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.

Clear Form

KNOX COUNTY SCHOOLS

PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

School student(s) zoned to attend _____

Parent / Guardian Name _____ Phone _____

Current Address _____ Zip _____

Former Address _____ Zip _____

In order to verify residency within the attendance zone of the requested school, **one current document** as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

☐ Deed/Lease/Rental Agreement

☐ Utility Bill

☐ Notarized Statement

If proof of residence is provided by a notarized statement from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner _____ Phone _____

Address of Renter/Owner _____

WARNING: *Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.*

I, _____ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school within two weeks.

Signature of Parent / Guardian _____ Date _____

School Official's Signature _____ Date _____

KNOX COUNTY SCHOOLS

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 _____

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 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
ANDREW JOHNSON BUILDING

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 Pre-School Immunization Certificate or a Tennessee School Immunization Certificate completed by a medical provider. The form may be obtained from a medical provider, the Health Department or any Knox County School.

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 Pre-School / School Immunization Certificate.

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

P.O. Box 2188 • 912 South Gay Street • Knoxville, Tennessee 37901-2188 • Telephone (865) 594-1800

CERTIFICATE OF IMMUNIZATION

TN Department of Health

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: MM / DD / YY

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/ip/immunization-requirements.html) and on the Tennessee Immunization Information System (tennesseeiis.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	Diagnosed (X)	+Serology (X)	History (X)	Medical Exemption (X)
Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)										
Hib Child Care Only (<5 years)										
Pneumococcal (PCV) Child Care Only (<5 years)										
DTP, DTap, DT, Td										
Poliomyelitis										
☐ **Hepatitis B** Check here if 11-15 years 2-dose schedule used										
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011										
Measles										
Mumps										
Rubella										
Varicella										
Tdap Booster 7th Grade Entry Only										
Section 2b. Recommended Vaccines (Documentation Optional)										
Rotavirus										
Influenza										
Meningococcal ACWY										
HPV										

SAMPLE **VOID**

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

☐ **A) Temporary Certificate - Expires** MM / DD / YYYY
Expiration date one month after date next 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 19 months of age.

☐ **C) Complete for Child Care / Pre-School***
Fulfills all requirements for child care / pre-school or pre-K 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

**If age 4 years and fulfills requirements for Pre-School and Kingergarten, check BOTH Boxes C and D.*

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

MM | DD | YYYY

Certified by (Signature/Stamp) or TennIIS **Date of Issue**

Vaccine Requirements for Attending Child Care Facilities, Pre-Schools and Schools in Tennessee*

Recommended Schedule of Required Doses for Attendance in Child Care / Pre-School / Pre-K and School For Children Who Started Immunizations Before Age 7 Years***

Required Vaccines with footnote numbers in [ ]	2 Months of Age	4 Months of Age	6 Months of Age	12-15 Month of Age	16-18** Month of Age	4-6 Yrs.* (School Entry)	Total Doses Required**** For Assessment of Complete For School Attendance on Immunization Certificate
[1] Hib HbOC or	1	2	3	4			**N/A for school (See Footnote [1])**
[1] Hib PRP-T or	1	2	3	4			**N/A for school (See Footnote [1])**
[1] Hib PRP-OMP	1	2		3			**N/A for school (See Footnote [1])**
[2] PCV	1	2	3	4			**N/A for school (See Footnote [2])**
[3] DTP, DTaP, DT	1	2	3	4		5	**5 or 4 (See Footnote [3])**
[4] Polio	1	2	3			4	**5, 4 or 3 (See Footnote [4])**
[5] Hepatitis B	1	2	3				**3 (See Footnote [5])**
[6] Hepatitis A				1		2	**2 (See Footnote [6])**
[7] MMR				1		2	**2 (See Footnote [7])**
[8] Varicella				1		2	**2 (See Footnote [8])**
[9] Tdap							**1 (7th grade only)**

*These requirements were established in accordance with the current Recommended Childhood and Catch-up Immunization Schedules, United States (cdc.gov/vaccines/schedules/hcp/child-adolescent.html). Tennessee requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

**Certificates marked "Up to Date for Child Care Entry and <18 Months of Age" expire at 19 months of age. Parent/Guardian must provide an up-to-date certificate indicating "Complete for Child Care/ Pre-school" by or before 19 months of age.

