

New Student Enrollment Packet

Carter Middle School



If English is not your first language, please contact the KCS Welcome Center 865-594-1760 for translation services & processing. Enrollment forms are available in Arabic, English, Kirundi, Persian, Russian, Spanish, Swahili and Ukranian.

Student Last Name: _____

Student First Name: _____

Grade Level: _____

To Enroll your student, all documents must be provided at the time of registration:

- New Student Enrollment:** Must be completed by Parent or Legal Guardian
- Proof of Birth:** Birth Certificate
- Parent Photo ID:** Driver's License or Passport
- Proof of Residency:** Current Utility Bill or Lease
- TN Immunization Form:** Knox County Health Dept. 865-215-5150
- Student Physical:** Dated w/in 12 months; Due within 30 days
- Parenting Plan or Custody Papers:** Required if student is not residing full-time with both biological parents.

For proper placement, please provide:

___ **Report Card** or Grades

___ **IEP or 504 Service Plan** *if applicable*

___ **ESL/ELL Services** *if applicable*

___ **Conduct or Psychoeducational Reports** *if applicable*

204 N. Carter School Rd Strawberry Plains, TN 37871

Phone: 865.933.3426 Fax: 865.932.8170

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: _____
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**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
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 _____



GUARDIANSHIP CONFIRMATION

Student Name: _____ **Grade Level:** _____

1. What is your relationship to the student?

Parent ___ Legal Guardian ___ Foster Parent ___ Step-Parent ___

2. What is the current legal status of the student's birth-parents?

Married ___ Separated ___ Divorced ___ Never Married ___ Other (please explain) _____

3. Is this student subject to a Parenting Plan or Custody Order?

Yes ___ (a copy is required) Date Copy Submitted _____

No ___

4. Is there a current Order of Protection or Restraining Order in place concerning the child?

Yes ___ (a copy is required) Date Copy Submitted _____

No ___

5. Are you sharing your current residence with another family? (Grandparents, Aunt/Uncle, etc.)

Yes ___ (please list) No ___

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

Commercial or business addresses, investment properties, empty lots, construction properties, etc. are not acceptable.

CHILD CUSTODY NOTIFICATION

By law, if parents are legally separated or divorced, each parent listed on the birth certificate has equal rights to the custody of the child unless otherwise stated in a court order.

The school must have a copy of the court order on file. It is the responsibility of the parents to ensure the paperwork on file is current and up to date.

The school will refer to the court order regarding named parental custodians who are allowed to check the child(ren) out of school with proper identification and who are allowed educational rights.

I have read the above statements.

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



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"/>	Gender	F <input type="checkbox"/>
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	
<p>1. What is the first language this child learned to speak?</p>	<p>Has this child ever received ELL (ESL) classes in another school?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/></p> <p><i>If yes, what year did this student 1st qualify for ELL?</i></p>
<p>2. What language does this child speak most often outside of school?</p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><i>If yes, what language?</i></p>
<p>3. What language do people usually speak in this child's home?</p>	<p>What is your preferred language for receiving emails and communications from KCS?</p>
<p>Parent/Guardian Signature:</p> <p style="font-size: 1.2em; margin-top: 10px;">X</p>	<p style="text-align: right;">Today's Date: <u> </u>/<u> </u>/<u> </u> (mm/dd/yyyy)</p>

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.



Tennessee Migrant Education Program – Occupational Survey

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

STUDENT FIRST NAME:	STUDENT LAST NAME:	DATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		

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

- Yes No

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

- Yes No

a. If yes, please circle all that apply:



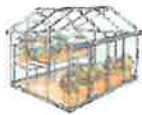
Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



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



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



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



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



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

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

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

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

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

School District:	Student State ID:	Enrollment Date:
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Knox County Schools 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: _____



CARTER MIDDLE SCHOOL

J.D OVERTON, PRINCIPAL
JOEY RAMSEY, ASSISTANT PRINCIPAL
JENNIFER STANLEY, ASSISTANT PRINCIPAL
DR. CLAIRE ADAMS, ASSISTANT PRINCIPAL
Telephone: 865-933-3426 Fax: 865-932-8170

REQUEST FOR RECORDS

TO: _____

FAX: _____

The following student has recently transferred to our school from your school district. We would appreciate it if you would send the following records at your earliest convenience:

- Transcripts with recent grades
- Health and Attendance records
- Achievement test scores
- Special Education/ IEP record

Please include any other information that would help us to place the student in the proper classes

Sincerely,

CMS Enrollment Office

Student Name _____ Grade _____

Date of Birth _____

Parent Signature _____ Date _____

School Official Signature _____ Date _____