

****NEW KINDERGARTEN REGISTRATION:**

_____ Tuition Application (if applicable)

_____ Registration Form

_____ Home Language Survey Form

_____ Migrant Education Survey Form

_____ Military Survey Form

_____ Immunizations/Physical (Tennessee Form)

_____ Proof of Age Affidavit (Examples Birth Certificate, Insurance Papers, Doctor Records, Etc.)

_____ Social Security Card (Copy & Number) (Optional – Not Required)

_____ Proof of Residence – Utility Bill (electric, water, gas, etc.) or lease agreement

_____ Custody Papers or Parenting Plan (if applicable)

_____ Driver's License Copy

_____ Preschool Attendance Verification Form



Dear "Upcoming" Kindergarten Parents,

Welcome to the Rogersville City School Kindergarten! Enclosed in this packet is information that we feel will be useful to you as you and your Kindergartener prepare to come to Kindergarten this next school year.

Going to Kindergarten is a big step not only for the child but the parents as well. Please know that we make every effort possible to provide a smooth transition from the home to the structured environment of school. We also want to work with you as your child learns, grows and prepares for First Grade.

The RCS Kindergarten classes are full-day, Monday through Thursday and half-day every Friday with pick up @ 12:00 noon. Parents need to make necessary arrangements to have their child picked up at that time. It is important that students be picked up on time, due to the fact that the Kindergarten teachers may have a grade level meeting planned or a parent conference. It is also their planning time for the following week.

Your child will have teachers other than his/her homeroom teacher. We have Related Arts as part of our Kindergarten curriculum. Those Related Arts classes are Art, Music, Physical Education and Library.

During the months prior to school beginning, please give your child opportunities to "just be a kid" by playing ~ indoor and outdoor. Play is beneficial to their growth and well being. Also, please visit our public library located in downtown Rogersville. Their Summer Reading Program for children could provide lots of enrichment for your child. You might even consider allowing your child to have his/her own library card. We encourage you to spend quality time together reading, reading, and reading! ☺

Before school starts, your child's teacher will give you a call to touch base with you and to welcome you into our RCS Kindergarten family. They will also be scheduling your child's Kindergarten Screening day.

We look forward to joining in partnership with you on this new phase of your child's life. If we can be of assistance to you, please feel free to contact us by calling RCS at 272-7651. We also encourage you to visit our Classroom Web Pages on our school's web site at: www.rcschool.net

Sincerely,

Rogersville City School Kindergarten Teachers:

Mrs. Julie Atkins, Mrs. Grace Bond,
Mrs. Hannah Duncan, Mrs. Kelley Russell



For your child to get off to a great start in Kindergarten, it is to your child's advantage to know/be able to do the following. Please use this list as a 'checklist' to see how your child "shapes up" and work on these skills prior Kindergarten.

Reading Readiness

- Knows what a letter is
- Recognized all 26 letters of the alphabet
- Has been read to frequently or daily
- Recognizes some nursery rhymes
- Identifies parts of the body
- Pronounces own full name (first, middle and last)
- Prints own first name using one capital letter and the rest lowercase: ex. Jason and knows the name of the letters of his/her first name
- Identifies own name in print
- Completes a sentence with the proper word
- Uses left to right progression (a book is read left to right)
- Answers questions about a story
- Knows personal information-full address, birthday, age and phone number

Numbers

- Counts orally 1-20
- Counts objects with a one-to-one correspondence
- Understands the concept of more and less
- Recognizes the numbers 1-10

Colors and Shapes

- Identifies the 11 basic colors: red, blue, yellow, green, orange, purple, pink, gray, black, brown and white
- Identifies 6 basic shapes-circle, rectangle, square, triangle, oval and diamond
- Matches shapes or objects based on shape
- Draws the 6 basic shapes

Position and direction

Understands up, down, in, out, front, back, over, under, top, bottom, middle, beside and next to.

Size

Understands big and little and long and short

Matches shapes or objects based on size

Listening and sequencing

Following simple directions

Listens to a short story

Retells simple stories in sequence

Listens without interrupting

Motor Skills

Able to hold and use scissors correctly/cutting on lines and gluing objects

Able to button and zip

Able to put on and take off coat or jacket without assistance

Able to zip or buckle backpack without assistance

Completes simple puzzles

Draws and colors beyond a simple scribble

Able to correctly hold a pencil/crayon

Able to tie shoes

Social and emotional development

Takes care of toilet needs independently and appropriately

Knows how to use a handkerchief or tissue

Plays and shares with other children

Recognizes and respects authority

Able to stay on task

Able to work independently

Able to hold a conversation and speak understandably

Uses words to express feelings instead of using force, hitting or having a temper tantrum

Kindergarten Supply List for Rogersville City School 2022-2023

~~ Ticonderoga Pencils (They write and erase the best!!)

~~ Pack of Elmer's Stick Glue

~~ Fiskar Scissors (No plastic)

~~ 2 packs of Crayola Crayons (24 count)

~~ Plastic Pencil Box (Please no zip arounds.)

~~ Spill proof drinking cup/sports bottle

~~ Backpack (no rolling backpacks) Make sure your child can open and close the backpack by themselves-unaided by an adult.

~~ Liquid Soap

~~ Kleenex (1 large box)

~~ Baby Wipes (1 package)

~~ Clorox Wipes

~~ Germ-X

~~ 1 pkg. of white or colored cardstock

~~ 1 pair of headphones for your child to use while on ipads

~~ 1 change of clothes in case of accidents (shirt, pants, underwear, socks)



ENROLLMENT DATE: (SCHOOL USE ONLY) _____

STUDENT PIN (SCHOOL USE ONLY) _____ **HOMEROOM: (SCHOOL USE ONLY)** _____

FULL LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE

LAST NAME _____ **FIRST NAME** _____

MIDDLE NAME _____ **GENERATION** _____ (JR., II, III, ETC....)

PREFERRED NAME _____

SOCIAL SECURITY NUMBER (Optional) _____ **BIRTHDATE (mm/dd/yyyy)** _____

MOTHER'S MAIDEN NAME _____ **STUDENT'S CITY OF BIRTH** _____

STUDENT'S COUNTY OF BIRTH _____ **STUDENT'S STATE OF BIRTH** _____

STUDENT'S COUNTRY OF BIRTH _____ **IF NOT BORN IN THE UNITED STATES,**

THEN DATE FIRST ENTERED A UNITED STATES SCHOOL (Month, Day, Year) _____

GENDER: _____ **MALE** _____ **FEMALE** _____ **GRADE LEVEL** _____

RACE CATEGORIES: (Please mark all that apply)

_____ **AMERICAN INDIAN OR ALASKAN NATIVE**

_____ **ASIAN**

_____ **NATIVE HAWAIIAN OR PACIFIC ISLANDER**

_____ **BLACK/AFRICAN AMERICAN**

_____ **WHITE**

ETHNIC CATEGORY: (Please choose one of the below)

HISPANIC _____

NON-HISPANIC _____

NAME AND RELATION OF PERSON THAT STUDENT LIVES WITH: _____

NAME AND RELATION OF PERSON WHO HAS LEGAL CUSTODY: _____

COUNTY WHERE STUDENT LIVES: _____

IS HOME INSIDE THE CITY LIMITS OF ROGERSVILLE? _____

SCHOOL WHERE STUDENT IS ZONED TO ATTEND: _____

BUS (#) (AM) _____ **(PM)** _____ **DISTANCE YOU LIVE FROM SCHOOL** _____

BUS (#) THAT COMES BY YOUR HOUSE: AM _____ **PM** _____

CAR RIDER: **AM/PM** _____ **YES** _____ **NO** _____

WALKER: **AM/PM** _____ **YES** _____ **NO** _____

FIRST CONTACT (PARENT(S)/GUARDIAN(S)): Both parents living in the same household can be listed as one contact

PARENT/GUARDIAN NAME/S _____

RELATIONSHIP TO STUDENT _____

PLEASE CHECK THE FOLLOWING MAILINGS THAT THIS CONTACT IS PERMITTED TO RECEIVE:

☐ Attendance ☐ Scheduling ☐ Grading ☐ Discipline ☐ Mailings ☐ Testing

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

HOME ADDRESS FOR ABOVE PARENTS/GUARDIANS: (CANNOT BE A P.O. BOX)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS FOR ABOVE: (If different than Home Address) (P.O. BOX SHOULD GO HERE)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SECOND CONTACT (PARENT/GUARDIAN OR EMERGENCY CONTACT):

