

WEST HIGH

NEW STUDENT ENROLLMENT CHECKLIST

*** Before we can enroll a student in our school and create a schedule, we will need to receive the COMPLETED registration packet with requested documentation and all records from previous schools ***

REQUIRED FOR ALL STUDENTS

- STUDENT REGISTRATION PACKET - Completed and signed by parent/guardian.
- PROOF OF ADDRESS - Proof of address needed: a RECENT utility bill, (NOT a FINAL NOTICE), or signed lease/deed agreement in Custodial Parents name. If they are living with someone and do not have proof, you must let us know and we will give you a form to get filled out with person you are living with and the above proof of address to be notarize. (BUT YOU MUST HAVE THIS FORM.) Social Workers/Principals will make home visits occasionally to verify this information.
- TRANSFER GRANTED: If you are NOT zoned for West and are on a TRANSFER, you need to bring your TRANSFER LETTER and completed registration packet.
- PROOF OF CUSTODY - Notarized letters are NOT accepted. All custody papers must be signed, dated and stamped by Court/Judge. This includes Petitions for Guardianship, signed Guardianship papers, and Power of Attorney MUST be also turned into us.
- BIRTH CERTIFICATE - Copy of Front and back
- IMMUNIZATION RECORD - If you are coming from out of state, you need an OFFICIAL KNOX COUNTY TN form from Physician Office or Health Dept. (Health Dept 140 Dameron Ave. Knoxville, TN 37917)
- PHYSICAL EXAM - A current physical must be on file WITHIN 30 DAYS of a new students first day of school whether you play sports or not.
- WITHDRAWAL FORM - From previous school (completed with current grades)
- TRANSCRIPTS & TEST SCORES - Unofficial copy of grades/test scores (Official Records will be requested after all paperwork has been completed and turned in to school).
- SPECIAL EDUCATION SERVICES - If student has had an IEP or 504 we MUST have a copy of most CURRENT documentation before we can enroll the student. A meeting maybe necessary before enrollment.

** Should you have any questions, feel free to contact Kim Iglehart, Registrar at kim.iglehart@knoxschools.org

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

Student Cell # _____

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.

Name

Main Contact: _____

Relationship: _____

Address: _____

*Primary Phone #: _____

Emergency #: _____

Employer: _____

Work #: _____

Other #: _____

*Cell: _____

Primary E-mail: _____

Alternate E-mail: _____

Name

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 _____

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 _____

KNOX COUNTY SCHOOLS
WEST HIGH SCHOOL

GUARDIANSHIP CONFIRMATION FORM

STUDENT'S NAME: _____

- 1) What is your relationship to the student?
____ Biological Parent ____ Legal Guardian ____ Foster Parent
- 2) For parents enrolling students,, what is your marital status of the child's Biological parents?
____ Married ____ Separated ____ Divorced ____ Never Married ____ Widowed ____ Adopted
- 3) Is this child subject to a parenting plan or court order? ____ Yes ____ No

**** If YES – copy of the parenting plan is required to be submitted to the school.**

Date copy submitted _____

- 4) Are there any protection orders in place? ____ Yes ____ No (a copy is required to be submitted to the school)
Date submitted _____
- 5) Do you currently reside in the WEST HIGH SCHOOL zone? ____ Yes ____ No

Proof of resident provided: ____ Current Utility statement ____ Lease/Deed Statement
(cannot accept mortgage statements)

I _____ (print name), the parent/legal guardian of the student listed above, declare that the student lives with the appropriate parent/guardian and that the information provided above is accurate. If the status of the above child's custody changes I will notify the school immediately.

Signature of Parent/Guardian

Date



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	Name of Former School and Town	Last Grade attended
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Questions for Parents/Guardians

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

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

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

Student First Name _____ **Student Last Name** _____

School Name _____ **Student Grade** _____

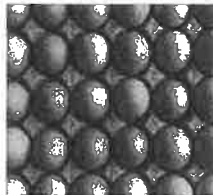
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- ☐ No
- ☐ Yes. **Check all that apply and list the total number of months worked:**



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

Total Months Worked: _____



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

Total Months Worked: _____



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

Total Months Worked: _____



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

Total Months Worked: _____



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

Total Months Worked: _____



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

Total Months Worked: _____

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

- ☐ No
- ☐ Yes. **How long have you resided in your current address?**

_____ Years _____ Months _____ Weeks

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

Home Street Address _____ **Apt #** _____

City _____ **State** _____ **Zip Code** _____

Telephone Number _____ **Best Day of Week & Time of Day to Call** _____

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

Student State ID: _____	Enrollment Date: _____	District ID: _____
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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.
- Cite all quotes, references, and sources.
- When including a signature at the end of e-mail messages, limit it to four lines.
- Use capital letters only to highlight a word or identify titles or headings. Using all capitals for an entire message has the same effect as verbally shouting.
- Always think about the social consequences of what you do on the network.

Technology Device Agreement



Technology Device Agreement

By signing this document, I agree to the following requirements and conditions and accept financial responsibility for loss or damage of this device.

- I accept responsibility for using the technology device at school and outside of school hours.
- I understand that this technology device may be collected and inspected.
- I agree to keep this technology device in my possession at all times. I will not give or lend it.
- I will return the technology device to the school whenever I am asked to do so by school personnel.
- I will not use the technology device, in or out of school, for inappropriate or unlawful purposes in accordance with Knox County School Board Policy.
- I understand that if this technology device is lost or stolen, I will immediately notify school administration.
- If insurance offered by Knox County Schools is refused, I understand that my parents/guardians and I are responsible for costs associated with damages of the technology device.
- I understand that my parents/guardians and I are responsible for costs associated with total loss or theft of the technology device.
- I agree to return the technology device, charger, and protective covering in good working condition to the school at the conclusion of the school year or if I leave the school.
- I agree to not add stickers or other personal markings directly to the device.
- I understand that failure to comply with any of the guidelines and policies may result in suspension of the use of the technology device.

☐ I agree to the terms of the Technology Device Agreement

Student Name: _____ Grade: _____

Student ID: _____ School Name: _____

Parent Signature: _____ Date: _____



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

From: Student Supports

Re: Special Education Services Available Through Knox County Schools

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

If you feel your child might require Special Education or other services and want Knox County Schools to provide those services, contact the school to which your child is zoned _____ or call Student Support Services at 594-1540.

If records are available for review or other information that the school might need in order to determine appropriate services for your child, please sign and return a release of information form available at your school so that we may review those records and plan services, if needed.

Thank you for your assistance in this matter.

Student Name

Parent/Guardian Signature

Date Signed

**(Please return a signed copy of this form to the school
and retain a copy for your files.)**

White Copy – School
Canary Copy – Parent

PP-155 (2/22)

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

KNOX COUNTY SCHOOLS
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 ____ Requires inhaler (Please provide school)	☐ Cerebral palsy	☐ ☐ Heart defects	☐ ☐ Stomach problems
	☐ Crohn's Disease	☐ Hemophilia	☐ ☐ Swallowing problems
	☐ Cystic fibrosis	☐ ☐ Migraine headache	☐ ☐ Tracheotomy
☐ ☐ Allergies: ____ 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 _____