WMS SECTION FOR OFFICE USE ONLY	Student ID:	School:	Grade Level:
	Date Reg. Complete: Initials:	☐ IEP ☐ 504 ☐ ELL ☐ AIS ☐ MVA	
	Last School Attended:	Anticipated Start:	

Westside Middle School

STUDENT REGISTRATION FORM

Proof of Birth Document Shown: ☐ Birth Certificate ☐ Other _____

STUDENT: First Name:	Middle Name:	Last Name:
Gender: ☐ Male ☐ Female	Date of Birth:	Grade Entering:
Country of Birth: ☐ USA ☐ Other:	Date of entry into USA (if applicable):	
Student's Primary Language: ☐ English ☐ Other:		
Hispanic? ☐ Yes ☐ No		
Race (check all that apply): ☐ Asian ☐ African American/Black ☐ Caucasian/White ☐ Native American Indian/Native Alaskan ☐ Native Hawaiian/Pacific Islander		
Student Home Address:		
Will your child need transportation to and from this HOME address? ☐ Yes ☐ No ***If transportation is needed to and from a different address, please complete a transportation request form.***		

Last School Attended: _____ Grade Level: _____

District: _____ City/State: _____

Is your child currently on disciplinary suspension in the previous school district? ☐ Yes ☐ No

Has your child attended school in the **Memphis & Shelby County School District** before? ☐ Yes ☐ No

If yes, school and grade attended here: _____

Does this child receive any special education services or have an IEP or 504 plan? ☐ Yes ☐ No

If yes, please provide a copy at registration. Known services: _____

Does your child have any major medical conditions we should alert the nurse to? ☐ Yes ☐ No

Please note concerns on the health form attached.

Would you like to complete a free/reduced lunch application? ☐ Yes ☐ No

OTHER CHILDREN IN HOME:

Name	Date of Birth	Relationship to Student

Parent/Guardian Signature: Date:

Student Name: _____ Grade: _____ DOB: _____

PARENTS/LEGAL GUARDIANS MAY PICK UP THEIR CHILD UNLESS WE HAVE DOCUMENTATION (CUSTODY/RESTRAINING ORDERS) ON FILE TO SHOW OTHERWISE.

****Provide a copy of the custody order or temporary guardianship papers if applicable.***

CONTACT 1 (PARENT/LEGAL GUARDIAN)				**CHECK ALL THAT APPLY:**
Title:	☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss			____Can pick up student and receive them from bus. ____Should receive mail ____Give Parent Portal access *(must provide an email)* ***Custody Order?**** ____None **Cannot be enforced w/out court order* ____Sole ____Joint ____Visitation ____Temp
Full Name:				
Relationship to student:				
Home Address:				
Email Address: REQUIRED to receive info from District				
Home Phone:		Work Phone:		
Cell Phone:		Employer:		

CONTACT 2 (PARENT/LEGAL GUARDIAN)				**CHECK ALL THAT APPLY:**
Title:	☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss			____Can pick up student and receive them from bus. ____Should receive mail ____Give Parent Portal access *(must provide an email)* ***Custody Order?**** ____None ____Sole ____Joint ____Visitation ____Temp
Full Name:				
Relationship to student:				
Home Address:				
Email Address:				
Home Phone:		Work Phone:		
Cell Phone:		Employer:		

ADDITIONAL EMERGENCY CONTACT				**CHECK ALL THAT APPLY:**
Title:	☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss			____Can pick up student and receive them from bus if a parent/guardian is not available.
Full Name:				
Relationship to student:				
Home Phone:		Cell Phone:		

ADDITIONAL EMERGENCY CONTACT				**CHECK ALL THAT APPLY:**
Title:	☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss			____Can pick up student and receive them from bus if a parent/guardian is not available.
Full Name:				
Relationship to student:				
Home Phone:		Cell Phone:		

Parent/Guardian Signature: _____ Date: _____

WESTSIDE MIDDLE SCHOOL

DISTRICT HEALTH RECORD AND HISTORY FORM

Name:	DOB: Grade: Age:	Gender: ☐ M ☐ F
Parent/Guardian: *(person completing this form)*	Home Phone: Cell Phone:	Date:
Physician:	Phone #:	Date of last physical exam:

I give permission for the above student to have a school physical: ☐ ***YES*** ☐ ***NO***

Has your child ever:	**YES**	**NO**	**If YES, please explain and include date:**
Had an ongoing medical condition			
Seen a medical specialist			
Had allergies: *Food, Environment, Insect, Medication or Other*			
Been hospitalized			
Had an operation			
Had an injury requiring an Emergency Room Visit			
Missed 5 days of school in a row due to illness/injury			
Had a bone/muscle injury			
Passed out, had a concussion or serious head injury			
Had a convulsion/seizure			
Had a vision problem or condition: *Glasses, Contacts or Color Blind*			
Had a hearing problem or condition: *Hearing Aid or Cochlear Implant*			
Worn dental bridge, braces or mouthpiece			
Have any family members under the age of 50 ever:	**YES**	**NO**	**If YES, please specify:**
Had a heart attack or other serious health Issues			

CHECK ALL THAT APPLY TO YOUR CHILD:

- ☐ ADHD
- ☐ Asthma/Trouble Breathing
- ☐ Autism/Asperger
- ☐ Dental Injuries
- ☐ Diabetes
- ☐ Ear Infections
- ☐ GI Conditions (Ulcer, Reflux, IBS)
- ☐ Headaches/Migraines
- ☐ Heart Conditions
- ☐ High Blood Pressure
- ☐ Mental Health Condition: (Depression, Eating Disorder, Anxiety, OCD, ODD, etc.)
- ☐ Scoliosis
- ☐ Single Organ (Kidney, Testicle)
- ☐ Skin Condition
- ☐ Speech Condition
- ☐ Urinary Condition

History of:

- ☐ Rheumatic Fever
- ☐ Chicken Pox
- ☐ Recurring Strep Throat
- ☐ Scarlet Fever
- ☐ Tuberculosis

CURRENT MEDICATIONS	**YES**	**NO**	**Please list: NAME/DOSE/TIME(S)**
Given at School			
Taken at Home			
ASSITIVE EQUIPMENT at SCHOOL	**YES**	**NO**	**Please Check All That Apply**
During or Outside of School:			☐ Crutches ☐ Walker ☐ Wheelchair ☐ Other
TREATMENTS	**YES**	**NO**	**Please Check All That Apply**
During or Outside of School			☐ Insulin ☐ Blood Glucose Monitoring ☐ Inhaler/Nebulizer/Peak Flow Monitoring ☐Special Diet

Student Name: _____ Grade: _____ DOB: _____

WESTSIDE MIDDLE SCHOOL
FOOD ALLERGY AWARENESS INFORMATION

Does your child have any known food allergies/intolerances? □ YES (Continue) □ NO (Stop/Sign Form)

FOOD ALLERGY

What age was the student diagnosed with an allergy? _____

Specific food allergies? _____

□ Pure food, list allergies: _____

□ As an ingredient, list allergies: _____

Reaction signs: _____

Is medication required? _____

Is antihistamine in Nurse's Office? _____

Is Epinephrine (Epi-Pen) in Nurse's Office? _____

NON MEDICAL DIETARY RESTRICTIONS: _____

FOOD INTOLERANCE:

□ Pure food, list food intolerance(s): _____

□ As an ingredient, list specific ingredients(s): _____

Reaction signs: _____

If lactose intolerant, is it:
□ Milk
□ Yogurt
□ Ice Cream
□ Cheese
□ All types of food or beverages that contain milk

Has the student been hospitalized as a result of an allergic reaction? □ YES □ NO

If student has **peanut** or **tree-nut** allergy, can student eat anything manufactured in a plant that processes items with peanuts and tree-nuts? □ YES □ NO

A physician's note must be submitted to the school nurse if you are reporting a food allergy/intolerance for the first time or there has been a change in your child's allergy/intolerance status. A physician's note can be faxed or submitted in person to appropriate school.

