

Enrollment Checklist

Student Name: _____

Date: _____

Grade: _____

School: **West Hills Elementary School**

Required Forms:

- _____ **New Student Enrollment Form**
- _____ **Proof of Residence for School Enrollment Form**
- _____ **KCS Student Media Release Form; John Bynon Park Release Form**
- _____ **Home Language Survey Form**
- _____ **TN Occupational Survey Form**
- _____ **Guardianship Confirmation Form**
- _____ **Personal Data Questionnaire Form**
- _____ **Special Education/Support Services Authorization Form**
- _____ **Records Release Form**
- _____ **Student Medical Profile Form**
- _____ **Technology Agreement** *QR CODE _____ *PAPER _____
- _____ **Copy of Parent/Guardian ID**

Required Documents:

- _____ **Copy of Legal Proof of Birth** [birth certificate, passport, immigration document, or adoption decree]
- _____ **Copy of Proof of Residence** (KUB, Lease, Rental Agreement or Mortgage)
- _____ **TN State Immunization Certificate**
- _____ **Proof of Current Physical** (Must provide within 30 days of enrollment)
- _____ **Proof of Guardianship or Custody Papers** (if applicable)

For Office Use Only:

Teacher/Classroom: _____

Dismissal: _____

Start Date: _____

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 _____

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 _____

Knox County Schools

Guidelines for Acceptable Use of Electronic Media

Use of Electronic Media in the Knox County Schools constitutes the acceptance of these guidelines and the user's assent to abide by the terms of use stated herein.

I. Statement of Affirmation

The Internet is a global electronic highway connecting millions of computers and individuals in the fields of education, business, government, the military and a variety of other organizations. This communication information network is being used in schools to educate, inform, and expand resources in much the same way as periodicals, videos, and computer software programs are used.

Knox County Schools' users will participate in projects using the Internet in a directed manner to support curriculum and research activities. They may participate in distance learning programs, ask questions of and consult with experts, communicate with other users, and locate materials to meet educational needs. Users will also be able to access a variety of information including news resources, electronic discussion groups, information databases, the holdings of libraries worldwide, and electronic mail.

The State of Tennessee and the Knox County Board of Education believe that the benefits of having access to the Internet are invaluable for both educators and students. Among the vast resources on the Internet are some materials that are not suitable for viewing in a school environment. It is not appropriate to locate material that is illegal, defamatory, or offensive. Such conduct will lead to the immediate loss of Internet access and may lead to other disciplinary actions.

Users are expected to understand and abide by the guidelines and behaviors set forth by the Knox County Board of Education in its *Guidelines for Acceptable Use of Electronic Media*. The Board makes no warranty, expressed or implied, regarding the use of the Internet. The Board shall accept no liability or legal responsibility for any damage which may arise from the use of the Internet in violation of these guidelines.

II. Rights and Responsibilities of Users

All use of the Internet must be in support of education and research and be consistent with the mission statement of Knox County Schools. For educational purposes, users have specific rights and responsibilities which include, but are not limited to the following.

Users can

- examine and use interactive electronic formats.
- examine a broad range of opinions, ideas, and information in the educational process.
- locate, use and exchange information on the Internet.
- retain ownership of their own intellectual works as users of the Internet, consistent with the policies of the Knox County Board of Education.

Users cannot

- use the network for personal commercial or for-profit purposes.
- participate in harassment, discriminatory remarks, or other inappropriate behaviors.
- use the network to access obscene or pornographic material.
- use the network for any illegal activity, including violation of copyright or other contracts.
- damage computer(s), computer systems or computer networks.
- invade the privacy of other network users.
- gain unauthorized access to computer networks, resources or materials.

III. Network Etiquette

Network users are expected to abide by accepted rules of network etiquette. These rules include but are not limited to the following.

- Do not reveal your own personal address or phone number or those of other students or colleagues.
- Be polite. Use appropriate language. Do not become abusive in your messages to others. Never use a computer to harm other people. Show consideration and respect for others at all times.
- Do not use a computer to steal. Do not copy software for which you have not paid, use computer resources without authorization, or plagiarize the intellectual property of others.
- Be mindful of the rights of other network users. Do not violate the privacy of other users.
- Do not use the network in any way that would disrupt its operation or that would interfere with another user's computer work.
- Abide by the policies and procedures of each network accessed.
- Keep your password private.
- Be careful when using sarcasm and humor. Without face-to-face communication, a joke may be viewed as criticism.
- Focus on one subject per message.
- Make your subject line as descriptive, yet as short, as possible.
- Keep paragraphs and messages short and to the point.
- Cite all quotes, references, and sources.
- When including a signature at the end of e-mail messages, limit it to four lines.
- Use capital letters only to highlight a word or identify titles or headings. Using all capitals for an entire message has the same effect as verbally shouting.
- Always think about the social consequences of what you do on the network.



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.

Parent/legal guardian:

(print)

(signature)

Date: _____

JOHN BYNON PARK PERMISSION

I give permission for my child, _____ to travel to John Bynon Community Park Located adjacent to West Hills Elementary School. I understand that the park will be used for both recreational and educational purposes this year and that the teacher will make decisions to use the park facilities. This permission will serve for the school year.

