



Documentation Needed for Enrollment

1. Proof of Birth- The form proof of birth takes is an area of parent discretion, and school will accept appropriate documentation as offered. No one form of documentation is required or preferred over another. Proof of birth may take many forms. Examples include but are not limited to the following:
 - a. Birth Certificate issued by any government
 - b. Passport issued by any nation
 - c. Immigration documentation
2. Immunization Records- these must be on a Tennessee Form (contact Knox County Health Department if records are from another state)
3. Recent Physical Exam
4. Proof of Residence- Knox County Schools requires one of the following:
 - a. Utility Bill from KUB
 - b. Lease Agreement
 - c. In cases where the utilities and/ or lease agreement is in the name of a person other than the parent or guardian, the person listed must provide the utility bill and/ or lease agreement and also a notarized letter stating that the parent or guardian and children are living at that address.
5. Proof of Custody (if applicable)
6. Information Packet
7. Name and Address of the Child's Previous School

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: _____	Contact: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
_____	_____
*Primary Phone #: _____	*Primary Phone #: _____
Emergency #: _____	Emergency #: _____
Employer: _____	Employer: _____
Work #: _____	Work #: _____
Other #: _____	Other #: _____
*Cell: _____	*Cell: _____
Primary E-mail: _____	Primary E-mail: _____
Alternate 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 _____

Please complete the back of this form.

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
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 _____

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 . If you have any questions, email the TN MEP ID&R Team: .

Student State ID:

Enrollment Date:

District ID:

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 _____

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

Child's Name _____

Teacher's Name _____

Dismissal Information

Please fill out the form below.

Emergency names and numbers (Please print neatly- These names must be on your child's information in the office.)

Name

Number

Name

Number

My child should go home in the following manner: (Please select only one)

____ Bus Rider (Bus Number _____)

____ Bus Stop Location _____ Load

____ Walk Home

____ Car Rider

____ Other (YMCA, Boys and Girls Club, Shora, or Emerald)

Will your child have different dismissal procedures for early release?

____ Yes _____ No

If so, how?

Please be aware that your child will not be released to an individual not listed on your child's pick up list. If you need to change or add someone to your list, it must be done by sending a note with the change to the school so that it can be changed in the office. All individuals checking out a child will be required to show photo identification.

Parent 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: _____



Knox County Schools Technology Device Agreement

School Name: _____

Date: _____

Agreement between the Knox County Schools and:

Name of Parent or Guardian

Name of Student

Phone: _____

Address: _____

Student, initial each line:

- _____ I have read, understand, and will follow the "Technology Device Procedures and Expectations" document (Exhibit A attached).
- _____ I accept responsibility for using the technology device at school and outside of school hours.
- _____ I understand that this technology device may be collected and inspected.
- _____ I agree to keep this technology device in my possession at all times. I will not give or lend it.
- _____ I will return the technology device to the school whenever I am asked to do so by school personnel.
- _____ I will carry the technology device in the provided protective covering to minimize the chances of damage.
- _____ I will not use the technology device, in or out of school, for inappropriate or unlawful purposes in accordance with KCS Board Policy.
- _____ I understand that if this technology device is lost or stolen, I will immediately notify school administration.
- _____ I understand that my parents/guardians and I are responsible for costs associated with loss, damages, or theft of the technology device.
- _____ I agree to return the technology device, charger, and protective covering in good working condition to the school at the conclusion of the school year or if I leave the school.
- _____ I agree to bring the technology device charged to class every day.
- _____ I understand that failure to comply with any of the guidelines and policies may result in suspension of the use of the technology device.

Parent or Guardian Signature

Student Signature



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)

P.O. Box 2188 • Knoxville, Tennessee 37901-2188 • Telephone (865) 594-1800



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

1. What is the first language this child learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y ☐ N ☐ I don't know. ☐
2. What language does this child speak most often outside of school?	If yes, what year did this student 1 st qualify for ELL? Will you require an interpreter/translator at Parent-Teacher meetings? Y ☐ N ☐ If yes, what language?
3. What language do people usually speak in this child's home?	_____
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.



