\_ Hispanic \_\_\_\_\_ Not Hispanic Circle Child's t-shirt size: YXS YS YM YL YXL Adult S Adult M Adult L (for fieldtrip t-shirts)

List sibling(s) currently attending the SCS: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

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 \_\_\_\_\_ Address \_\_\_\_\_

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

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work 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. Parents Are Required To Notify The School Office in Writing if Any Pick Up Information Changes.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

Bus Rider: AM / PM / BOTH  Bus # \_\_\_\_\_  Car Rider: AM / PM / BOTH  Walker: AM/PM/BOTH

Daycare: \_\_\_\_\_ AM / PM / BOTH  Berry Patch: AM / PM / BOTH  Does your child have an IEP?  Yes  No

Does your child have a 504 Plan?  Yes  No

## Special Information

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

Teacher/Grade \_\_\_\_\_

Please provide the following information to the best of your knowledge to help us better serve your child's needs.

Thank you,

Special Services Teachers

- |   |     |    |
|---|-----|----|
| 1. Did your child attend a special reading class in his/her previous school?              | YES | NO |
| 2. Did your child attend a special math class in his/her previous school?                 | YES | NO |
| 3. Did your child attend a special class for advanced students?                           | YES | NO |
| 4. Did he/she attend a speech or language class?  | YES | NO |
| 5. Has he/she ever been INDIVIDUALLY tested for SPECIAL SERVICES?                         | YES | NO |
| 6. Have you ever attended an M-TEAM and/or developed an IEP for your child?               | YES | NO |
| 7. Did your child have any special behavioral issues/concerns at his/her previous school? | YES | NO |

\*If you answered yes to any of the questions please provide the following information.

Please provide the name and address of your child's former school.

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If you answered YES to any of the above, please provide approximate dates and a brief description.

Question #	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature \_\_\_\_\_ DATE \_\_\_\_\_

First Request \_\_\_\_\_

Second Request \_\_\_\_\_

Third Request \_\_\_\_\_

## REQUEST FOR RECORDS

Please mail requested records to:

**Nannie Berry Elementary School**

**138 Indian Lake Road**

**Hendersonville, TN 37075**

Phone: 615-822-3123

Fax records to: 615-264-6009

Email records to: Attendance Clerk/Registrar: [peggy.gigax@sumnerschools.org](mailto:peggy.gigax@sumnerschools.org)

To:

Previous School Name \_\_\_\_\_

School Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Student's Name

Date of Birth

Entering Grade


The above student(s) has enrolled in Nannie Berry Elementary School. Please forward to the above address the cumulative folder, and all school records for this student including grades, standardized test scores, attendance records, health records/immunization, birth certificate, psychological data (if available), and any Special Education records that are on file.

According to the Buckley Amendment of the Family Educational Right and Privacy Act, it is no longer necessary to obtain written consent to release records between schools.

Thank you,

Dr. Justin Thomas, Principal

Nannie Berry Elementary School



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

Last, First & Middle

## STUDENT RESIDENCY QUESTIONNAIRE



The information requested on this form fulfills one requirement of the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as the Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services your student may be eligible to receive. No student(s) will be discriminated against based upon any of this confidential information provided.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F Ethnicity: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Current Street Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Complete Section A... **IF** you are living in a **TEMPORARY RESIDENCE**. If you have a **PERMANENT** residence (such as a house, an apartment, or a condo), please **only** complete Section C below.

### Section A.

1. Is the student living in a temporary place such as: motel/hotel, car, camper, emergency shelter, friend's house, relative's house? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Was the student forced into a temporary place due to loss of housing from eviction, foreclosure, financial hardship, domestic violence, fire or natural disaster, death or incarceration of parent/guardian, or other crisis situation? YES \_\_\_\_\_ NO \_\_\_\_\_

If either question above is answered Yes, please explain further: \_\_\_\_\_

If you answered Yes to **BOTH QUESTIONS** in Section A, please complete Section B below. Otherwise, you may skip to Section C below and sign the form.

### Section B. Please check the box that best describes where the student is presently living:

- In the home/apartment of a friend or relative (sharing someone else's home because you have nowhere else to live)
- In a shelter or transitional housing program (examples: family shelter, domestic violence shelter, youth shelter, etc.)
- In a hotel or motel because of economic hardship, eviction, foreclosure, fire, lack of deposits for permanent housing, etc.
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or at another unsheltered location
- Moving from place to place

Check the box that best describes with whom the student resides. (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

Parent(s)  Legal Guardian(s)  Caregiver(s) who are not legal guardian(s) (example: relatives, friends, parent of friends, etc.)

Other, please specify: \_\_\_\_\_

Is this student awaiting foster care placement? If so, please explain: \_\_\_\_\_

Please list all student(s) and their age(s) of this family under your care: \_\_\_\_\_

Section C. I understand that the information provided above is correct, true and current. I also understand that enrolling a child in a Tennessee public school under false pretense is punishable by law.

Signature of Parent/Guardian or Other Person completing form \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_

S.I.T. -- Students In Transition: If both sections A & B are completed, proceed with completion of the Enrollment FORMS and enroll the student even if documents normally required for enrollment are not available. Then, file all completed forms and send the requested files to Melanie Webster or Kecia Ray by fax 615-451-5437 with notification so we can be on the lookout



## SUMNER COUNTY SCHOOLS STUDENT HEALTH INFORMATION FORM School Year 2021-22

Dear Parents/Guardians: Please complete the following information, **FRONT & BACK**, and return it as soon as possible. This information will only be shared with the necessary school personnel to maintain and promote the student's health/wellbeing.

