

# *Coffee County Schools*

## **2019–2020 Kindergarten Registration Checklist**

Kindergarten is mandated by the State of Tennessee. No child may enter first grade without having attended an approved kindergarten program. Students registering for Kindergarten **must be five (5) years old by (on or before) AUGUST 15**, of the school year to be enrolled.

**Registration: August 1, 2019** – To complete the registration for your kindergarten student, you will need to bring the following:

- \_\_\_\_\_ Child's Birth Certificate (original copy with certificate number & state seal – *per CCBOE policy # 6.203*) (Mother's Copy is NOT accepted as 'Legal' copy)  
**TN Vital Records – 615-741-1763**
- \_\_\_\_\_ Child's Social Security Card (not required)
- \_\_\_\_\_ Proof of Legal Custody – If child is not living with both parents
- \_\_\_\_\_ Legal documents relating to child – name change, custody rights, etc  
(Needed by the first day of school)
- \_\_\_\_\_ Any important health, physical, or personal notations that would affect your child's learning. (Needed by the first day of school)
- \_\_\_\_\_ Proof of Residence – (Utility Bill – Electric or Gas) A child must be a resident of the Coffee County School District in order to enroll in Coffee County Schools
- \_\_\_\_\_ If previously enrolled in another school, the parent must provide the name of the school and phone number
- \_\_\_\_\_ Proof of Physical Examination (form completed by physician prior to first day of school – signed form from a doctor or health provider dated within the last twelve months)
- \_\_\_\_\_ Child's Immunization Record on the official card from the Physician's Office or Health Department: *(New Requirements Underlined)*
  - \_\_\_\_\_ Diphtheria-Tetanus-Pertussis (DTap, or DTP if appropriate)
  - \_\_\_\_\_ Hepatitis B (HBV) – (3 doses)
  - \_\_\_\_\_ Poliomyelitis (IPV or OPV): final dose on or after the 4<sup>th</sup> birthday now required
  - \_\_\_\_\_ Measles, Mumps, Rubella (2 doses of each, usually given together as MMR)
  - \_\_\_\_\_ Varicella (2 doses or history of disease)
  - \_\_\_\_\_ Hepatitis A (2 doses, spaced at least 6 months apart)