

STUDENT NAME _____

ITEMS TO COMPLETE AND RETURN TO SCHOOL:

- New Student Enrollment Form
- Medical Profile
- Proof of Residence (KUB/Original Lease)
- Tennessee Parent Occupational Survey
- Home Language Survey
- Student Support Services
- Guardianship Confirmation Form

PARENTS WILL ALSO NEED TO PROVIDE:

- Physical and Immunization Form (On Tennessee Form)
- Birth Certificate
- Custody /Court Papers

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

List additional contacts on the following page.

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

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 _____



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 _____


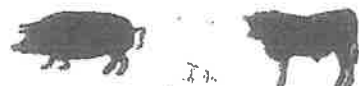



School Name _____

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:

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

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 in.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: _____



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 _____

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.

If yes, what year did this student 1st qualify for ELL?

2. What language does this child 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 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.



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)

**SHANNONDALE ELEMENTARY SCHOOL
GUARDIANSHIP CONFIRMATION FORM**

Child's Name _____

1. What is your relationship to the child?
Parent _____ Guardian _____ Foster _____

2. Is this child subject to a parenting plan or court order?
Yes _____ (provide paperwork) No _____

3. Are there any protection orders in place?
Yes _____ (provide a copy) No _____

4. Are you sharing the residence with someone?
Yes _____ No _____

5. Is this current residence Temporary _____ Permanent _____

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

Signature of Parent/Guardian

Date _____