

**KNOX COUNTY SCHOOLS
REGISTRATION REQUIREMENTS
LONSDALE ELEMENTARY PreK-5th**

_____ Certified birth certificate or officially accepted proof of birth date***

*Pre-K students must be 4 years old by August 15

**Kindergarten students must be 5 years old by August 15

_____ Shots _____ PE _____ Appointment Date
Proof of up-to-date immunizations and a health/physical exam recorded on a
Tennessee Department of Health Certificate of Immunization completed by a medical
provider or a County Health Department. ***

**No student will be enrolled and/or allowed to attend school without a completed Tennessee
Department of Health Certificate of Immunization on file at the school.**

*****If child was enrolled in another Knox County School, these will be requested from school.**

_____ Proof of Residency within our school zone
Pre-K students: Priority in Lonsdale school zone
Pre-K students who live in a KCS Title 1 school zone will be put on a wait list upon
receiving completed application.

_____ Current KUB bill _____ Lease/Rental Agreement _____ Mortgage Deed
_____ Notarized Statement with one of the above

_____ Custody papers, if applicable

The following forms will need to be completed during the registration process:

___ Student Enrollment Form ___ Proof of Residence ___ Guardianship Confirmation ___ Medical Profile
___ Special Education ___ Home Language Survey ___ Migrant Education ___ Vine Clinic Permission (Optional)

Front Office Use Only:

___ Enter in Enrollment Book ___ Update Student Counts
___ Request Records ___ Enter in Aspen/schedule
___ CR made if needed ___ Forms filed/name added to roster
___ Print Roster/Emergency Contact Form

KNOX COUNTY SCHOOLS
NEW STUDENT ENROLLMENT

FOR OFFICE USE ONLY

Student ID _____
Homeroom _____
School _____
Bus Number _____

Enrollment Date: _____ Grade _____

Student Name: _____
Last Name First Name Middle Name

Student PIN Number: _____

Date of Birth: _____

Birthplace / City: _____

Birth County: _____

Birth State: _____

Birth Country: _____

Mother's Maiden Name: _____

Gender: ☐ Female ☐ Male

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: (check all that apply)

☐ Asian

☐ Black

☐ American Indian

☐ Pacific Islander

☐ White

Military Dependent: ☐ Reserve ☐ National Guard
(if applicable) ☐ Active Military

Related Students attending any Knox County Schools (in same household) -- Please include Last Name, First Name, and Birthdate

Please list all legal guardians individually. If the student has more than two guardians, please use the additional space provided at the end of the form for the other contacts.

Main Contact: _____

Relationship: _____

Address: _____

*Primary Phone #: _____

Emergency #: _____

Employer: _____

Work #: _____

Other #: _____

*Cell: _____

Primary E-mail: _____

Alternate E-mail: _____

Contact: _____

Relationship: _____

Address: _____

*Primary Phone #: _____

Emergency #: _____

Employer: _____

Work #: _____

Other #: _____

*Cell: _____

Primary E-mail: _____

Alternate E-mail: _____

**This is the telephone number that receives automated telephone calls.*

Notes (Individuals other than parent/guardian who may pick up the child.)

Name _____ Phone Numbers _____

Name _____ Phone Numbers _____

Name _____ Phone Numbers _____

Name _____ Phone Numbers _____

KNOX COUNTY SCHOOLS
PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

School student(s) zoned to attend _____

Parent / Guardian Name _____ Phone _____

Current Address _____ Zip _____

Former Address _____ Zip _____

In order to verify residency within the attendance zone of the requested school, one current document as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

☐ Deed/Lease/Rental Agreement

☐ Utility Bill

☐ Notarized Statement

If proof of residence is provided by a notarized statement from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner _____ Phone _____

Address of Renter/Owner _____

WARNING: Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.

I, _____ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school within two weeks.

Signature of Parent / Guardian _____ Date _____

School Official's Signature _____ Date _____

GUARDIANSHIP CONFIRMATION FORM

Student Name: _____

Date: _____

1. What is your relationship to the student?

Parent____ Guardian____ Foster Parent____

2. If you are the parent, are you legally married to the child's other parent?

Married____ Seperated____ Divorced____ Never Married____

3. Is this child subject to a parenting plan or court order?

Yes____ Copy Submitted____ **copy is required to be on file at school**

No____

4. Are there any protection orders in place?

Yes____ **copy is required to be on file at school**

No____

5. Are you sharing your current residence with someone? (ex:grandparents, in-laws, other family, friend)

Yes____ No____

6. Is your current residence temporary____ or permanent____?

7. Does the student have any siblings or other family relatives that attend Lonsdale? If so, please list their name and grade level.

