

New Student Enrollment Packet

For Students coming from Out of State, Different County, Private or Homeschool, Out of Country



If English is not your first language, please contact the KCS Welcome Center at 865-594-1760 for translation services & processing. Enrollment forms are available in Arabic, English, Kirundi, Persian, Russian, Spanish, Swahili and Ukrainian.

Student Last Name: _____

Student First Name: _____

Grade Level: _____

Requested Starting Date: _____

To Enroll your student, all documents must be provided at the time of registration:

- ☐ **New Student Enrollment:** Must be completed by Parent or Legal Guardian
- ☐ **Proof of Birth:** Birth Certificate
- ☐ **Parent Photo ID:** Drivers License or Passport
- ☐ **Proof of Residency:** Current Utility Bill or Lease
- ☐ **TN Immunization Form:** Knox County Health Dept 865-215-5150 health@knoxcounty.org
- ☐ **Student Physical:** Dated w/in 12 mos; Any format; Due within 30 days
- ☐ **Parenting Plan or Custody Papers:** Required if student is not residing full-time with both biological parents

For proper Placement, please provide:

- _____ **Report Card** or Grades
- _____ **IEP or 504** Service Plan *if applicable
- _____ **ESL/ELL** Services *if applicable
- _____ **Conduct or Psychoeducational Reports** *if applicable

Farragut Middle School

200 West End Avenue, Knoxville, TN 37934 Phone: 865-966-9756 Fax: 865-671-7048

Registrar Email: jennifer.sonnenschein@knoxschools.org



GUARDIANSHIP CONFIRMATION

Student Name: _____ **Grade Level:** _____

1. What is your relationship to the student?

☐ Parent ☐ Legal Guardian ☐ Foster Parent ☐ Step-Parent

2. What is the current legal status of the student's birth-parents?

☐ Married ☐ Separated ☐ Divorced ☐ Never Married
☐ Other (please explain) _____

3. Is this student subject to a Parenting Plan or Custody Order?

☐ Yes (a copy is required) Date Copy Submitted _____
☐ No

4. Is there a current Order of Protection or Restraining Order in place concerning the child?

☐ Yes (a copy is required) Date Copy Submitted _____
☐ No

5. Are you sharing your current residence with another family? (Grandparents, Aunt/Uncle, etc.)

☐ Yes (please list) _____ ☐ No

6. Is your current residence: _____ Temporary/Rental or _____ Permanent?

Commercial or business addresses, investment properties, empty lots, construction properties, etc. are not acceptable.

CHILD CUSTODY NOTIFICATION

By law, if parents are legally separated or divorced, each parent listed on the birth certificate has equal rights to the custody of the child unless otherwise stated in a court order.

The school must have a copy of the court order on file. It is the responsibility of the parents to ensure the paperwork on file is current and up to date.

The school will refer to the court order regarding named parental custodians who are allowed to check the child(ren) out of school with proper identification and who are allowed educational rights.

I have read the above statements.

Parent/Guardian Signature and 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.

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 * see form on back

*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 _____



AFFIDAVIT OF RESIDENCY

I, _____, hereby declare that the family of
Print Homeowner Name^
_____ is presently living with me at
Print Student's Name^
_____ until further notice.
Homeowner Address^

The above named legal resident of Knox county MUST provide photo identification and proof of residence in the Knox County school zone the student is attending. Proof of residence may include a current Lease or current Utility Bill.

The Student's Family Includes:

Please be aware of KCS 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.

Signature of Homeowner^

Date^

TO BE COMPLETED BY NOTARY PUBLIC

Subscribed and Sworn to before me, a Notary Public, this ____ day of ____ month, 20____.

Signature of Notary Public^

Printed Name of Notary Public^

Address of Notary Public^

Seal of Notary Public^

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 _____



**"This form must be signed,
regardless of whether your student needs
Special Education services."**

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 ____ **Farragut Middle School** ____ 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

Home Language Survey

DUPLICATE

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) <u> </u> / <u> </u> / <u> </u>	Date first enrolled in ANY U.S. school (grades K-12) <u> </u> / <u> </u> / <u> </u>		
Date first entered the United States <u> </u> / <u> </u> / <u> </u>	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 <u> </u> / <u> </u> / <u>20</u>	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 ☐ N ☐ I don't know. ☐ If yes, what year did this student 1 st 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 _____	Today's Date: <u> </u> / <u> </u> / <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:

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation  <input style="float: right; margin-top: 10px;" type="checkbox"/>	Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.  <input style="float: right; margin-top: 10px;" type="checkbox"/>	Dairy/Cattle Raising: feeding, milking, rounding up.  <input style="float: right; margin-top: 10px;" type="checkbox"/>
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting  <input style="float: right; margin-top: 10px;" type="checkbox"/>	Forestry: soil preparation, planting, cutting trees; does not include landscaping.  <input style="float: right; margin-top: 10px;" 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 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: _____

Technology Device Agreement



Please review this document in its entirety with your student.

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

Student

- 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 agree to not add stickers or other personal markings directly to the device or district supplied case.
- I agree not to remove any screen protector or protective case from school issued devices.
- I agree to report pre-existing damages/defects within 14 days upon receiving a technology device.
- 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.

Parent/Guardian

- If insurance offered by Knox County Schools is declined, I understand as a parent/guardian I am responsible for costs associated with damages of the technology device.
- I understand that as the parent/guardian I am responsible for costs associated with total loss or theft of the technology device.
- I understand that if this technology device is lost or stolen, I will immediately notify school administration, and it is my responsibility to file a police report.
- 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 understand that Knox County Schools utilize Google Workspace for Education and additional Google services to complete assignments and communicate with teachers. Additional information about these services is available on help.knoxschools.org ([link](#)).
- 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 that my child will follow Knox County Schools policies for **Acceptable** use of the device both at school and at home.

[Knox County School Board Policy I-222 - Internet Safety](#)

☐ I agree to the terms of the 'Technology Device Agreement 2025/2026'

Student Name: _____

Grade: _____

Student ID: _____

School: _____

Signature: _____

Date: _____



CLASS SCHEDULE

Selection Form

Student Name^

Grade^

First Day ^

ACADEMIC CLASSES *A Standard Academic Class Schedule is generated for all students. This will include Math, Science, Social Studies and English Language Arts. If a change is requested, documentation is required and will be reviewed by your student's School Counselor or Principal.*

☒ Standard Class Schedule

This schedule is the expected curriculum for the grade and is created for all students

☐ Special Education Services or 504 currently in place and supporting data (documentation is required)

___ Current 504 Attached

___ Current IEP Attached

___ Psychoeducational Report Attached

☐ Honors or Advanced Classes currently enrolled and supporting data (documentation is required)

___ Math

___ English

___ Science

___ Social Studies

___ High School Spanish 1

___ Report Card Attached

___ Current Schedule Attached

___ Standardized Test Scores Attached

RELATED ARTS CLASSES *Students will take Related Arts (quarterly classes) such as Art, Career Awareness, Computer Science, Health, PE, Spanish Intro, and other Enrichment topics.*

☒ Related Arts Class Schedule

Your School Counselor will create a Related Arts schedule for all students

MUSIC CLASS *Please select one (1) Class option below.*

☐ **Band (Year-long)** Play Baritone, Clarinet, Flute, French Horn, Percussion, Sax, Trombone, Trumpet or Tuba.

☐ **Orchestra (Year-long)** Play a string instrument such as Bass, Cello, Viola, or Violin.

☐ **Chorus Vocal Music (Year-long)** Sing & perform as a group; learn basic music theory & fundamentals.

☐ **7th & 8th Graders** may opt-out of a Music Class. In place of Music, **Related Arts (quarterly classes)** will be assigned by the School Counselor. Note: these may be duplicate classes, based on availability.

ADDITIONAL NOTES *Please list anything else you would like to communicate to your student's School Counselor*



Official Request for Student Records

Farragut Middle School

200 West End Avenue

Knoxville, TN 37934

Phone: 865-966-9756

Fax: 865-671-7048

Registrar Email:

jennifer.sonnenschein@knoxschools.org

Student Name^

Grade^

Enrollment Date^

**The above Student has enrolled at Farragut
Middle School in Knoxville, TN.**

Please forward the following Records:

- **TN Student PIN*:** _____
(*for TN students only^)
- Birth Certificate Copy
- Immunizations Copy
- Academic Transcripts
- Standardized Test Scores
- Current Schedule
- Current Grades
- Attendance Records
- Conduct Records
- Home Language Survey - ESL/ELL
- Language Proficiency Scores - ESL/ELL
- Documentation of Exiting ESL/ELL
- 504 Service Plan if Applicable
- IEP if Applicable
- Psychoeducational Reports if Applicable

Parent/Guardian Signature^

Printed Name^

Today's Date^

Previous School Name^

County^

City^

State^

Phone^

Fax^

Email^

Welcome

Getting to Know Farragut Middle School



Farragut Middle School

200 West End
Knoxville, Tennessee 37934

Phone: 865.966.9756
Fax: 865.671.7048

School Day: 8:30 am - 3:30 pm
Building Open: 7:45 am - 4:00 pm
farragutms.knoxschools.org

When coming on to campus...

West End entrance is open all day

West End entrance is open all day. Others closed 9am-2:30pm

Students arriving late?

Student must Check In at the Main Office for a Tardy slip

Students leaving early?

Sign Out student by 3:00pm; Photo ID is required

Forgot something?

Drop Off Item before 9:30am at the Drop Off Table

Entering the school?

Check in at the Main Office for Visitor Badge

FMS WEBSITE

farragutms.knoxschools.org



Other Helpful Info

knoxschools.org > QuickLinks

- >Aspen Family Portal
- >Cafeteria Menu
- >Givebacks
- >Parent Square
- >Tech Support
- >Transportation

OFFICE STAFF

PRINCIPALS

Greg Adams, Head Principal
Meshon Crateau, 6th Grade
Brandon White, 7th Grade
Kimberly Hamlett, 8th Grade
Catherine Ginel, Curriculum

ADMINISTRATIVE ASSISTANTS

Ronda Futcher: Front Office
Leah Johnson: Attendance
Jennifer Sonnenschein: Registrar
Patti Webb: Bookkeeper

PLEASE EMAIL US!

