A.L.LOTTS ELEMENTARY

9320 Westland Drive

Knoxville, TN. 37922

Phone (865) 539-8611 Fax (865)539-8632

Tracy Marsh , Principal

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

DATE: _____

TO: _____

_____

_____

ATTN: _____

THE FOLLOWING STUDENT(S) HAS/HAVE ENROLLED AT OUR SCHOOL

_____GRADE_____

_____GRADE_____

_____GRADE_____

PLEASE SEND A COPY OF HIS/HER EDUCATIONAL RECORDS.

SIGNATURE OF PARENT_____

SINCERELY,

Rachel Hornback

Secretary

Rachel.hornback@knoxschools.org

Betsy Lord

Secretary

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: *(if applicable)* ☐ Reserve ☐ National Guard ☐ 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 _____

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.

A.L. LOTTS GUARDIANSHIP CONFIRMATION FORM

Student Name_____

What is your relationship to the Student? _____

If you are the parent(s), are you legally:
Married__ Separated__ Divorced__
Widow/Widower __Never Married__

Is the student subject to a Parenting Plan or Court Order?
YES__NO___
If yes, a copy is required to the school.
Date submitted_____ Initial by staff received_____

Is there an order of protection for this student?
Yes ____ NO____
If yes, a copy is required to the school.
Date submitted_____ Initial by staff received_____

I_____ **(print name)** the parent/guardian declare this information to be true.

_____Signature of Parent/Guardian

Date_____

KNOX COUNTY SCHOOLS CLINIC CARD

Child's name_____ **Teacher's Name**_____ **Grade**_____

In the event that my child is sick or injured at school, please contact one of these people in the order listed below.

PLEASE NOTE: IF THE PARENT SHOULD BE CALLED FIRST, PLEASE LIST IT THIS WAY. OTHERWISE, YOU WILL NOT BE THE FIRST ONE NOTIFIED. If the person can pick up your child, indicate with a yes or no.

	Name	Relationship to child	Daytime phone	Cell phone	Can pick up?
1.					
2.					
3.					

MEDICAL/OTHER INFORMATION_____

_____ _____

Parent/Guardian's signature Date

THIS INFORMATION IS VERY IMPORTANT AND MUST BE KEPT CURRENT THROUGHOUT THE SCHOOL YEAR.

Thank you!

LOTTS ELEMENTARY

NEW STUDENT BUS INFORMATION

(TO BE GIVEN TO BUS DRIVER)

539-8611

NAME:_____ TEACHER:_____

ADDRESS:_____

BUS STOP:_____

PARENTS PHONE:_____

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: _____

PA-100 (06/17)

KNOX COUNTY SCHOOLS CLINIC CARD

Child's name_____ **Teacher's Name**_____ **Grade**_____

In the event that my child is sick or injured at school, please contact one of these people in the order listed below.

PLEASE NOTE: IF THE PARENT SHOULD BE CALLED FIRST, PLEASE LIST IT THIS WAY. OTHERWISE, YOU WILL NOT BE THE FIRST ONE NOTIFIED. If the person can pick up your child, indicate with a yes or no.

	Name	Relationship to child	Daytime phone	Cell phone	Can pick up?
1.					
2.					
3.					

MEDICAL/OTHER INFORMATION_____

_____ _____

Parent/Guardian's signature Date

THIS INFORMATION IS VERY IMPORTANT AND MUST BE KEPT CURRENT THROUGHOUT THE SCHOOL YEAR.

Thank you!

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 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	___/___/20___ Today's Date: (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.

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
						☐		Spina bifida	☐	☐	Traumatic spinal injury
		____ Food: _____				☐	☐	Orthopedic problems	☐	☐	Urinary problems
		____ Latex				☐	☐	Sensitivity to light	☐	☐	Other: _____
		____ Requires Epi-pen (please provide school)				☐	☐	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 _____

A.L. LOTTS GUARDIANSHIP CONFIRMATION FORM

Student Name_____

What is your relationship to the Student? _____

If you are the parent(s), are you legally:
Married__ Separated__ Divorced__
Widow/Widower __Never Married__

Is the student subject to a Parenting Plan or Court Order?
YES__NO___
If yes, a copy is required to the school.
Date submitted_____ Initial by staff received_____

Is there an order of protection for this student?
Yes ____ NO____
If yes, a copy is required to the school.
Date submitted_____ Initial by staff received_____

I_____ **(print name)** the parent/guardian declare this information to be true.

_____Signature of Parent/Guardian

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 _____

KCS | KNOX COUNTY SCHOOLS
UT TOWER
Superintendent

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 (2/21)

TN Department of Education

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.**

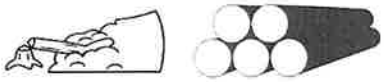
Today's Date _____ **Parent/Guardian First & Last Name** _____

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: idr@tn-mep.net

Student State ID:	Enrollment Date:	District ID: