

Beaumont Magnet Academy
New Student Registration Packet

Required Documents for Registration:

_____ **Student's Birth Certificate/Guardian Confirmation Form**

_____ **Current TN Immunization Record**

_____ **Physical Examination completed by a licensed medical provider dated within 12 months prior to the first day of school.**

_____ **Copy of parent(s) current Driver's License (Proof of Identification)**

_____ **Proof of Residence (required for ALL KCS students) Proof of residence is: Current Utility Statement; Lease or mortgage agreement (if the utility statement or lease is NOT in your name, a notarized letter ALONG WITH a current utility statement from the owner is **REQUIRED**).**

_____ **McKinney-Vento Program Housing Questionnaire**

_____ **New Student Enrollment Form**

_____ **Personal Data Questionnaire**

_____ **Student Medical Profile**

_____ **Early Dismissal Plans due to Inclement Weather**

_____ **Authorization for Release of Student Records**

_____ **SPED Services Available form - Required even if your student does not need services**

_____ **Home Language Survey**

_____ **TN Parent Occupational Survey**

_____ **Media Release Form**

Beaumont Magnet Academy
Phone (865) 594-1272

Guardian Confirmation Form

Student Name: _____ Date: _____
(please print)

1. What is your relationship to the student?
Parent _____ Guardian _____ Foster Parent _____
2. Is this child subject to a Parenting Plan or Court Order?
YES _____ (A copy is required to be submitted to the school)
_____ (date copy submitted)

NO _____
3. Are there any Protection Orders in place?
YES _____ (A copy is required to be submitted to the school)
_____ (date copy submitted)

NO _____

I, _____, the parent/guardian of the
(please print)
student named above declare that the above information is correct.

Signature of Parent/Guardian

Date

(Notice regarding custody/guardianship found on opposite side of this form.)

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 _____

Assessment of needs/barriers

Family barriers:

- | | |
|---|---|
| <input type="checkbox"/> age | <input type="checkbox"/> eviction |
| <input type="checkbox"/> lack of available resources | <input type="checkbox"/> lack of child care |
| <input type="checkbox"/> lack of income | <input type="checkbox"/> mental health adult |
| <input type="checkbox"/> no housing history | <input type="checkbox"/> mental health youth |
| <input type="checkbox"/> no housing available | <input type="checkbox"/> substance abuse |
| <input type="checkbox"/> not eligible for assistance/housing | <input type="checkbox"/> transportation |
| <input type="checkbox"/> outstanding utility bills, amount \$ _____ | <input type="checkbox"/> past due rent, amount \$ _____ |
| <input type="checkbox"/> not eligible for assistance/housing | <input type="checkbox"/> transportation |
| <input type="checkbox"/> other | |

Other comments: _____

I declare under penalty of perjury/fraud under the laws of the United States and the State of Tennessee that the foregoing information is accurate and correct. I consent to the release of pertinent information contained above to concerned social service agencies, vendors, and donors as necessary to provide services to my household.

Parent/Guardian Print

Signature

Date

McKinney-Vento Liaison Print

Signature

Date

**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: _____

**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.

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

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

Early Dismissal Plans due to Inclement Weather

The Beaumont staff want to be prepared in the event of an early dismissal due to inclement weather. Car riders, walk-ups, front door walking school bus, back door walking school bus and Knox County School buses (unless notified by district of a change) will still run as usual. Boys and Girls Club, Just Lead, and YMCA are not open on unplanned early dismissal days and Wesley House is on a case by case basis and the family will need to communicate with Wesley House to figure out the plan.

Please complete the following form for each of your students and return as soon as possible.

Student Name: _____

Grade Level: _____ Homeroom Teacher: _____

My student will be a (please circle):

- Car rider
 - Please send me a car tag
 - I already have a car tag
- Walk-Up
 - Please send me a walk-up tag
 - I already have a walk-up tag
- Front Door Walking School Bus (pick-up at College and Beaumont)
- Back Door Walking School Bus (walk up to Scott Ave and Baptist Center)
- Bus Rider on _____ (list bus)

Please add the following names to my child's ASPEN list of additional contacts for approved pick-up:

Name

Phone Number

Parent Name: _____ Phone Number: _____

Parent Signature: _____

KCS | KNOX COUNTY SCHOOLS

UT TOWER

Bob Thomas, Superintendent



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

From: Student Supports

Re: Special Education Services Available Through Knox County Schools

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

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

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

Thank you for your assistance in this matter.

Student Name

Parent/Guardian Signature

Date Signed

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

White Copy – School
Canary Copy – Parent

PP-155 (2/22)



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 Gender F

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 _____

Questions for Parents/Guardians

<p>1. What is the first language the student 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>If yes, what year did this student 1st qualify for ELL?</p>
<p>2. What language does the student 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>If yes, what language?</p>
<p>3. What language is most often spoken to the student at home?</p>	<p>What is your preferred language for receiving emails and communications from KCS?</p>
<p>Parent/Guardian Signature:</p> <p>X _____</p>	<p style="text-align: center;">Today's Date: _____</p> <p style="text-align: center;">(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.



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





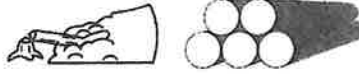
School Name

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>Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation</p>  <input type="checkbox"/>	<p>Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.</p>  <input type="checkbox"/>	<p>Dairy/Cattle Raising: feeding, milking, rounding up.</p>  <input type="checkbox"/>
<p>Nursery/Greenhouse: planting, potting, pruning, watering, harvesting</p>  <input type="checkbox"/>	<p>Forestry: soil preparation, planting, cutting trees; does not include landscaping.</p>  <input type="checkbox"/>	<p>Other: 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. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID:	Enrollment Date:	District ID:
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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: _____

TARGETS FOR KINDERGARTEN ENTRY

A five-year-old with these skills is **READY** to succeed at school.

LETTERS AND SOUNDS

- Enjoys being read to and can retell a story
- Recognizes letters (upper and lower case) and some letter sounds
- Repeats the first sound in a word
- Speaks in complete sentences
- Prints his or her first name

MATH

- Counts in order from 1-20
- Recognizes numbers and quantities to 5
- Names and sorts items by color, shape and size
- Understands concepts such as more, less, same, above, below, big, small

SOCIAL

- Settles in to new groups or situations
- Can concentrate on a task for 5 minutes
- Follows simple directions
- Shows kindness and concern for others

Reading together every day helps your child master these skills.

What is the most important way to ensure my child has these skills?

Read aloud, read aloud, read aloud . . . every day together with your child. Studies show children must hear and share in hundreds of stories and Nursery Rhymes before they are ready to learn and read in school. It is also important for them to talk and talk about what they see every day and say the sounds of the letters they are learning.

*"The single most important activity for building the knowledge required for eventual success in reading is **reading aloud to children**. This is especially so during the preschool years."*

~ **The Report of the Commission on Reading** ~

What are some simple activities parents can do at home to teach their child these skills?

Whenever you are working with the child, it should always be fun! Early childhood advocates call it playing with a purpose. Some ideas are:

- | | |
|------------------------|---|
| Snack Time | Look for letters on food boxes or cans and say them together. |
| Driving | Sing songs and read signs, such as McDonald's or Walmart – pointing out various letters. |
| Preparing Meals | Put magnetic letters on the refrigerator for play. |
| Shopping | Talk about beginning letters of food, clothes, or toys. |
| Nap Time | Read a story and talk about what's happening on each page. Let children predict what is going to happen next or "read" the story to you. |
| Doing Chores | Put a sign on a few objects at home, such as "bed" and make a game of saying letters aloud. |
| Play Time | Point to an object and ask children to say words that rhyme, including silly words: ball, wall, tall, dall, jall, nall. |
| Eating | Say nonsense rhymes such as <i>Hey Diddle, Diddle</i> . |
| Lesson Time | Spell personal names with letter cards. Let children match each capital letter with lowercase form, or put the letters in order. Draw a letter and find objects that begin with the same sound. (ball, boy, bike) |
| Library Time | Make weekly trips to the library part of your family's fun time together. Books about going to school help build children's confidence about kindergarten. A librarian can help you find them. |