NAME _____

RELATIONSHIP TO STUDENT _____

PLEASE CHECK THE FOLLOWING MAILINGS THAT THIS CONTACT IS PERMITTED TO RECEIVE:

☐ Attendance ☐ Scheduling ☐ Grading ☐ Discipline ☐ Mailings ☐ Testing

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ EMAIL ADDRESS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PLACE OF EMPLOYMENT: _____

PERMISSION TO PICK UP MY CHILD: (YES/NO) _____

THIRD CONTACT: (EMERGENCY CONTACT)

NAME _____

RELATIONSHIP TO STUDENT _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ EMPLOYER'S NAME: _____

PERMISSION TO PICK UP (YES/NO) _____

FOURTH CONTACT: (EMERGENCY CONTACT)

NAME _____

RELATIONSHIP TO STUDENT _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

WORK PHONE: (_____) _____ EMPLOYER'S NAME: _____

PERMISSION TO PICK UP (YES/NO) _____

STUDENT INFORMATION

LEGAL ALERT: It is the responsibility of the parent(s)/guardian(s) to notify the school of any custody/legal issues (custody papers, restraining order, power of attorney, etc.....) pertaining to your child. **LEGAL DOCUMENTS MUST BE ON FILE IN THE SCHOOL OFFICE**

MEDICAL ALERT: (List any Dr. diagnosed information that pertains to the health of your child that would be helpful for the school to know: (allergies, asthma, ADD, ADHD, Diabetes, heart condition, vision or hearing impairment, HIV, Hepatitis A, Hepatitis B, or Hepatitis C). **Documentation must be provided to the school to support this diagnosis.**

DISABILITY (if any) _____

PLEASE MARK YES OR NO TO ALL THAT APPLIES BELOW:

PERMISSION TO:

CALL DOCTOR _____ CALL AMBULANCE _____ ,

CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR CHILD _____

DOCTOR'S NAME _____ DR. PHONE # _____

DOCTOR'S ADDRESS: _____

IF YOUR CHILD IS TRANSFERRING FROM ANOTHER SCHOOL, PLEASE LIST THE NAME OF THE SCHOOL AND A COMPLETE ADDRESS FOR THE SCHOOL ALONG WITH A TELEPHONE NUMBER:

HAS YOUR CHILD ATTENDED ANY OTHER SCHOOLS THIS SCHOOL YEAR OR FINISHED THE LAST DAY OF THE LAST SCHOOL YEAR IN ANOTHER TN SCHOOL SYSTEM? **If yes, please list the school name(s).**

WHERE DOES YOUR CHILD STAY AT NIGHT? (Please check one of the following):

CHILD LIVES IN A: ☐ HOME/APARTMENT OWNED OR RENTED BY THE PARENT(S)/GUARDIAN(S)
☐ WITH A RELATIVE OR FRIEND (family does not have a residence)
☐ IN A SHELTER
☐ IN A MOTEL
☐ IN AN AUTOMOBILE
☐ A CAMPSITE
☐ IN HOUSING THAT IS INADEQUATE (i.e. no electricity, running water, etc.)
☐ OTHER

IF OTHER HOUSING, PLEASE LIST _____

DOES YOUR CHILD HAVE ANY PREVIOUS SCHOOL EXPERIENCE? (PLEASE INCLUDE PRE-K)

☐ YES ☐ NO

TYPE: _____

DID YOUR CHILD PARTICIPATE IN IMAGINATION LIBRARY? ☐ YES ☐ NO

WHICH HAND DOES YOUR CHILD USE? ☐ RIGHT ☐ LEFT

WHAT LANGUAGE IS SPOKEN IN THE HOME? Language Spoken: _____

WHO SPEAKS THIS LANGUAGE? ☐ FATHER ☐ MOTHER ☐ EVERYONE

WHAT IS THE FIRST LANGUAGE THE STUDENT LEARNED TO SPEAK? _____

WHAT LANGUAGE DOES THE STUDENT SPEAK MOST OFTEN OUTSIDE OF SCHOOL? _____

HAS THE FAMILY MOVED DURING THE LAST 36 MONTHS SEEKING EMPLOYMENT IN AGRICULTURAL RELATED JOBS OR THE FISHING INDUSTRY? YES ☐ NO: ☐

PLEASE INDICATE ALL OF THE FOLLOWING THAT YOUR CHILD HAS HAD:

CHILDHOOD DISEASES:	YES/NO	YEAR
	<input type="checkbox"/>	CHICKENPOX
	<input type="checkbox"/>	WHOOPING COUGH
	<input type="checkbox"/>	RHEUMATIC FEVER
	<input type="checkbox"/>	MEASLES
	<input type="checkbox"/>	MUMPS
OTHER ILLNESSES:	<input type="checkbox"/>	TONSILLECTOMY
	<input type="checkbox"/>	APPENDECTOMY
	<input type="checkbox"/>	DISCHARGING EARS
	<input type="checkbox"/>	CRIPPLING CONDITION
	<input type="checkbox"/>	OTHER (list) _____

PLEASE LIST ANY OTHER INFORMATION WHICH YOU THINK WOULD BETTER ENABLE YOUR CHILD'S TEACHER / SCHOOL TO UNDERSTAND AND WORK WITH YOUR CHILD:

Education Level of Parent (s) (Circle highest completed level)

Mother: SOME HIGH SCHOOL GED HS GRAD ASSOCIATE MASTERS+ Other _____

Father: SOME HIGH SCHOOL GED HS GRAD ASSOCIATE MASTERS+ Other _____

*****If information should change during the school year,
you are required to notify the school office immediately. *****

STATE AND FEDERAL LAW REQUIRES THE FOLLOWING DOCUMENTATION FOR ENROLLMENT:

- **BIRTH CERTIFICATE**
- **SOCIAL SECURITY NUMBER (A copy of the Social Security card will be made at the school)**
- **IMMUNIZATION RECORD OR EXEMPTION**
- **PHYSICAL FORM DATED WITHIN THE LAST CALENDAR YEAR FOR STUDENTS ENTERING SCHOOL FOR THE FIRST TIME.**

THE ONLY EXCEPTIONS ARE STUDENTS THAT FALL UNDER THE MCKINNEY-VENTO ACT, TITLE X, PART C OF THE NO CHILD LEFT BEHIND ACT OR STUDENTS THAT ARE CONSIDERED MIGRANT.

IF THERE ARE QUESTIONS CONCERNING THE ENROLLMENT OF YOUR CHILD, PLEASE CALL THE ROGERSVILLE CITY BOARD OF EDUCATION AT 423-272-7651 AND ASK TO SPEAK TO THE ATTENDANCE SUPERVISOR.

Rogersville City School
116 Broadway
Rogersville, TN 37857

423-272-7651

423-272-7790 (Fax)

Home Language Survey

Student Name: _____ Date: _____

Grade: _____

WHAT IS THE FIRST LANGUAGE THIS CHILD LEARNED TO SPEAK? _____

WHAT LANGUAGE DOES THIS CHILD SPEAK MOST OFTEN OUTSIDE OF SCHOOL?

WHAT LANGUAGE DO PEOPLE USUALLY SPEAK IN THE CHILD'S HOME?

Language Spoken: _____

WHO SPEAKS THIS LANGUAGE?

____ FATHER ____ MOTHER ____ EVERYONE

This form is required to be completed by all students enrolling in Rogersville City School. This form is required by Title 1, the No Child Left Behind Act, Title III, Title VI, and the Office of Civil Rights.

Amended 8-18-2010

Rogersville City School
116 Broadway
Rogersville, TN 37857

423-272-7651

423-272-7790 (Fax)

Date: _____

Grade: _____

Sch. Yr. _____

Military Survey

1. Student Name: _____
2. Name of Parent/Guardian 1 _____
3. Name of Parent/Guardian 2 _____
4. Is either parent/guardian enlisted full-time in the Army, Navy, Air-Force, Marine Corps, Coast Guard, National Guard, or Active Guard Reserve?
 - a. Yes, Parent/Guardian 1
 - b. Yes, Parent/Guardian 2
 - c. Yes, both parents/guardians
 - d. No
5. Does either parent/guardian participate in the National Guard on a part-time basis?
 - a. Yes, Parent/Guardian 1
 - b. Yes, Parent/Guardian 2
 - c. Yes, both parents/guardians
 - d. No
6. Does either parent/guardian participate on a part-time basis in the reserves of a branch of the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?
 - a. Yes, Parent/Guardian 1
 - b. Yes, Parent/Guardian 2
 - c. Yes, both parents/guardians
 - d. No

As required under the Every Student Succeeds Act (ESSA), ~1111(h)(1)(C)(ii), each state's report card must include information for students with a parent who is a member of the Armed Forces. Beginning in the 2017-2018 school year, districts are required to identify students whose parent(s) or legal guardian(s) fall within military-related classifications. According to the U.S. Department of Education (USED): "We want all military-connected school children to have an equal and fair opportunity for academic success. This requires that those individual who make up our nation's educational system, our teachers, principals, school nurses, coaches, and counselors understand the unique situations the children of our service members experience."

