

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 _____

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.

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?

7. When both parents are away from home, who cares for the child? (Like a relative, a friend, a sitter, and so on.)

8. Is anyone other than mother and father living regularly in the home? _____

9. **School Experiences:** Please list any schools your child has attended before entering this school; tell how much time was spent at the schools (hours a day, days a week); and the dates your child attended these schools.

School

Time attended

Dates attended

What was your child's attitudes toward these schools? _____

What other group experiences has the child had outside the home? _____

10. Briefly tell us what **kinds** of things the different family members usually do when they are together with this child:

Father and child: _____

Mother and child: _____

Brothers/sisters and child: _____

Entire family together: _____

11. List as many of your child's favorite play materials, activities or interests as you can: _____

12. What situations most often lead to problems with your child? _____

How do you handle these problems, and how do you feel the school should handle these problems? _____

13. Is there anything which you could tell us about your child which would help his teacher in understanding how he thinks and behaves? Please be as complete as possible; the more we know about your child, the more we can teach him and help him. (For extra space, attach an additional sheet.)

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

DATE

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 _____

Date _____



GUARDIANSHIP CONFIRMATION FORM

1. What is your relationship to the student?

Parent _____ Guardian _____ Foster Parent _____

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

Married _____ Separated _____ Divorced _____ Never Married _____

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

Yes _____ (*a copy is required to be submitted to the school*)

No _____

4. Are there any protection orders in place?

Yes _____ (*a copy is required to be submitted to the school*)

No _____

5. Are you sharing your current residence with someone? (Grandparents, in-laws, etc...)

Yes _____ No _____

6. Is your current residence _____ Temporary _____ or Permanent _____?

I, _____, the parent/guardian of the student named above
(print name)

declare the above information is correct.

Signature

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)	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	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 1 st 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: /20 (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 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 _____

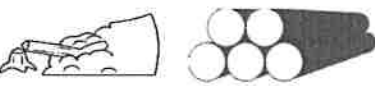
School Name _____

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: ldr@tn-mep.net

Student State ID: _____

Enrollment Date: _____

District ID: _____

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)

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



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:	☐ 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 To What?	Is the child on free or reduced lunch program at school? No Yes	Does the child have a Primary Care Provider? No Yes Who?
Have any mental health problems? No Yes Diagnosis:	Have any current/past health problems? No Yes Diagnosis:	Have an IEP or Special Education services? No Yes 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 Vine 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 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: _____



VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____, understand that I am 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 (HIPAA), 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 service 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 it 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 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 reality 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

Student Dismissal

Please select how your child gets home from school each day. If your child uses more than one way to get home, please select both and explain in the notes.

Name _____

_____ Car rider (back alley)

_____ 1st Load Bus

_____ 2nd Load bus

_____ Walker (called from church)

_____ Walker (walks home alone or with siblings)

_____ After-school Care Name of organization: _____

NOTES: _____

KEEP THIS PORTION

If your child needs to be picked up from school as a car rider/ walker for any reason you will need to know this dismissal number. If you do not

know your child's number call the office or there may be a delay in

dismissal. _____