



BRICKEY MCCLOUD ELEMENTARY
ENROLLMENT CHECKLIST REQUIRED
BY KNOX COUNTY SCHOOLS

----- New Student Enrollment Packet: All pages are to be filled out and signed by parent/legal guardian

----- Proof of Residence Documentation: Knox County Schools requires one of the following to enroll in our zone (this includes Prek & transfer students): **UTILITY BILL (KUB OR HPUD) OR LEASE AGREEMENT**. In cases where the utilities and/or lease agreement are in the name of a person other than the parent/guardian, the person listed must provide their utility bill and/or lease agreement along with a **notarized** letter stating that the parent/guardian and children are living at that address with them. Our Social Worker will verify these.

----- Birth Certificate: Original computer generated copy. (foot print copy not accepted)

----- Immunization Records: These must be on the Tennessee form. If from out of state, Knox County Health Department will be able to assist 865-215-5000.

----- Proof of Physical: A physical exam must have been completed within the past year prior to enrollment date and signed by a physician.

----- Custody/Legal Documents: We need any legal documentation concerning your child.

----- Driver's License: We need a copy of parent's/guardian driver's license.

FOR OFFICE USE ONLY	
Student ID	_____
Homeroom	_____
School	_____
Bus Number	_____

CI-276 (2/22)

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 _____

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	☐ Cerebral palsy	☐ ☐ Heart defects	☐ ☐ Stomach problems
____ Requires inhaler (Please provide school)	☐ Crohn's Disease	☐ Hemophilia	☐ ☐ Swallowing problems
☐ ☐ Allergies:	☐ Cystic fibrosis	☐ ☐ Migraine headache	☐ ☐ Tracheotomy
____ 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 _____

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 _____

Student Name _____

Guardianship Confirmation Form

1.What is your relationship to the student?

Parent_____, Guardian_____(please provide Custody Papers), Foster Parent_____(please provides Passport for Education)

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

Married_____, Separated_____(please provide Parenting Plan), Divorced_____(please provide Parenting Plan), Never Married_____

3.Is your current residence temporary_____ or permanent_____?

I declare the above information is correct.

Signature of Parent/Guardian

Date



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) <u> </u> / <u> </u> / <u> </u>	Date first enrolled in ANY U.S. school (grades K-12) <u> </u> / <u> </u> / <u> </u>	
Date first entered the United States <u> </u> / <u> </u> / <u> </u>	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 <u> </u> / <u> </u> / <u>20</u>	Name of Former School and Town _____	Last Grade attended _____
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Questions for Parents/Guardians

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

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 Migrant Education Program – Occupational Survey

Your child may qualify to receive free educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

STUDENT FIRST NAME:	STUDENT LAST NAME:	DATE:
SCHOOL: Brickey McCloud Elementary		GRADE:
PARENT/GUARDIAN NAME:		

1) In the past three years, have your children moved to another city, state, and/or country?

☐ Yes ☐ No

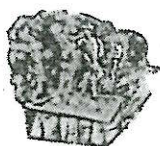
2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?

☐ Yes ☐ No

a. If yes, please circle all that apply:



Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



Agriculture/Field Work
(planting, picking, and sorting crops; soil preparation; irrigation; fumigation; etc.)



Dairy/Cattle Raising
(feeding, milking, rounding up, etc.)



Nursery/Greenhouse
(planting, potting, pruning, watering, etc.)



Forestry
(soil preparation, planting, growing, cutting trees, etc.)



Fishing/Fish Processing
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue. Otherwise, your form is complete.

3) How long have you been in this county in Tennessee?

WEEKS:	MONTHS:	YEARS:
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HOME ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		

For school use only: If questions 1 and 2 are "yes," please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

School District:	Student State ID:	Enrollment Date:
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KNOX COUNTY SCHOOLS
AND REW 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)

VOLUNTEER CONFIDENTIALITY AGREEMENT
Knox County Schools

I, _____, understand that as a volunteer in the Knox County Schools and specifically at _____, I may become aware or exposed to student information that is protected under the Family Education Rights Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPPA), or similar Tennessee state laws making certain information regarding Knox County Schools' students or employees confidential. Therefore, in consideration of Knox County Schools providing me with the opportunity to serve as a volunteer for Knox County Schools, I **agree not to discuss, release, or disclose any information or anything I observe or hear of a confidential nature regarding any student or employee of Knox County Schools.** I agree to strictly maintain the confidentiality of all information to which I may become privy and to notify school administration should I become aware of protected information.

The following information about students is considered to be "directory information," and is not confidential: name, address, birthdate, dates of attendance (years only – not to include specific days absent), grade levels completed, awards/degrees earned, participation in sports or activities, weight and height of athletes, sports statistics, and academic and extracurricular honors and awards. Even this information should only be shared due to an authorized purpose. **All other information regarding students should be presumed to be protected confidential information. Please check with school administration before disclosing ANY information.**

Taking photographs or videos of students other than your own child and posting to social media is considered to be a breach of confidentiality and is prohibited on KCS property. This includes the cafeteria, classrooms, and hallways.

The following information regarding employees of Knox County Schools or their family members should be considered confidential: results of evaluations, home telephone and personal cell phone numbers, bank account, individual health savings account, retirement account and pension account information, social security number, residential street address, drivers license information, emergency contact information, and personal (non-Knox County Schools) email address.

SIGNATURE

DATE