PRESCHOOL ATTENDANCE VERIFICATION FORM

All students entering Rogersville City School Kindergarten must provide the school with proof of a physical exam. The physical must be completed within the calendar year that the child is entering school. (Example: Physical must be dated sometime between January, 2022 and July, 2022.)

If a child attended a State Licensed Preschool and can show proof of a physical, they do not need another physical. (They have met the requirements for a physical.)

If you have a preschool student that plans to attend Rogersville City School, please provide us with the student's name and name of the preschool the student attended for our records. This will assist us when we audit our records.

Student _____ Birth Date _____

Name of Preschool Attended _____

Thanks,

Karen Stubblefield R.N.

Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date

Parent/Guardian First & Last Name

Student First Name

Student Last Name

School Name

Student Grade

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

☐ No

☐ Yes. **Check all that apply and list the total number of months worked:**



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

Total Months Worked: _____



☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



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

Total Months Worked: _____



☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

☐ No

☐ Yes. **How long have you resided at your current address?**

_____ Years

_____ Months

_____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address

Apt #

City

State

Zip Code

Telephone Number

Best Day of Week & Time of Day to Call

For School Use Only: Please send survey with two **YES** responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:

Enrollment Date:

District ID:

Encuesta Ocupacional de Tennessee

Para mejor servir a sus hijos, nuestro distrito escolar le gustaría identificar a estudiantes quienes pueden calificar para programas educacionales adicionales, como tutoría, materiales escolares, almuerzo gratis o a precio reducido, campamentos de verano y otros servicios. **La información que proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese este formulario a la escuela.

Fecha	Nombre del Padre/Guardian
--------------	----------------------------------

Primer Nombre de Estudiante	Apellido de Estudiante
------------------------------------	-------------------------------

Escuela	Grado
----------------	--------------

1 ¿Durante los últimos tres años usted o alguien en su familia ha trabajado temporalmente o por temporadas en los siguientes trabajos en los Estados Unidos?

☐ No

☐ **SI. Marque todas las que apliquen y enumere el numero de meses trabajados:**



☐ **Trabajo de campo/Agricultura**
(sembrar, plantar, pizar, cosechar, empacar, s
ortear vegetales, frutas, algodón, etc.)

Total de meses trabajado: _____



☐ **Procesamiento/Empaque de alimentos y carnes** (vegetales y carne de res, pollo, cerdo, etc)

Total de meses trabajado: _____



☐ **Lechería/Ganadería** (Ordeñar, alimentar, acorralar)

Total de meses trabajado: _____



☐ **Vivero/Invernadero** (sembrar, cultivar, plantar flores, plantas)

Total de meses trabajado: _____



☐ **Trabajo Forestal** (sembrar, plantar, cultivar, cosechar arboles; paisajista no incluido)

Total de meses trabajado: _____



☐ **Pesca/Procesamiento de Pescado**
(sortear, empacar, pescado o mariscos)

Total de meses trabajado: _____

2. En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado?

☐ No

☐ **SI. Cuanto tiempo lleva en su actual dirección?**

_____ Años

_____ Meses

_____ Semanas

Si respondió "si" a las preguntas, porfavor llenar las siguientes preguntas.

Domicilio	Apt #
------------------	--------------

Cuidad	Estado	Codigo Postal
---------------	---------------	----------------------

Numero de Telefono	Mejor día de la semana y hora para llamar
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For School Use Only: Please send survey with two **YES** responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:

Enrollment Date:

District ID:

**INFORMATION MUST BE FILLED OUT
COMPLETELY AND TURNED IN TO BE VALID**

FOR OFFICE USE ONLY:

Date Received _____

Time Received _____ by _____

**NON-RESIDENT TUITION APPLICATION
(NEW KINDERGARTEN ONLY)**

**YOUR CHILD MUST BE 5 YEARS OLD ON OR BEFORE AUGUST 15th OF THE
CURRENT YEAR IN ORDER TO BE ELIGIBLE FOR KINDERGARTEN THIS YEAR**

