Email Completed Forms to: ksickles-tedford@republiccharterschools.org

Grade Level: ▢5th ▢6th ▢7th ▢8th ▢9th ▢10th ▢11th ▢12th

IEP ▢Yes ▢No

Custody Order? ▢Yes ▢No

REPUBLIC SCHOOLS

2025-2026 Student Enrollment Checklist

All of the following documents are required in order to consider a student *fully enrolled* in a RePublic-Nashville school. Only check off documents if they are legible, complete, signed and dated.

Completed 2025-26 Student Registration Forms

- ▢ Acceptance Letter
- ▢ Student Information
- ▢ Child Find Query/Health Appraisal
- ▢ Media Release
- ▢ Additional Family & Student Information
- ▢ Student Records Request

Documentation from parent/guardian(s):

- ▢ Government-issued Photo ID of Birth Parent/Guardian
- ▢ Proof of Address: Each original document must be in the name of the parent/guardian, with current address and dated within the last 30 days.

➢ Recent electricity/gas/water bill
➢ Homeowner Insurance *(requires 2nd proof)*
➢ Cable/Internet Services
➢ IRS Document
➢ Car Insurance/Registration *(requires 2nd proof)*
➢ Legal Court Document
➢ Property tax bill
➢ Current Lease or Rental Agreement *(must be active and signed by Lessee & Lessor)*

Documents for student:

- ▢ **Copy of proof of birthdate (birth certificate, passport, visa, I-94)**
- ▢ **Copy of current immunization records on a TN State Form**
- ▢ **Current Physical Exam**

Additional Documentation *(as applicable)*

- ▢ *Most recent copy of student's Individualized Education Plan (IEP)*
- ▢ *Most recent copy of student's 504 Plan*
- ▢ *Medication Administration Form*
- ▢ *Food Allergy Accommodation Form*
- ▢ *Withdrawal Form*
- ▢ *Recent Custody Order*
- ▢ *Transcript*

Enrollment packet received and checked by: _____ Date:_____

Enrollment information entered into SchoolMint by: _____ Date:_____

Enrollment information entered into PowerSchool by: _____ Date:_____

Office Use:

Date Received: _____

Student # 190 _____

Acceptance Letter
2025 - 26

RePublic is a network of public elementary charter schools dedicated to eliminating the achievement gap in our lifetime. RePublic is more than a school system- it's a growing family of teachers, leaders, parents, and communities, all dedicated to making a positive change for our future.

Please complete and submit this form to:

- **Nashville Prep: (NP) 1300 56th Ave N, Nashville, TN 37209**
- **Liberty Collegiate Prep: (LCA) 3515 Gallatin Pike, Nashville, TN, 37216**
- **Republic High School: (RHS) 3307 Brick Church Pike, Nashville, TN, 37216**

Welcome! This letter is to confirm your acceptance at RePublic Schools for the 2024 - 25 academic year. By signing this form, you acknowledge that you are accepting our offer for your child (ren) to attend our school. In addition, upon acceptance of this offer, you lose your enrollment (s) in other MNPS schools as of the above date. **Please sign and return this letter to the School immediately to secure your commitment on our incoming roster.**

_____ _____
Name of Student Student Birthdate

_____ _____
Parent/Guardian Name Cell Phone #

_____
Address City, State, Zip Code

_____
Email

_____ _____
Parent/Guardian Signature Date

Thanks again for your interest in our school. We are very excited for your family to join our RePublic Nashville family. Please remember, by signing this form, you lose your enrollment in other MNPS schools and accept our school as your school of choice for 2025 - 2026. This electronic signature below and its related fields are treated like a handwritten signature on a paper form.

