



# Spring Hill Elementary Enrolling Student Check list 2025 – 2026 School Year



- \_\_\_\_\_ New Student Enrollment
- \_\_\_\_\_ Personal Data Questionnaire
- \_\_\_\_\_ Guardianship Confirmation
- \_\_\_\_\_ Student Medical Profile
- \_\_\_\_\_ Student Media Release
- \_\_\_\_\_ Student Support Services
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Tennessee Parent Occupation Survey
- \_\_\_\_\_ Guidelines for Electronic Media

- \_\_\_\_\_ Tennessee School Immunization Certificate  
**(Forms on file at the Medical offices)**  
**(New shot requirements for enrolling Kindergarten students)**

- \_\_\_\_\_ DtaP or DT
- \_\_\_\_\_ Polio (IPV or OPV): final dose on or after the 4<sup>th</sup> birthday)
- \_\_\_\_\_ Measles, Mumps, Rubella (2 doses of each, usually given together as MMR)
- \_\_\_\_\_ Varicella (Chickenpox): 2 doses or history of disease
- \_\_\_\_\_ Hepatitis B (HBV): 3 doses
- \_\_\_\_\_ Hepatitis A: 2 doses

**\*Please notify the office if your student will require medication to be given at school to obtain the necessary paperwork.**

- \_\_\_\_\_ Proof of Physical exam dated after August 10, 2024
- \_\_\_\_\_ Proof of Residence Form and a copy of one of the following:
  - \_\_\_\_\_ Deed/Lease/Rental Agreement
  - \_\_\_\_\_ Utility Bill
  - \_\_\_\_\_ Notarized Statement
  - \_\_\_\_\_ Transfer Approval letter
- \_\_\_\_\_ Birth Certificate/original
- \_\_\_\_\_ Copy of Parent/Guardian Identification

**\*Children entering kindergarten shall be no less than five years of age on or before August 15, 2025. Any child six years of age on or before September 30, 2025, shall be eligible for first grade if he or she has attended an approved Kindergarten program.**

**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.

<p>Main Contact: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>*Primary Phone #: _____</p> <p>Emergency #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Other #: _____</p> <p>*Cell: _____</p> <p>Primary E-mail: _____</p> <p>Alternate E-mail: _____</p>	<p>Contact: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>*Primary Phone #: _____</p> <p>Emergency #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Other #: _____</p> <p>*Cell: _____</p> <p>Primary E-mail: _____</p> <p>Alternate E-mail: _____</p>
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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 \_\_\_\_\_

### Student Guardians (Continued)

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

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.*

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.*



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



# Spring Hill Elementary Guardianship Confirmation Form

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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?
  - a. Yes \_\_\_\_\_ (a copy is required to be submitted to the school) **COPY SUBMITTED** \_\_\_\_\_
  - b. No \_\_\_\_\_
4. Are there any protection orders in place?
  - a. 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 \_\_\_\_\_?
7. \_\_\_\_\_ Parent /guardian of the student named above  
(print your name)  
declare the above information correct.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
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<br>airway disease | <input type="checkbox"/> Cerebral palsy                          | <input type="checkbox"/> <input type="checkbox"/> Heart defects           | <input type="checkbox"/> <input type="checkbox"/> Stomach problems            |
| ____ Requires inhaler<br>(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                 |
| ____ Bee stings   | <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Muscular dystrophy                               | <input type="checkbox"/> <input type="checkbox"/> Traumatic Brain<br>Syndrome |
| ____ Food: _____  |  | <input type="checkbox"/> Spina bifida                                     | <input type="checkbox"/> <input type="checkbox"/> Traumatic spinal injury     |
| ____ Latex  |  | <input type="checkbox"/> <input type="checkbox"/> Orthopedic problems     | <input type="checkbox"/> <input type="checkbox"/> Urinary problems            |
| ____ 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 \_\_\_\_\_

Health Services  
ENROLLMENT REQUIREMENTS  
PARENT LETTER

Dear Parent:

Every student who enters the Knox County School System for the first time or who is reentering after being in another school system must provide the school with the following information:

Students entering school Pre-school – Grade 12 for the first time must provide:  
Proof of up-to-date immunizations and a physical examination on a Tennessee School Immunization Certificate completed by a medical provider. The form may be obtained from a medical provider or the Health Department.

Students who will be entering school must provide proof of a physical exam completed by a medical provider. Students entering pre-school or kindergarten must have a physical exam that has been completed within the past year (12-month period) prior to entering school. Physical examinations contained in records from students transferring from other school systems may be accepted if state guidelines are met.

Students/parents may contact the immunization clinic at the Health Department (215-5000) any weekday to obtain information regarding immunization certificates.

No student will be enrolled or allowed to attend school without a completed Tennessee School Immunization Certificate.

For further information or questions, you may call Health Services at 594-3735.

**Guidelines for Illness**

**Abdominal pain:** note onset, location, frequency, severity, and pattern of the pain. Assess temperature. Notify parent/guardian and send home if vomiting, diarrhea, or fever is present. Student must be vomit, diarrhea, and/or fever free for 24 hours without use of antidiarrheal and fever reducing medication before returning to school.

**Chest pain:** note onset of symptoms (acute, gradual, progressively getting worse), location, frequency, severity, and type (constant, intermittent, sharp, dull, radiating, etc.) of the pain. Monitor for difficulty breathing, decreased level of consciousness, dizziness, or other unusual findings (abnormal vital signs, painful breathing, etc.). Notify parent/guardian.

**Cramps:** assess temperature. Note onset, location, frequency, and severity of pain. Assess for nausea, vomiting, or feelings of faintness. If indicated, notify parent/guardian.

**Diarrhea:** Assess temperature. Notify parent/guardian. The student is required to be sent home. The student must be diarrhea free for 24 hours without the use of antidiarrheal medication prior to returning to school.

**Dizziness:** Assess symptoms. If indicated, based on assessment, notify parent/guardian.

**Earache:** Assess temperature and for ear drainage. If indicated, based on assessment, notify parent/guardian.

**Eyes:** Assess the color of the conjunctiva (white portion of eyes). Note any redness, discharge, swelling, itchiness, sties, or crusting in the inner corner of eyes during the assessment. Refer to Conjunctivitis Information form. If indicated, based on assessment, notify parent/guardian.

**Fever:** Assess temperature. If temperature is 100.4 degrees Fahrenheit or above, the student is required to be sent home. If the student has a temperature of 105 degrees or higher, EMS (911) should be called if the parent/guardian cannot be contacted immediately. If 911 is called, notify your school nurse and KCS Health Services. The student must be fever-free for 24 hours without use of fever-reducing medication before returning to school.

**Headaches:** Can be a symptom of other illnesses and are caused by a variety of triggers or infections. Assess temperature and neurologic status (does the student know his/her name, location, etc.). Encourage fluids, rest, place cool or warm cloth of forehead. If headache worsens, is accompanied by fever and/or stiff neck, impaired neurologic status, notify parent/guardian.

**Poison Emergencies:** Contact the Poison Control Center at 1-800-288-9999, school nurse, and parent/guardian. Follow guidance of Poison Control. If indicated, notify EMS (911).

**Skin color:** Assess skin color (pale, flushed, redness, gray, etc.). Assess for swelling and/or pain and temperature. Notify parent/guardian if temperature is 100.4 degrees Fahrenheit or above, and/or if student has other symptoms such as difficulty breathing, vomiting, etc.

**Sore throat:** Assess temperature. If temperature is 100.4 degrees or above, notify parent/guardian and send home. The Sore Throat Information letter should be sent home with the student.

**Undiagnosed rash:** Assess rash (location, color, oozing, drainage, etc.) Complete Skin Rash Information sheet. If indicated, based on assessment, notify parent/guardian, and send student home.

**Vomiting:** Assess temperature. Notify parent/guardian and send student home. The student must be free from vomiting for 24 hours before returning to school.

**\*\* WHEN IN DOUBT, ALWAYS CONTACT KCS HEALTH SERVICES AT (865) 594-3735.**

THE NURSE SUPERVISOR SHOULD BE NOTIFIED:

- IF EMS (911) IS CALLED
- OF ANY SERIOUS ACCIDENT, ILLNESS, OR LIFE-THREATENING EMERGENCY

If the school nurse sends a student home for illness such as emesis, diarrhea or fever, their absence is administratively excused for 24 hours. After 24 hours, a medical provider's excuse is required.



## 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:

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Parent/legal guardian:

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(print)

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(signature)

Date: \_\_\_\_\_

KNOX COUNTY SCHOOLS  
ANDREW JOHNSON BUILDING



To: Parents and/or Guardians of Students Who Are Entering or Withdrawing From Knox County Schools

From: Student Support Services

Re: Special Education Services Available Through Knox County Schools

Knox County Schools provides a full continuum of services for students who qualify for special education under the Individuals with Disabilities Education Improvement Act (IDEIA '04).

If you feel your child might require Special Education or other services and want Knox County Schools to provide those services, contact the school to which your child is zoned Spring Hill Elem. 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)



## 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><b>THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.</b></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 the student 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 <sup>st</sup> 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 <input type="checkbox"/> N <input type="checkbox"/> If yes, what language?
3. What language is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
Parent/Guardian Signature:  X	Today's Date: <u>          /          /20          </u> (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:

<p><b>Agriculture/Field Work:</b> planting, picking, sorting crops, soil preparation, irrigation, fumigation</p>  <input type="checkbox"/>	<p><b>Processing &amp; Packaging:</b> fruit, vegetables, chicken, pork, beef, eggs, etc.</p>  <input type="checkbox"/>	<p><b>Dairy/Cattle Raising:</b> feeding, milking, rounding up.</p>  <input type="checkbox"/>
<p><b>Nursery/Greenhouse:</b> planting, potting, pruning, watering, harvesting</p>  <input type="checkbox"/>	<p><b>Forestry:</b> soil preparation, planting, cutting trees; does not include landscaping.</p>  <input type="checkbox"/>	<p><b>Other:</b> Any other agriculture or fishing work, please list here:</p> <p>_____</p> <p>_____</p>

**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](http://tn.msedd.com). If you have any questions, email the TN MEP ID&R Team: [ldr@tn-mep.net](mailto:ldr@tn-mep.net)

Student State ID:	Enrollment Date:	District ID:
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**KNOX COUNTY SCHOOLS  
REFUSAL OF ACCESS TO ELECTRONIC MEDIA**

The Knox County Schools uses various forms of electronic media for instructional purposes and makes electronic media accessible to students to assist them in their academic pursuits. To govern the use of these important instructional assets students and staff are expected to adhere to the Knox County Schools' Guidelines for Acceptable Use of Electronic Media.

I have read the terms of Knox County Schools' Guidelines for Acceptable Use of Electronic Media. I understand that this access is designed for educational purposes.

As the parent or guardian of the below identified student, I hereby WITHHOLD PERMISSION to access electronic media except for directly supervised educational and assessment activities.

Student Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

MC-107 (2/18)

**Only return if you  
are refusing access  
to Electronic Media.**

## 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.

# CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle)

Birthdate (mm/dd/yy)

Parent/Guardian Name (Last name, first name, middle)

Phone (please include area code xxx-xxx-xxxx)

Address

City

State Zip Code

### Section 1a. Religious Exemption

Check here if religious exemption to immunization selected by parent/guardian

### 1b. Health Examination Documentation (if required)

This child has been examined

Certified by (Signature/Stamp)

### 1c. Check if needed

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "TDH Summary of Immunization Rules, Certificate Instructions" at the Tennessee Department of Health website (<https://www.tn.gov/health/cedep/immunization-program/immunization-requirements.html>) and on the Tennessee Immunization Information System ([tn.gov](https://www.tn.gov)).

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Diagnosis (A)	Serology (A)	History (A)	Medical Exemption (A)
<b>Section 2a. Required Vaccines for School + Child Care Attendance (Dates Required)</b>											
Hib <small>Child Care Only (&lt;5 years)</small>											
Pneumococcal (PCV) <small>Child Care Only (&lt;5 years)</small>											
DTP, DTap, DT, Td											
Poliomyelitis											
<input type="checkbox"/> Hepatitis B <small>Check here if 1:1:15 years 2-dose schedule used</small>											
Hepatitis A <small>Child Care Effective 7/2010 Kindergarten Effective 7/2011</small>											
Measles											
Mumps											
Rubella											
Varicella											
Tdap Booster <small>7th Grade Entry Only</small>											
<b>Section 2b. Recommended Vaccines (Documentation Optional)</b>											
Rotavirus											
Influenza											
Meningococcal ACWY											
HPV											

### Section 3. Provider Assessment (select one\*, not valid if blank)

- A) Temporary Certificate - Expires  
Expiration date one month after date final catch-up immunization is due
- B) Up to Date for Child Care Entry and <18 Months of Age  
Only if requirements incomplete but up to date for age. Expires at 18 months of age
- C) Complete for Child Care / Pre-School\*  
Fulfills all requirements for child care, pre-school or pre-1 under 5 years of age
- D) Complete K-6th Grade\*  
Fulfills requirements Kindergarten through 6th grade
- E) Complete 7th Grade or Higher  
Fulfills requirements 7th grade or higher

### Section 4 (Required) Name, Address, Phone of Qualified Provider (MD, DO, PA, Advanced Practice Nurse or Health Department)

Certified by (Signature/Stamp) or TENNIS

Date of Issue