

Student Name: _____
Last Name First Name Middle Name

Alerts (non-medical special instructions) _____

School History

Pre-schools attended (if kindergarten student): _____

Last school attended: _____

Address: _____

Other schools attended: _____

Is this student currently under suspension / expulsion from another school? ☐ Yes ☐ No

Has this student previously received Special Education services? ☐ Yes ☐ No

Has this student previously received services under Section 504? ☐ Yes ☐ No

Is this student currently receiving Special Education services? ☐ Yes ☐ No

Is this student currently receiving services under Section 504? ☐ Yes ☐ No

If YES, list program(s): _____

Does the student stay in any of the following places at night? Check any that apply:

- ☐ home/apartment owned or rented by the parent(s)/guardian(s)
- ☐ in a shelter
- ☐ in a motel / hotel
- ☐ in a car
- ☐ at a campsite
- ☐ in another location that is not appropriate for people (e.g., an abandoned building, no electricity or running water)
- ☐ temporarily with more than one family in a house, mobile home or apartment (because the family does not have a place of its own)
- ☐ other (in an arrangement that is not fixed, regular and adequate and is not described by the other choices)

Form completed by _____ Date _____

Relationship to the student _____

List additional contacts on the following page.

Student Guardians (Continued)

Student Name: _____
Last Name First Name Middle Name

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.*

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.*

Knox County Schools
PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

School student is 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. Past Due bills or Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

- | | |
|--|---|
| ☐ Deed/Lease/Rental Agreement | ☐ Internal Revenue Service W-2 |
| ☐ Verification of Social Services | ☐ Other _____ |
| ☐ Utility Bill (Electric) | |

If proof of residence is provided by a notarized document from the homeowner or person responsible for lease/rent or providing housing, please list the person's name and address. Also, a copy of owner's utility (etc.) bill is required.

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 residence changes, I will notify the school within two weeks.

Signature of Parent / Guardian _____ Date _____

School official's signature _____ Date _____

Guidance: Proof of Residence

KNOX COUNTY SCHOOLS

PERSONAL DATA QUESTIONNAIRE

Dear Parents:

Children spend only a small portion of their time each day at school, the rest of the time is spent at home with Mother, Father, brothers, sisters and friends. Knowing what a child is like at home, and knowing what a child's home is like is important to teachers if they are to understand and teach your child as an individual. Help us to work with your child in the best possible way, take the time to carefully think about and answer the questions on this form.

1. Child's full name _____ Sex _____
First Middle Last

The name by which your child wants to be called _____

2. Place of birth: City _____ County _____ State _____

Birthdate _____ Birth Certificate Number _____
Month Day Year

3. Home and Family: Address _____

How long have you and your child lived at the present address? _____

Does your child have a room of his own? _____ Shares room with _____

4. Father's name _____ Birth Date _____
First Middle Last Month Day Year

Present occupation: (Please be specific - if a salesman, salesman of what, for who)

What type of activities does the father and child do together? _____

5. Mother's name _____ Birth Date _____
First Middle Last Month Day Year

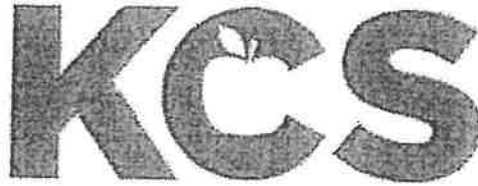
Present occupation: _____

What type of activities does the mother and child do together? _____

Child lives with: Both parents Mother Father Other (Circle)

6. Please list names and birthdates of other children in the family (list in order of birth, from oldest to youngest.)
 (Put a check mark if not living with the family.)

Name Sex Birthdate At what school, in what grade?



KNOX COUNTY SCHOOLS

GUARDIANSHIP CONFIRMATION FORM

What is your relationship to the student? Parent _____ Guardian _____ Foster Parent _____

For parent(s) enrolling students, what is the marriage status of the student's parents?

Married _____ Separated _____ Divorced _____ Widowed _____ Never Married _____

Is the student subject to a parenting plan or court order?

Yes _____ (a copy of the court document is required to be submitted to the school)
Date copy submitted _____

No _____

Are there any protection orders in place?

Yes _____ (a copy of the court document is required to be submitted to the school)
Date copy submitted _____

No _____

I, _____, the parent/guardian of the student named above, declare that
(printed name)
the above information is true and correct.

(Signature of Parent/Guardian)

(Date)



Knox County Schools Student Media Release Form

I, as the parent/guardian of _____, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.

Name of child's school:

Parent/legal guardian:

(print)

(signature)

Date: _____

KNOX COUNTY SCHOOLS
ANDREW JOHNSON BUILDING



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

From: Student Support Services

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 (1/10)

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