Please read the school's Student Food Allergies Policy (8101.2) located on the district website, www.fraysercs.org

Signature indicates agreement to allow the WMS to share information on this document with appropriate personnel.

Parent/Guardian Signature: _____ Date: _____

Is there any condition that would prevent your child from participating in physical education or sports? □ YES □ NO

Please list any additional concerns: (Use back of sheet if necessary):_____

PARENT/GUARDIAN SIGNATURE_____ **DATE:** _____

TN Department of Education

Tennessee Parent Occupational Survey

Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. **The information provided below will be kept confidential.**

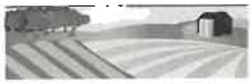
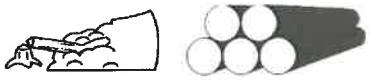
Today's Date _____ **Parent/Guardian First & Last Name** _____

Student First Name _____ **Student Last Name** _____

School Name _____ **Student Grade** _____

1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.

_____ **NO**
_____ **YES. Check all that apply:**

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation ☐ 	**Processing & Packaging:** fruit, vegetables, chicken, pork, beef, eggs, etc. ☐ 	**Dairy/Cattle Raising**: feeding, milking, rounding up. ☐ 
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting ☐ 	**Forestry:** soil preparation, planting, cutting trees; does not include landscaping. ☐ 	**Other:** Any other agriculture or fishing work, please list here: _____ _____

2. In the past 3 years, has your family moved to another state, city, school district, and/or county?

_____ **NO**
_____ **YES. My family has moved within the past 3 years. Indicate how long ago below.**

_____ Years _____ Months _____ Weeks

If you answered "Yes" to question 1 above, please complete the information below.
A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address _____ **Apt #** _____

City _____ **Zip Code** _____

Telephone Number _____ **Language** _____

Email Address _____ **Best Day of Week and Time to Call** _____

For School Use Only: Please forward all surveys with a "YES" responses to Questions 1 and 2 to your district migrant liaison. If the OS has not answered "Yes" to Question 2, but there are other signs that indicate the family may qualify, please submit them to your district migrant liaison. The District migrant liaison will submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID:	**Enrollment Date:**	**District ID:**

HOME LANGUAGE SURVEY

Student Name: _____ Date: _____

1. What is the first language this child learned to speak?

   _____

2. What language does your child speak most often outside of school?

   _____

3. What language do the people usually speak in the child's home?

   _____

4. Where was this child born?

   _____

5. What date did the student enter the U.S.?

   _____

6. If the student attended another U.S. school, what date did he or she start?

   _____

Parent signature: _____

All student information collected by Frayser Community Schools will be handled and protected following the guidelines set forward in the Federal Education Rights and Privacy Act (FERPA).

Westside Middle School
3389 Dawn Drive
Memphis, TN 38127

2026 – 2027 School Supply List

All Students	Todos los estudiantes
3 inch White 3-Ring Binder with clear view cover	Carpeta de 3 pulgadas blanca con cubierta de vista clara
Ring Binder Dividers Set of 8	Divisores de carpeta anillada paquete de 8
Clear Backpack	Mochila transparenteLápices
No. 2 pencils	No. 2 Lápices de colores
Colored pencils	Sacapuntas (manual con tapa para recoger las virutas)
Pencil sharpener (manual with a top to collect shavings)	Gomas de borrar tipo tapa
Cap Erasers	Bolígrafos de bolita (azul, negro y rojo)
Ballpoint pens (blue, black, & red)	Marcadores
Highlighters	Estuche para lápices
Pencil Pouch	4 cuadernos de composición
4 Composition notebooks	Papel de cuaderno suelto (10 paquetes)
Loose-leaf notebook paper (10 packs)	Regla con medidas en inglés y métricas
Ruler with English and metric measurements	Kleenex - 2 cajas
Kleenex-2 boxes	Toallitas Lysol/Clorox sin fragancia
Lysol/Clorox Wipes Unscented	Auriculares/Earbuds
Earbuds/Headphones	Unidad flash de 36 GB
36 GB Flash drive	