I, _____, (print Parent/Legal Guardian name)
declare the above information correct.

Signature: _____

KNOX COUNTY SCHOOLS
Student Medical Profile

This information will be used by the school nurse to provide care for your child.

Date: _____

Student's Name: _____
(Last) (First) (Middle)

Grade: _____ Homeroom: _____

Did the Student require medical care/hospitalization at birth or at any other time? ____ Yes ____ No. If yes, please explain: _____

Does the student require a daily medical procedure performed by a school nurse? If so explain: _____

What medications, if any, does the student take? _____

Does the student seem to have vision, hearing or speech problems? ____ Yes ____ No. If yes, please explain: _____

The student has a history of (Check any that apply): C= Current P= Past

C P	C P	C P	C P
<input type="checkbox"/> <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> <input type="checkbox"/> Shunts/hydrocephalus
<input type="checkbox"/> Amputation(s)	<input type="checkbox"/> <input type="checkbox"/> Celiac disease	<input type="checkbox"/> <input type="checkbox"/> "G" / "J" feeding tubes	<input type="checkbox"/> <input type="checkbox"/> Skin problems
<input type="checkbox"/> <input type="checkbox"/> Asthma/reactive airway disease ____ Requires inhaler (Please provide school)	<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> <input type="checkbox"/> Heart defects	<input type="checkbox"/> <input type="checkbox"/> Stomach problems
	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> <input type="checkbox"/> Swallowing problems
	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> <input type="checkbox"/> Migraine headache	<input type="checkbox"/> <input type="checkbox"/> Tracheotomy
<input type="checkbox"/> <input type="checkbox"/> Allergies: ____ Bee stings	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular dystrophy	<input type="checkbox"/> <input type="checkbox"/> Traumatic Brain Syndrome
____ Food: _____		<input type="checkbox"/> Spina bifida	<input type="checkbox"/> <input type="checkbox"/> Traumatic spinal injury
____ Latex		<input type="checkbox"/> <input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> <input type="checkbox"/> Urinary problems
____ Requires Epi-pen (please provide school)		<input type="checkbox"/> <input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> <input type="checkbox"/> Other: _____
		<input type="checkbox"/> <input type="checkbox"/> Seizure disorder	

If any are checked above, please explain: _____

It is important for teachers and principals to have your child's special medical information so that any emergency can be handled appropriately. Summarize any special medical conditions: _____

Does your child require any special dietary accommodations? ____ If you answered yes and you want your child to eat at school please obtain and have your child's doctor fill out the dietary accommodations form.

Form completed by: _____ Date: _____

Relationship to the student _____



To: Parents and/or Guardians of Students Who Are Entering or Withdrawing From Knox County Schools

From: Student Supports

Re: Special Education Services Available Through Knox County Schools

Knox County Schools provides a full continuum of services for students who qualify for special education under the Individuals with Disabilities Education Improvement Act (IDEIA '04).

If you feel your child might require Special Education or other services and want Knox County Schools to provide those services, contact the school to which your child is zoned _____ or call Student Support Services at 594-1540.

If records are available for review or other information that the school might need in order to determine appropriate services for your child, please sign and return a release of information form available at your school so that we may review those records and plan services, if needed.

Thank you for your assistance in this matter.

Student Name

Parent/Guardian Signature

Date Signed

**(Please return a signed copy of this form to the school
and retain a copy for your files.)**

White Copy – School
Canary Copy – Parent

PP-155 (2/22)



KNOX COUNTY SCHOOLS Home Language Survey

The Tennessee Department of Education requires *all* schools to identify the language of every student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only **ONE TIME** at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

Student Information

First Name _____ Middle Name _____ Last Name _____ M ☐ F ☐
Gender

Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (grades K-12) _____

_____ / _____ / _____
Date first entered the United States

THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.

This information gives us insight into the knowledge and skills your child is bringing to our schools.
This information may enable the district to receive additional federal funding to provide support for your child

School Information

Enrollment Date in New School _____ / _____ /20 _____
Name of Former School and Town _____ Last Grade attended _____

Questions for Parents/Guardians

<p>1. What is the first language the student learned to speak?</p>	<p>Has this child ever received ELL (ESL) classes in another school?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/></p> <p>If yes, what year did this student 1st qualify for ELL?</p>
<p>2. What language does the student speak most often outside of school?</p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>If yes, what language?</p>
<p>3. What language is most often spoken to the student at home?</p>	<p>What is your preferred language for receiving emails and communications from KCS?</p>
<p>Parent/Guardian Signature:</p> <p>X _____</p>	<p>Today's Date: _____ / _____ /20 _____ (mm/dd/yyyy)</p>

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.