All KCS Staff email addresses are:
first name.last name@knoxschools.org
(unless otherwise noted)



Knox County Schools
School Nutrition Program
P.O. Box 2188
Knoxville, Tennessee 37901-2188
Phone: 865-594-3640 Fax: 865-594-1203

KNOX COUNTY SCHOOLS NUTRITION

FREE or REDUCED PRICE MEALS: **APPLY EVERY YEAR, AFTER JULY 1ST FOR THE NEXT SCHOOL YEAR**

If you are interested in applying for free or reduced-priced school meals, there are four ways you can apply for the upcoming school year. We cannot process meal applications for a new school year before July 1st. Please apply for free/reduced-priced meals any time after July 1st.

1. You can go **online** at www.lingconnect.com. Applying online is always the most efficient way to apply.
2. **Pick up** a paper application at the school office. Once completed, please return it to the school cafeteria or mail it to the KCS Nutrition Department for processing at: KCS Nutrition Department Floor 5, P.O Box 2188, Knoxville, TN 37901.
3. Call Mona Underwood at 865-594-9563, and we will send you a paper application **by mail**.
4. Go online at www.knoxschools.org to **print a copy**. Once completed, please return it to the school cafeteria or mail it to the address above for processing.

If you are unable to access this site, please request a paper Application (in English or Spanish) from your School Office. Your application can be mailed to KCS Nutrition Dept, Attn: **Mona Underwood**, P.O. Box 2188, Knoxville, TN 37901
mona.underwood@knoxschools.org

865-594-9563

REGULAR MEAL PRICES

Breakfast – \$2.25

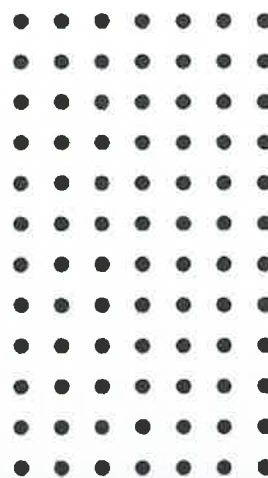
Elementary lunch – \$3.25

Middle / High school lunch – \$3.50

**FREE &
REDUCED
LUNCH
APPLICATION**



FARRAGUT MIDDLE SCHOOL



PRINCIPALS

Greg Adams, Head Principal gregory.adams@knoxschools.org
Meshon Crateau, 6th Grade meshon.crateau@knoxschools.org
Brandon White, 7th Grade brandon.white@knoxschools.org
Kimberly Hamlett, 8th Grade kimberly.hamlett@knoxschools.org
Catherine Ginel, Curriculum catherine.ginel@knoxschools.org

SCHOOL COUNSELORS

Brooke Partin, 6th Grade brooke.partin@knoxschools.org
Maleka Tate, 7th Grade maleka.tate@knoxschools.org
Allison Pinto Scott, 8th Grade allison.pintoscott@knoxschools.org

SCHOOL NURSE

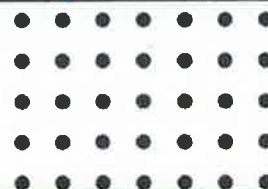
Melissa Wright melissa.wright@knoxschools.org

SOCIAL WORKER

Juli Cunningham juli.cunningham@knoxschools.org

ADMIN ASSISTANTS

Ronda Futcher: Front Office ronda.futcher@knoxschools.org
Leah Johnson: Attendance leah.johnson@knoxschools.org
Jennifer Sonnenschein: Registrar jennifer.sonnenschein@knoxschools.org
Patti Webb: Bookkeeper patti.webb@knoxschools.org



knoxschools.org/farragutms

All KCS Staff email addresses
are structured the same:
first name.last name@knoxschools.org
except where noted





Putting the Pieces Together

You've joined the Farragut Family... what's next?

We use several apps and websites to keep your student's information and classes organized. To ensure that we can best communicate with you, please create a parent log-in to the following:

Schedule & Grades = Aspen	Communication = ParentSquare
Aspen is our database where student information, schedules & grades are kept. Each student will be assigned a Student Number "S#" Set up your Password	ParentSquare is our preferred method of communication for both KCS & FMS. Watch for an important message from our Principal each week. Download the free app
Meals = Linq Connect	Payments = Givebacks
Online payments for School Lunches can be made online. To determine your eligibility for free/reduced breakfast & lunch, apply online linqconnect.com	School & activity fees can be paid online, cash or check. Please pay your fees the first month of Enrollment. knoxdistrict.givebacks.com
Laptop = Chromebook	Classroom work = Canvas
Sign a Device Agreement & Pay for optional insurance within 10 days. Use your S# to lookup your student under 1:1 Device Info knoxschools.org/farragutms	Your student's teachers communicate their lessons, homework assignments & other important information through Canvas each day. Review daily Homework & Assignments

How to create your accounts:

If you have trouble creating an account or logging in, go to knoxschools.org/aspeninfo. You may also open an IT Support Ticket online or contact the KCS IT Help Desk at 865-594-1830.