SCHOOL YEAR 2022-2023

This form is to be used by parents/legal guardians who reside outside the City Limits of Rogersville and would like their child to attend the Rogersville City School. Students are considered for admission on the following criteria: 1) space availability as determined by the principal, 2) child of Rogersville City School full-time faculty/staff, 3*) siblings of currently enrolled students at Rogersville City School, 4*) grandchild of full-time Rogersville City School faculty/staff, 5*) all other applicants who meet the deadline, 6*) all applicants who did not meet the deadline. **(Any child who has attended Rogersville City School Pre-School and is now a county resident will be considered separately for kindergarten enrollment under the same six admission criteria as listed above.)** **Criteria 3,4,5,6 represents a weighted scale for admission. Merely because a child falls into a given category does not guarantee admission.*

Name of Child _____ 2022-2023
Grade - Kindergarten

Name of Parents/Guardians: _____

Address: _____

Home Phone Number: _____ County of Residence: _____
Work Phone Number: _____

***I agree that my child/children will abide by the rules and regulations of the Rogersville City School System.
I understand that "acceptance" of tuition students is a privilege, not a right.**

Non-resident (tuition) students, or parents of said students, who cause undue hardship to teachers or administrators will result in the student being asked to immediately terminate their enrollment/attendance in the Rogersville City School System.

*Signature of Parent/Legal Guardian

Date

Signature of Principal/Director of Schools

Date

Approved _____

Disapproved _____

Approved pending payment of previous tuition balance _____

ATTENDANCE REQUIREMENTS

LEGAL RESIDENCE DEFINED

A child shall be considered a resident only if his/her parent/legal guardian are residents in the corporate limits of the Town of Rogersville.

TUITION RATES FOR NON-RESIDENCE

Effective (starting) school year 2022-23 anyone not residing in the City, but within Hawkins County, must pay a tuition fee of \$250.00 one (1) child, \$300.00 two (2) children, \$350.00 three (3) children, \$400.00 four (4) children, \$450.00 five (5) children.

Out of county tuition, not residing in Hawkins County, is \$1,000 one (1) child, \$1,400.00 two (2) children, \$1,750.00 three (3) children, \$2,050.00 four (4) children, \$2,300.00 five (5) children. If a student is a city resident and moves to the county during the school year, tuition will be pro-rated.

IN-COUNTY

Effective (starting) school year 2022-23, the tuition payment as stated above, is due and shall be paid to the principal's office after July 1 and before July 30th at 3:00 p.m. (Last business day before August 1st) Payment may be made in two parts: one-half by July 31st at 3:00 p.m. and the second half the first day following Christmas Break at 3:00 p.m. A late fee of \$50.00 will be assessed if payment is not received by 3:00 p.m. on each of these days. If parents fail to make payment in the required time, the next eligible applicant will then fill the vacated space.

OUT-OF-COUNTY

Effective (starting) school year 2022-23, the tuition payment as stated above, is due and shall be paid to the principal's office after July 1st and before July 30th at 3:00 p.m. (Last business day before August 1st) Payment may be made in two parts: one-half by July 31st at 3:00 p.m. and the second half the first day following Christmas Break at 3:00 p.m. A late fee of \$50.00 will be assessed if payment is not received by 3:00 p.m. on each of these days. If parents fail to make payment in the required time, the next eligible applicant will then fill the vacated space.

TENNESSEE LAW: TCA 49-6-3003(c)(1)(A) (amended) Any parent/custodian who enrolls an out-of-district student in a school and fraudulently represents the address for the domicile for enrollment purposes is liable for restitution to the school district for an amount equal to the local per pupil expenditure for the district. Restitution shall be cumulative for each year the child has been fraudulently enrolled. The statute of limitations for actions by the school district will be 6 years.

APPLICATIONS

In-County/Out-Of-County applications will be considered yearly.

**IF CLASS SIZE NUMBERS EXCEED THE STATE MANDATED NUMBERS,
COUNTY STUDENTS MAY BE ASKED TO ENROLL IN THEIR DISTRICT OF RESIDENCE.**

The Rogersville City School System does not discriminate in employment or admission on the basis of race, color, sex, age, national origin, religion, or handicap. The Rogersville City School System complies with the provisions of Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973.