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, 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" response to Question 1 to your district migrant liaison for them to 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: _____



VINE SCHOOL HEALTH CENTER

REGISTRATION FORM FOR SERVICE/TREATMENT

☐ New Patient ☐ Established Patient ☐ Foster Care/DCS
(Please check all that apply)

Child's Information		
Child's Name:	Child's Birth Date:	Child's Gender: Male Female Other
Child's Social Security Number:	Current Pharmacy Name	Child's Race: Pharmacy Address:
Child's Address (street, city, and zip code):		Child's Current School and Grade

Legal Guardian's Information: This section must be completed by a biological parent or appointed by the court to be guardian.		
Parent (1) Name:	Parent (2) Name:	Child in DCS/Foster Care/Kinship? Yes No
Parent (1) Birth Date:	Parent (2) Birth Date:	<input type="checkbox"/> Have you provided Custody Documents to the Center?
Parent (1) cell phone #:	Parent (2) cell phone #:	Foster Parent Name:
Parent (1) Home address:	Parent (2) Home address:	Foster parent cell phone #:
Parent (1) Email:	Parent (2) Email:	Case Worker's Name & cell phone #:

Insurance Information: All Services require a form of payment.		
Insurance Provider:	Policy Number/ Member ID Number:	Group Number:
Self-pay None		
Guarantor's Name (If insurance is TNcare, leave blank):	Parent/Guardian's Employer & Phone:	

Additional Information about your child:		
Child's Current Medication (Prescribed or over the Counter):		
Does the child have any allergies? No Yes	Is the child on free or reduced lunch program at school? No Yes	Does the child have a Primary Care Provider? No Yes
To What?		Who?
Have any mental health problems? No Yes	Have any current/past health problems? No Yes	Have an IEP or Special Education services? No Yes
Diagnosis:	Diagnosis:	Disability:

Authorized individuals to participate in your child's care at Vine School Health Center:		
I consent for Vine School Health Center to disclose personal/physical/mental health information of my child consisting of: appointment information, diagnosis, and/or medical/mental health/medication information/instructions to (List names of designated persons and contact numbers)		
Name of Person/Emergency Contact:	Phone # & Address	Relationship to the Child:
Name of Person:	Phone #	Relationship to the Child:

Please initial the following statements:	
Initial	I have been provided a copy of the Health Center's Notice of Privacy Practices Agreement to review or can request a copy.
Initial	I give East Tennessee Child's Hospital permission to release health information to the Vine School Health Center regarding my child's evaluation and treatment.
Initial	I give Vine School Health Center permission to release information to Knox County School System regarding my child's care.
Initial	I understand, Vine School Health Center will bill insurances for services. If applicable, services qualify for a sliding scale fee/self-pay.

In order for this child to have services at Vine School Health Center, please sign below:	
The Vine School Health Center is a collaborative effort between Knox County Schools and the University of Tennessee, College of Nursing and is located in the Vin Middle Magnet School and with satellite clinics in other schools. I understand that these services, performed when requested by parents or after parents have been contacted by clinic staff, care will be provided by nurses, nurse practitioners, social workers, social work interns, student nurse practitioners, and student nurses, and physicians, and include but are not limited to: well child exams, immunizations, health education, acute illness care, general first aid, mental health counseling, case management, and sport physicals. By signing this form, I am giving my permission for this child to receive services from the Vine School Health Center.	
Parent/Guardian's Signature:	Date:

KNOX COUNTY SCHOOLS

CONSENT TO RELEASE MEDICAL INFORMATION

FULL NAME OF PATIENT _____

DATE OF BIRTH _____

REASON FOR EMERGENCY ROOM VISIT _____

REASON FOR REQUEST

Knox County Schools would like to know when your child has visited an emergency room. A school nurse will check on your child as soon as we are notified of an emergency room visit. A school nurse will provide case management service for your child's medical condition if necessary.

My signature indicates that I give my consent for Children's Hospital to release information regarding my child's visit to Children's Hospital.

Parent or Legal Guardian _____
(Person authorized to consent for patient)

Relationship to patient PARENT () LEGAL GUARDIAN ()

Signature of Parent/Guardian

Date

Signature of Witness

Student Name: _____

Homeroom: _____