

Polk Innovative Learning Academy STUDENT REGISTRATION 2019-2020

STUDENT INFORMATION

Legal Name on Birth Certificate:

Zoned School:

SSN:

Date of Birth:

Enrolling in grade:

Ethnicity: Hispanic Non-Hispanic

Race (Mark all that apply): White Black or African/American American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific

HOME LANGUAGE: *federal law requires this information to be completed for all students*

Birth City:

Birth County:

Birth Country: US Other_____

Birth State:

If born outside the US:

Date entered US:

Date entered US school:

First language:

English Other:

Mother's Maiden Name:

Language spoken at home by child:

English Other:

Language spoken at home by others:

English Other:

FAMILY INFORMATION: *if the family has a domestic relations order or parenting plan governing custody or care of the child, we must have a copy of this order or parenting plan. If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove the child from the school, we must have a legal document from the custodial parent to support this order. These documents must be received by your child's school before he or she will be enrolled. You are responsible for notifying the school if these plans change. Please be sure any legal documents pertaining to child custody or care on file with your child's school are current at all times.*

Custody: Both Parents Mother Father Guardian Student lives with:

Do you have a current domestic relations order or parenting plan governing custody or care of the child?
 Yes No

Parent/Guardian 1 Legal Name (primary custody):

Address:

City:

State:

ZIP Code:

Home Phone:

Cell:

E-mail:

Mailing Address (if different from physical):

Parent/Guardian 2 Legal Name:

Address:

City:

State:

ZIP Code:

Home Phone:

Cell:

E-mail:

Mailing Address (if different from physical):

Do you wish to receive phone call notifications from the school and district? Yes No

*By checking yes, you are allowing your child's school and the school district to call and email you in case of an emergency, for attendance notifications, and other informational messages. It also allows school and district weather calls and emails.

SIBLINGS

Name

School

Does this sibling reside in the same household? Yes No

Does this sibling reside in the same household? Yes No

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____ Pickup allowed? Yes No

Name: _____ Relationship: _____ Phone: _____ Pickup allowed? Yes No

PREVIOUS SCHOOL INFORMATION

Last school attended:

Address:

City/State/Zip:

Phone:

Dates Attended:

Last year my child had a(n): IEP 504 Plan English Language Learner Services

Has student ever attended a Tennessee public school? Yes No

MILITARY RELATION

Does this child qualify as a(n): Active duty military dependent? Yes No

National Guard military dependent? Yes No

Reserve military dependent? Yes No

WIRELESS CAPABILITIES

Do you have cellular phone access at your house? Yes No

Do you have reliable wireless internet service (WiFi)? Yes No

***Continuous internet service is a requirement to be enrolled in PILA.**

Parent/Guardian Signature: _____

Date: _____