Student Information

Información del Estudiante

Student's Name: _____
Legal Last Name *Legal First Name* *Middle Name*

Student Date of Birth: _____ **2024-25 Grade Level** _____ **Gender:** ▢ Female ▢ Male ▢ Non-Binary
Month / Day / Year

Country of Birth: _____ **Date First Enrolled in a US School:** _____
Month / Day/Year

State of Birth: _____ **City of Birth:** _____ **County of Birth:** _____

Student's Primary Home Address*: _____
*Location where student sleeps each night *Street, Apt. #, City, Zip Code*

Student lives with: ▢ Mother ▢ Father ▢ Both Parents ▢ Legal Guardian ▢ Other: _____

Previous School Attended: _____ **Previous School District:** _____

Has your child ever been expelled from an MNPS School? ▢ YES ▢ NO If Yes, What School? _____

Parent/Guardian Information 1

Parent/Guardian Name: _____ **Relation:** ▢ Mother ▢ Father ▢ Other: _____
Legal Last Name *Legal First Name*

Phone Number: _____ **Email:** _____ **Parent Communication** ▢ English ▢ Spanish ▢ Somali ▢ Other

Mother's Maiden Name: _____

Parent/Guardian Information 2

Parent/Guardian Name: _____ **Relation:** ▢ Mother ▢ Father ▢ Other: _____
Legal Last Name *Legal First Name*

Phone Number: _____ **Email:** _____ **Parent Communication** ▢ English ▢ Spanish ▢ Somali ▢ Other

Address (*if different from above*) _____
Street, Apt. #, City, Zip Code

Additional Student Demographics

Student Ethnicity: Is the student Hispanic/Latino? ▢ Yes, Hispanic or Latino ▢ No, not Hispanic or Latino

Student Race (*must check, up to five*): ▢ Japanese ▢ Laotian ▢ White ▢ Chinese ▢ Samoan ▢ Black or African American ▢ American indian or Alaska Native ▢ Asian Indian ▢ Other Asian ▢ Vietnamese ▢ Other Pacific Islander ▢ Guamanian ▢ Filipino ▢ Tahitian ▢ Hmong ▢ Korean ▢ Cambodian ▢ Hawaiian

Student/Family Address Type: ▢ Single Family Home *(House, Condo, Mobile)* ▢ Doubled-Up ▢ Hotel/Motel ▢ Unsheltered *(Car/Campsite)* ▢ Shelter *(Transitional Housing Program)*

Child Query

Student's Name: _____ **Student Date of Birth:** _____
Legal Last Name *Legal First Name* *Month / Day / Year*

Does your child have an active Individualized Education Program (IEP)?
▢ Yes ▢ No **If yes, please provide a copy*

Does your child have a recent evaluation that was completed for possible special education services?
▢ Yes ▢ No **If yes, please provide a copy*

Does your child have a 504 Plan?
▢ Yes ▢ No **If yes, please provide a copy*

Does your child receive speech/language services?
▢ Yes ▢ No **If yes, please provide a copy*

Did your child receive special education services when he/she was enrolled in his/her previous home/private school?
▢ Yes ▢ No

Are you concerned that your child has a disability that impacts your student academically or impacts the safety of your student while on campus?
▢ Yes ▢ No

If yes to any of the questions above, please provide additional details: _____
_____

Do you have any additional concerns you'd like to share? ▢ Yes ▢ No

If yes, please explain: _____

_____

Please provide all copies of the Special Education section upon enrollment.

Student Health Information

Does the student experience any of the following:

Allergies? ▢ Yes ▢ No

Asthma? ▢ Yes ▢ No

Diabetes? ▢ Yes ▢ No

Seizures? ▢ Yes ▢ No

Vision Problem? ▢ Yes ▢ No

Hearing Problem? ▢ Yes ▢ No

Heart Condition? ▢ Yes ▢ No

Uses Glasses? ▢ Yes ▢ No

Breathing Problem? ▢ Yes ▢ No
*due to bee stings

Physical Limitations? ▢ Yes ▢ No

Other? ▢ Yes ▢ No

If yes to any of the questions above, please provide additional details: _____
_____