***For children starting immunizations at age 7 years or older, refer to the CDC/ACIP catch-up schedule available at: https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html

****Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

Minimum Ages For Initial Immunization And Minimum Intervals Between Doses

Vaccine	Minimum Age For First Dose	Minimum interval from dose 1 to 2	Minimum interval from dose 2 to 3	Minimum interval from dose 3 to 4	Minimum interval from dose 4 to 5
[1] Hib (Primary Series)					
HbOC & PRP-T	6 weeks	28 Days	28 Days	See Footnote [1]	N/A
PRP-OMP	6 weeks	28 Days	See Footnote [1]	N/A	N/A
[2] PCV	6 weeks	28 Days	28 Days	See Footnote [2]	N/A
[3] DTP/DTaP (DT)	6 weeks	28 Days	28 Days	6 months	See Footnote [3]
[4] Polio	6 weeks	28 Days	28 Days	See Footnote [4]	See Footnote [4]
[5] Hepatitis B	birth	28 Days	See Footnote [5]	N/A	N/A
[6] Hepatitis A	12 months	6 months			
[7] MMR	12 months	28 Days	N/A	N/A	N/A
[8] Varicella	12 months	3 months [8]	N/A	N/A	N/A
[9] Tdap	See Footnote [9]				

Do not restart any series, no matter how long since the previous dose. Doses given up to 4 days before the minimum age or the minimum interval may be counted as valid.

Two different live vaccines must be given on the same day or spaced at least 28 days apart. The 4-day "grace period" does not apply to the 28-day interval between live vaccines not administered at the same visit.

For purposes of vaccine spacing: For intervals less than 4 months, 28 days = one "month" (1 month=4 weeks=28 days). For intervals of 4 months or longer, a "month" is a "calendar month." Ex: Six months from January 1 is July 1.

Footnotes

[1] The number of doses of Hib depends on age at 1st dose and brand of vaccine given. The last dose in the series necessary to meet requirements, whether 3rd or 4th, should be given at least 2 months after the previous dose and not before 12 months of age. One dose is sufficient to meet requirements if it is given at age 15 months or later. Hib is required for children younger than 5 years attending child care facilities. Hib is not required for kindergarten or higher grades and is not indicated for children who have reached the 5th birthday. If given on schedule, PRP-T and HbOC have a 3 dose primary series and a booster after age 12 months. PRP-OMP has a 2-dose primary schedule and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used.

[2] The number of doses in the PCV series depends on age at 1st dose. Children who receive 3 doses before 12 months of age require a 4th dose after the 1st birthday. One dose is required after 12 months of age for all children aged 24-59 months with any incomplete schedule. The final dose should be given at least 8 weeks after the previous dose and not before 12 months of age. Consult the Catch Up schedule for additional guidance.

[3] The minimum interval between the 4th and 5th doses is 6 months: dose 4 may be given as early as 12 months, but typically is given at age 15-18 months. One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 4th dose was on or after the 4th birthday, the 5th dose is not needed. The 4th dose should be administered a minimum of 6 months after the 3rd dose. However, the 4th dose does not need to be repeated if administered ≥ 4 months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.

[4] The final dose of the polio vaccine series must be given on or after the 4th birthday and at least 6 months after the previous dose. If 4 doses are administered before the 4th birthday, a 5th dose should be given on or after the 4th birthday. If the 3rd dose of an all IPV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose, a 4th dose is not needed.

[5] The 3rd valid dose of hepatitis B vaccine must be at least 4 months after dose 1 *and* 2 months after dose 2 *and* not before 24 weeks of age. If the 3rd dose given is not valid for all criteria, a 4th dose is necessary.

[6] One dose of hepatitis A vaccine is required for all children in child care aged 18 months or greater. The recommended schedule is for two doses, 6 to 18 months apart, beginning at one year of age. Proof of two doses, at least 6 months apart, is required for Kindergarten entry. Hepatitis A vaccine is not required for entry in older school grades.

[7] The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine, in combination or separately. Dose 2 of MMR is routinely given at 4-6 years, but may be given as soon as 28 days after dose 1.

[8] The varicella requirement is for 2 doses of varicella vaccine or history of disease for all students entering Kindergarten, and new entrants into a Tennessee school in any other grade. The second dose is recommended 3 or more months after the first dose, routinely at age 4-6 years; in keeping with CDC guidance, the second dose is acceptable if given at least 4 weeks after the first dose.

[9] A single dose of Tdap is required for 7th grade entry. Tdap meets the requirement if given any time after the 7th birthday. If Tdap is needed, it may be given regardless of interval since last Td.