



Welcome to Rutherford County, Tennessee!

You will need to bring the following documents to complete your child's application for school enrollment:

- ☐ **Proof of Student Birth**  
(Birth Certificate, Passport, Visa, I-94)
- ☐ **Tennessee Certificate of Immunization** 
- ☐ **Physical (medical) examination** of the student performed within the last 12 months
- ☐ **Two Proof of Address** that includes the name of one of the parents (recent receipt/bill for water, electricity, lease, or affidavit)
- ☐ **Report Cards** for students in grades 9, 10, 11, and 12.
- ☐ Information about previous special education services, if applicable.

The image shows a 'Certificate of Immunization' form from the Tennessee Department of Health. It includes sections for 'Vaccine', 'Recommended Vaccines for School or Child Care Attendance status required', and 'Recommended Vaccines (Documentation-Optional)'. The form has checkboxes for 'NOT A VALID CERTIFICATE' and 'NOT A NAUO'.

Once you have all these documents please contact our office at (615)890-5728 to make an appointment.

**Fill out the following information prior to your appointment:**

**Student Name:** (if you have more than one student, please include all names)

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Last Name First Name Middle Name

**Name of Parents/Guardians:**

Father's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Medical Office Phone:** \_\_\_\_\_

**Date the student arrived in the United States** (if applicable): \_\_\_\_\_

**Date you entered a school in the United States** (if applicable): \_\_\_\_\_

**Name of the last school the student attended:** (if you have more than one student, please include the names of each student's schools)

\_\_\_\_\_  
First Student Name of School Country

\_\_\_\_\_  
First Student Name of School Country

\_\_\_\_\_  
First Student Name of School Country

\_\_\_\_\_  
First Student Name of School Country

\_\_\_\_\_  
First Student Name of School Country