Food Allergies or Dietary Restrictions? If yes, please provide a copy from doctor _____

_____

List of medications that your child is taking: _____

_____

Is medication required at school? ▢ Yes ▢ No **** if yes, please complete a medical authorization form by the physician***

Media Release

Media Release

RePublic Schools is proud of the many accomplishments of our students and staff. Often, such accomplishments draw the attention of RePublic partners, newspapers, television stations, or other media who visit our schools to photograph, videotape, record, and/or interview students and staff during various activities. In addition, we often use pictures of our students in RePublic Schools publications and websites. Our education partners may also want to use student pictures and recordings for similar educational and promotional purposes. In furtherance of our goal to develop exceptional educators, we may invite educational partners (e.g., teacher credentialing organizations) to attend classroom sessions and share classroom photos and videos with these organizations to support our educators' professional development.

For your child's privacy, we must know whether or not you want your child to be photographed, videotaped, or interviewed for the purposes described above. .

▫ **Yes, I DO give permission** for my child to be photographed, videotaped, or interviewed by the news and/or media for any reason and for RePublic Schools to use my child's photograph, name, words and work product in school and RePublic Schools publications, websites, and other marketing materials. or RePublic Schools and its licensees (e.g., third-party educational support organizations and partners)—collectively "RePublic ".-Further, I authorize RePublic to record my child's likeness and/or voice with still photography, film, videotape, or digital recording ("Recordings") and to edit such Recordings, and to use, reproduce, display, and/or distribute, and/or to make derivative works from any of the Recordings or my child's work product for educational and promotional purposes, in perpetuity. I understand and agree that use of such Recordings and work products will be without any compensation to me or my child. I understand and agree that RePublic may display or otherwise use my child's first and last name in conjunction with its use of the Recordings and/or my child's work product. I understand and agree that RePublic and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

▫ **No, I DO NOT give permission** for my child to be photographed, videotaped, or interviewed as described above. Nor do I give my permission for RePublic Schools to use my child's Recordings for the purposes described above.

I / We, the undersigned, declare under penalty of perjury that we are the parents or legal guardians of the above-named student and grant the above authorizations. *This electronic signature below and its related fields are treated like a handwritten signature on a paper form.*

Parent/Guardian Signature:_____

Date:_____

Parent and Student Information

Additional Parent/Guardian and Student Information

Student's Name: _____ **Student Date of Birth:** _____
Legal Last Name *Legal First Name* *Month / Day / Year*

Is there a legal custody agreement regarding this student? ▫ Yes ▫ No

If YES, what type? ▫ Sole Custody ▫ Joint Custody ▫ Guardian ▫ Foster/Group Home **If yes, please provide documents.*

Parent/Guardian In Military | Please indicate if either parent/guardian is a member of the armed forces
Is either parent or guardian on active duty in the military?
▫ Yes ▫ No
Is either parent or guardian a traditional member of the Guard or Reserve?
▫ Yes ▫ No
Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full-time National Guard under Title 32?
▫ Yes ▫ No

Student Emergency Contact Information

Please enter the name of the authorized contacts and their relationship to the student. DO NOT enter Parent/Guardians here if you have already entered in the Parent/Guardian section in the New Student Registration Form.

Emergency Contact 1 **required*

Last Name:	*First Name:*	*Relationship: to Student*	*Phone:*

Emergency Contact 2

Last Name:	*First Name:*	*Relationship: to Student*	*Phone:*

Emergency Contact 3

Last Name:	*First Name:*	*Relationship: to Student*	*Phone:*

Emergency Contact 4

Last Name:	*First Name:*	*Relationship: to Student*	*Phone:*

Emergency Contact 5

Last Name:	*First Name:*	*Relationship: to Student*	*Phone:*

Parent/Guardian Signature: _____ **Date:**_____

Request for Student Records

Student Record Request Form

Please send all records and files for the following student and include all health records, test scores, portfolios, and confidential files.