Education



Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

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 of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

☐ No

☐ Yes. Check all that apply and list the total number of months worked:



☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

Total Months Worked: _____



☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

☐ No

☐ Yes. How long have you resided at your current address?

Years

Months

Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address

Apt #

City

State

Zip Code

Telephone Number

Best Day of Week & Time of Day to Call

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:

Enrollment Date:

District ID:



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:		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:
--------	---------	--------

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:



Green Magnet Academy is proud to be a Community School, a partnership between Knox County Schools and the United Way of Greater Knoxville. This model brings extra support, expanded resources, and new opportunities not just for students, but for families and the entire neighborhood.

At the heart of a Community School is collaboration. Everyone—teachers, families, students, and community members—is encouraged to share ideas and feedback to help shape school programs, services, and decisions. The goal is to support student success, strengthen families, and build a healthier, more connected community.

By turning the school into a welcoming hub, the Community Schools model fosters a sense of belonging and shared purpose, helping neighborhoods grow stronger and futures grow brighter.

The following United Way Media Release form and Student Survey Consent form (for 3rd-5th grade) are documents that enable your family's participation in support of Community Schools. To learn more, scan this code or visit www.knoxschools.org/domain/1100



Green Magnet Academy se enorgullece de ser Community School (escuela comunitaria), una colaboración entre las escuelas del Condado de Knox y el United Way of Greater Knoxville. Community Schools (Escuelas Comunitarias) ofrece apoyo adicional, recursos extras y nuevas oportunidades para estudiantes, familias y el vecindario.

En este modelo, se invita a maestros, estudiantes y familias a compartir sus ideas y comentarios para ayudar a mejorar los programas, servicios y decisiones escolares. El objetivo es apoyar el aprendizaje de los estudiantes, fortalecer a las familias y construir comunidades más saludables.

Community Schools (escuelas comunitarias) fortalecen a los vecindarios por crear una escuela donde todos se sienten bienvenidos, trabajan juntos y reciben el apoyo que necesitan para prosperar.

Los formularios que siguen (Autorización de Prensa de United Way y el Formulario de Consentimiento para la Encuesta Estudiantil para 3^o a 5^o grado) son documentos que permiten la participación de su familia en apoyo a las Escuelas Comunitarias. Escanee aquí para obtener más información o visite: <https://www.knoxschools.org/domain/1100>





United Way of Greater Knoxville Community Schools Media Release

What is Community Schools?

United Way of Greater Knoxville's Community Schools are public schools that partner with their surrounding community to support students, families and neighborhoods. The goal is to improve student learning environments, strengthen families and create healthier communities. These schools serve as hubs for community resources and help address academic and non-academic barriers to success. United, we are building bridges and empowering communities.

Media Release Requirements

United Way of Greater Knoxville has my permission to use the materials described below in whole or in part as they deem necessary to convey their message. They may edit, crop, or otherwise alter the materials to better communicate the message of United Way of Greater Knoxville. I do not expect any compensation now or in the future for United Way's use of this material.

Description of material: Videotaped footage, still photographs; recorded material; autobiographical information provided to United Way of Greater Knoxville

Material usage (may include all or some of the elements listed below): Campaign video, print materials, pledge forms, TV and Radio PSAs, print ads, billboards, website/social media

Child's Name (please print): _____

Guardian's Name (please print): _____

Child's School: _____

Child's Grade Level: _____ **Child's Teacher:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Guardian's Signature: _____ **Date:** _____

Get Connected to Community Schools

Community Schools creates an opportunity for you to connect deeper with your child's school and with your surrounding community. For more information about Community Schools and how you can get involved, please visit uwgk.org/schools.

Thank you!

For Office Use Only: All returned forms should be submitted to the Community Schools Site Coordinator.