Print Name of parent/Legal guardian

Signature of Parent/Legal 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 <input type="checkbox"/>	F <input type="checkbox"/>
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	<p>THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.</p> <p>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</p>			

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 this child learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/> If yes, what year did this student 1 st qualify for ELL?
2. What language does this child speak most often outside of school?	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language?
3. What language do people usually speak in this child's home?	What is your preferred language for receiving emails and communications from KCS?
Parent/Guardian Signature: X	Today's Date: <u> </u> / <u> </u> /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  <input style="float: right;" type="checkbox"/>	Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.  <input style="float: right;" type="checkbox"/>	Dairy/Cattle Raising: feeding, milking, rounding up.  <input style="float: right;" type="checkbox"/>
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting  <input style="float: right;" type="checkbox"/>	Forestry: soil preparation, planting, cutting trees; does not include landscaping.  <input style="float: right;" type="checkbox"/>	Other: Any other agriculture or fishing work, please list here: <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

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:

Guardianship Confirmation Form

Student Name: _____ Date: _____

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 parenting plan or court order?
Yes ___ (a copy is required to be submitted to the school)
COPY SUBMITTED _____
No ___

4. Are there any protection orders in place?
Yes ___ (a copy is required to be submitted to the school)
COPY SUBMITTED _____

5. Are you sharing your current residence with someone?
Grandparents, in-laws, etc.?) Yes _____ No _____

6. Is your current residence: Temporary ___ or Permanent ___?

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

declare the above information correct.

Signature of parent/guardian

Date

Kristen Jackson
Principal



WEST HILLS
ELEMENTARY SCHOOL
409 Vandyke Road, Knoxville, Tennessee 37909.
Office (865) 539-7850 Fax (865) 539-7876
www.knoxschools.org/westhillses

Suzanne Hammonds
Assistant Principal

PERSONAL DATA QUESTIONNAIRE

Dear Parents,

Children spend much of their daily lives in the classroom environment. As educators, we strive to provide a caring learning environment which meets the needs of every student. The following questionnaire will provide us with valuable information about your child. We are looking forward to an exciting year in Kindergarten.

1. CHILD'S FULL NAME				
First	Middle	Last	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
The name by which your child wants to be called:				
2. PLACE OF BIRTH				
City	County	State		
Birth Date (Month/Day/Year)		Social Security Number		
3. HOME AND FAMILY				
Street Address		Zip Code		
Home Phone Number		How long have you lived at the present address?		
4. FATHER'S NAME AND INFO				
First	Middle	Last		
Occupation	Work Place	Birth Date (Month/Day/Year)		
	Work Phone Number			
4. MOTHER'S NAME AND INFO				
First	Middle	Last		
Occupation	Work Place	Birth Date (Month/Day/Year)		
	Work Phone #			
CHILD lives with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Check one)				

6. **SIBLINGS.** Please list the names and birthdates of other children in the family, in order of birth, from oldest to youngest.

Name	Sex	Birthday	School/Grade

7. Does your child have any medical conditions or concerns? Please list them:

8. Was your child's birth traumatic, difficult or premature? If yes, please explain.

9. Do you suspect your child has any of the following problems?

Vision Hearing Speech Other (please list)

10. Does your child currently receive any special services from Knox County Schools?

11. Is anyone other than a mother or father living regularly in the home?

12. Has there been a recent crisis in your family? Please explain.

13. Can your child be away from you for a least half a day without becoming upset?

14. **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.

<u>School</u>	<u>Time Attended</u>	<u>Dates Attended</u>

15. Would you be willing to work with small groups of students from the classroom once or twice a month? Yes No

16. Would you be willing to co-room parent? A co-room parent organizes and helps plan the classroom parties, special events, and PTA school-wide events. Yes No

17. Does your child need to be separated from another child who is entering our kindergarten this year? (neighbor, relative, etc . . .)

18. Is there any other information the schools needs in order to make your child's kindergarten placement successful?

KNOX COUNTY SCHOOLS



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)



Principal
Kristen Jackson

Assistant Principal
Suzanne Hammonds

Official Request for Student Records

Name of Previous School: _____

City, State: _____

Phone/Fax: _____

<u>Student Name</u>	<u>DOB</u>	<u>Grade</u>

The above listed student has enrolled at our school. Please forward copies of all pertinent school records including, but not limited to:

- Report Cards/Academic Records
- Attendance Records/Disciplinary Reports
- Standardized Test Scores *(if available)*
- Special Education Documents, IEPs, Evaluations, etc.
- Immunization Form
- Custody Paperwork/Legal Documents *(if applicable)*

Please forward/fax records to: **West Hills Elementary School**
409 Vanosdale Road
Knoxville, TN 37909
lee.berry@knoxschools.org
Fax: 865-539-7876

Please call 865-539-7850 if you have any questions. Thank you for your prompt attention to this request.

Parent Signature

Date



In-district Transfer Student Chromebook Assignment Form

Welcome to _____ School!

The Chromebook is a vital tool for learning, and we need your help making sure your student does not miss a moment of instruction during the transition from one KCS school to another.

Please choose one of the following so we may help your student be equipped and ready to learn today.

___ My student's Chromebook and charger have been returned to the former school.

___ My student's Chromebook and charger are at home, and we will bring it to you to return to the former school.

___ I am leaving my student's Chromebook and charger with you today to return to the former school.

Student's Name _____ Homeroom _____

Parent/Guardian Signature _____

Telephone _____ Date _____

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