

Student Name:

Last \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Gender:

☐

Male

☐

Female

Birthdate:

\_\_\_\_\_

Student Address:

\_\_\_\_\_

\_\_\_\_\_

Student Lives With:

☐

Both Parents

☐

Mother

☐

Father

☐

Other

\_\_\_\_\_

\*\*\*For Office Use Only\*\*\*

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

Student ID \_\_\_\_\_

State ID \_\_\_\_\_

Transportation Information:

Bus Stop \_\_\_\_\_

\_\_\_\_\_

Bus Number AM \_\_\_\_\_ PM \_\_\_\_\_

Car Rider AM \_\_\_\_\_ PM \_\_\_\_\_

Car-Bentwood AM \_\_\_\_\_ PM \_\_\_\_\_

CB Walker AM \_\_\_\_\_ PM \_\_\_\_\_

Aftercare AM \_\_\_\_\_ PM \_\_\_\_\_

Contact Information:

Parent-Name \_\_\_\_\_

Cell Number \_\_\_\_\_

Employer \_\_\_\_\_

Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

Parent-Name \_\_\_\_\_

Cell Number \_\_\_\_\_

Employer \_\_\_\_\_

Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

Other - Guardian \_\_\_\_\_

Guardian's Relationship to Student \_\_\_\_\_

Cell Number \_\_\_\_\_

Employer \_\_\_\_\_

Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

Is there a court order/decreed prohibiting anyone from dismissing this child?

☐

Yes (copy must be on file at school)

☐

No

If yes, name of person(s): \_\_\_\_\_

\_\_\_\_\_

Siblings: (Name, DOB, Grade, School)

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information:

1. Name \_\_\_\_\_

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

2. Name \_\_\_\_\_

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

3. Name \_\_\_\_\_

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

\_\_\_\_\_

Dismissal Information:

Persons permitted to dismiss this child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Persons NOT permitted to dismiss this child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Health/Emergency Information:

Allergies \_\_\_\_\_

\_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Heart

Other \_\_\_\_\_

In case of emergency and I cannot be contacted, take my child to \_\_\_\_\_ hospital.

Primary Doctor \_\_\_\_\_

Signature \_\_\_\_\_

Last School Student Attended: \_\_\_\_\_

\_\_\_\_\_

# Apison Elementary School

## 2023 - 2024

### Early Dismissal Instructions

Please complete this form and return to your child's teacher. This form is very important because it will indicate your instructions to us in case of an emergency, unplanned dismissal of school.

If it becomes necessary to dismiss school early in the day due to an emergency, inclement weather, etc., your child's teacher needs to know if your child will go home or elsewhere.

Please do not ask us to call you for instructions because it would be impossible to do with over 650 students and limited telephone access.

We will follow the instructions on this form. If you have a change to make during the year, please do so in writing giving instructions, date, etc. and send to your child's teacher. Otherwise, we will follow the instructions you indicate on this form.

\_\_\_\_\_ Please send my child home on Bus # \_\_\_\_\_ if school dismisses early.

\_\_\_\_\_ Please send my child home with \_\_\_\_\_  
on Bus # \_\_\_\_\_ if school dismisses early.

\_\_\_\_\_ Please hold my child at school if school dismisses early. I will pick  
my child up immediately.  
Other persons allowed to pick up my child if school dismisses early:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Parent's Signature

If you do not return this form, we will send your child home on his/her regular bus. Please be sure you have arranged for your child to gain entry to his/her home and has proper supervision in the event of an emergency dismissal.

# Apison Elementary 2023-2024

## Student & Parent Handbook

I am aware the Student/Parent Handbook is on the Apison Elementary website and will read it. I will make sure that I am aware of the information in the handbook and will follow the policies and procedures of Apison Elementary.

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Parent/Guardian's Name (Printed)

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Parent/Guardian's Signature

---

Student's Name

---

Teacher's Name

---

Date

# Apison Elementary School

10433 East Brainerd School

Apison, Tennessee 37302

Phone: (423) 498-6895

Fax: (423) 236-4000

**Please complete if student did NOT attend Apison Elementary last year.**

## Authorization To Release Confidential Information

This is a request for release of confidential information, school, health, or special education records for the following student:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent / Guardian Name

## Records Requested

Academic / Administrative Records (Attendance, Grades, Observations, Cumulative Record, Standardized Test Scores)

Health (Immunizations, Medical Reports)

Exceptional Education Records (if applicable)

\_\_\_\_\_  
Previous School Attended

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

\_\_\_\_\_  
Date

-----  
Apison Elementary use only:

1 <sup>st</sup> Request Date:	_____	___Mailed	___Faxed	___Scanned	___Other
2 <sup>nd</sup> Request Date:	_____	___Mailed	___Faxed	___Scanned	___Other
3 <sup>rd</sup> Request Date:	_____	___Mailed	___Faxed	___Scanned	___Other