Student Name: \_\_\_\_\_ Sex: Male / Female Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom or 1<sup>st</sup> Period Teacher: \_\_\_\_\_  
 School attended last year: \_\_\_\_\_  
 Student is a: Bus rider \_\_\_\_ (Bus number-AM \_\_\_\_ PM \_\_\_\_ ) Car rider \_\_\_\_ Drives \_\_\_\_ Other \_\_\_\_

Parents/guardians are responsible for providing ALL medications, including over-the-counter (OTC) medicines, for their children. All medications must be delivered to the school in person by the parent, guardian, or parent/guardian's adult designee.

Check and explain in space below if your child, CURRENTLY or IN THE LAST 2 YEARS ONLY, has had any of the following conditions:

Disease/Condition	Yes	No	Please explain/elaborate here:
Diabetes			If yes, Type I or Type II? (please circle) Any medications?
Heart Problems			
Significant Kidney or Urinary Problems			
Asthma (in last 2 years)			Is a rescue inhaler used? Y / N Other medications?
Psychological Concerns			If yes, please list current medications:
Stomach/Intestinal Problems			
Seizure Disorder			Type: _____ Date of last seizure: _____ Medications: _____
			Is Diastat prescribed? Y / N Has it ever been given? Y / N Date last given: _____
<b>Life-Threatening Allergies</b>			To what? _____
			Is an EpiPen® prescribed? Y / N Has it ever been used? Y / N Date last used: _____
			Is Benadryl given with the EpiPen®? Y / N
List All Other Known Allergies (i.e. Meds, Foods, Nuts, Bee Stings, etc.):			
Other Significant Health Concerns:			

Does your child have a physical or mental impairment that significantly limits one or more major life activities? Y / N If Yes, please explain: \_\_\_\_\_

Does your child take medication regularly, not listed above? Y / N If Yes, what? \_\_\_\_\_

Student's primary doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Specialist (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**Your signature is an informed consent to share health history information with school staff on a need-to-know basis for emergency plans & health plans. Student health information, within the school setting, is limited to the information necessary to serve the student's education and health interests. Your signature gives the school nurse permission to communicate with your student's health care provider(s) regarding health concerns.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work/Ext: \_\_\_\_\_

Parent e-mail address(es): \_\_\_\_\_

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

SUMNER COUNTY SCHOOLS  
MEDICATION ADMINISTRATION PROTOCOL

**NEVER SEND MEDICINE OF ANY TYPE TO SCHOOL WITH YOUR CHILD.** Only medications required to maintain student's attendance will be given. All students must have prescription and non-prescription forms completed before the school can administer medication to the student. **Over the counter/non-prescription medications will be given according to package directions only**, unless accompanied by a physician's order with alternate directions. All prescription medications require physician and parent signature. The pharmacy label **MUST** match the physician's written order. Non-prescription medications require a parent's signature only and must be sent in a sealed, unopened bottle. **No Ziploc baggies, unlabeled bottles, or expired medications will be accepted.**

**\*Please note; alternative medicines and/or treatments such as herbal supplements, homeopathic medicines, vitamins, salves, nutritional supplements, essential oils and any other products that are not regulated by the FDA, will not be administered at school. The actions and potential side effects of these products are not readily available to health care providers and cannot be safely administered by school staff.\***

- ◆ Morning & "1-time a day" medications should be given at home. This includes over-the-counter medications such as Advil & Tylenol.
- ◆ Antibiotics ordered **less than 4 times a day** will not be given during school hours.
- ◆ Narcotics will not routinely be given during school hours.
- ◆ A new medication form must be completed **each school year**. This includes insulin and emergency medication orders.
- ◆ Medication guidelines for Sumner County Schools does not allow aspirin or products containing aspirin to be given without a doctor's order (BC Powder, Pamprin, Excedrin Migraine, Bayer Aspirin, Midol, Goody's Powder, Pepto-Bismol, etc.). If you are not certain if a product contains aspirin, please check the list of active ingredients for "**salicylate**" or "**salicylic acid**" or consult your pharmacist. If these products must be given during school hours it will require a physician's order.
- ◆ Any changes in medication must be accompanied by a new form, with the changes noted, and signed by the physician. This includes discontinuing a daily medication.
- ◆ All unused medication will only be returned to the parent/guardian/parent's adult designee. If medication is not picked up within two weeks of the request being made, or the medication being discontinued **the medication will be discarded**. No medication will be stored over the summer; **medications left at the end of the school year will be discarded after dismissal on the last full day of instruction.**
- ◆ **No student should ever transport or possess medications on school property, aside from emergency medications permitted by state law & physician order (i.e. EpiPen, rescue inhaler, Glucagon, CF enzymes).**

I have read and understand the above information and I am aware that my child will not receive medications at school unless my designee or I bring it in. I understand that I will be notified to come to school to sign for any medication that is not brought in correctly.

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

\_\_\_\_\_  
Date

**PARENT/GUARDIAN PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Nurse/Staff Notes Only: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_