Student # 190 _____ **2024-2025 Grade Level:** _____

Student's Last, First Name _____ **Student Birth Date *(Mo/Day/Year)*:** _____

Previous School Attended: _____ **Previous School District:** _____

Send records to the school marked below to the attention of "Student Records":

▢ **Nashville Prep**
1300 56th Ave N
Nashville, TN 37209
Phone: 615-921-8440
Email: fparra@republiccharterschools.org

▢ **Liberty Collegiate Academy**
3515 Gallatin Pike
Nashville, TN 37216
Phone: 615-564-1965
Email:ksantos@republiccharterschools.org

▢ **RePublic High School**
3307 Brick Church Pike
Nashville, TN 37207
Phone: 615-921-6620
Email: jgarrett@republiccharterschools.org

I (parent(s)/legal guardian(s) hereby consent and authorize the release of my student(s) records as requested above by the school I've marked above. **This electronic signature below and its related fields are treated like a handwritten signature on a paper form.**

Parent/Guardian Signature: _____ **Date:**_____

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:**

RePublic Schools [redacted] Chromebook Agreement

Use of a RePublic Schools Chromebook is a privilege. Therefore, I agree that I will:

- Use the Chromebook only for activities my teacher has allowed as part of the learning process.
- Secure Chromebooks appropriately to ensure their safety and care.
- Report any loss of or damage to any Chromebook immediately.
- Protect the Chromebook from damage during transport.
- Protect the Chromebook by unplugging the charger and headphones when transporting.
- Protect the display by carefully closing the lid.
- Pay for the cost of repairing any damage made to the Chromebook.

I agree that I will not:

- Send defamatory or harassing emails or social media messages.
- "Hack" into any computer system.
- Use copyrighted materials that exceed fair use guidelines without written permission of the author.
- Loan, give, or sell my Chromebook to another person.
- Share passwords.
- Share personal information with anyone on the Internet or via email.
- Engage in unauthorized use of the network when on campus.
- Maliciously damage or steal school computer equipment or electronic data.
- Change the settings of school-supplied software.
- Access any inappropriate website, including sites that contain graphic or lewd images or information.

I understand that my parent/guardian will be responsible for covering the cost of any damages to the Chromebook with which I have been entrusted. Cost of Student Chromebook Repairs:

- Chromebook Replacement: $199
- Charger Replacement: $39
- Screen Replacement: $79
- Top Case/Keyboard Replacement: $120
- Logic board Replacement: $120
- Camera Replacement: $9
- Miscellaneous Repairs: As priced

I have reviewed the agreement and understand my obligations based on this Chromebook use agreement.

_____
Scholar Name (Printed)

I have reviewed the agreement and understand my student's obligations based on this Chromebook use agreement.

_____ _____
Parent/Guardian Name (Printed) Parent/Guardian Signature and Date

This electronic signature below and its related fields are treated like a handwritten signature on a paper form.

Transportation Form
SY 2025-2026

This form must be filled out before your child's first day of school. If you have multiple students you will need to fill out one form per child. This will ensure that we are able to get students home safely to you, and will allow us to plan for transportation day materials distribution.

Student Information

Name:_____ _____**Date of Birth:**_____**25-26' Grade Level**_____

Home Phone: (_____**)-**_____**-**_____

Home Address:_____

Street, Apt#, City, State, Zip

School Name

- ☐ Nashville Prep
- ☐ Liberty Collegiate Academy
- ☐ RePublic High School

Transportation Mode

- ☐ BUS
- ☐ CAR
- ☐ WALKER
- ☐ STUDENT DRIVER
- ☐ MTA BUS
- ☐ OTHER

Bus #:_____ Bus Stop:_____

This electronic signature below and its related fields are treated like a handwritten signature on a paper form.

Parent Signature:_____ **Date:**_____