

Cedar Bluff Elementary School

Helpful Information Regarding Enrollment Paperwork

It is our goal as a school to help make the enrollment process as smooth as possible. We have summarized the goal of the enrollment forms to help answer any questions you may have. All forms listed need to be completed in their entirety and returned to the school. As always, if you need any assistance or have any questions please contact our front office at (865) 539-7721.

Kindergarten Enrollment Age Requirements

Children must be five (5) by August 15th, 2026 to enter school for the upcoming 2026-2027 school year.

Documentation needed for Enrollment

When enrolling a student, parents or guardians should present the following information or documentation to the enrolling school along with the completed packet:

- 1. Proof of Birth** - We can only accept a government issued Birth Certificate.
- 2. Immunization Records** - These must be on a Tennessee Form (contact Knox County Health Department if records are from another state to have them transferred).
- 3. Recent Physical Examination** - Proof of physical examination in the last twelve months.
- 4. Proof of Residence** - Knox County Schools requires one of the following:
 - a. Utility Bill
 - b. Lease agreement: In cases where the utilities and/or lease agreement is in the name of a person other than the parent/guardian, the person listed must provide the utility bill and/or lease agreement and also must provide a notarized letter stating that the parent/guardian and children are living at that address. These letters are available in the front office.
- 5. Proof of Custody/Parenting Plan** - If applicable, please bring in the original and we will make a copy for our records.

6. Self-Addressed & Stamped Envelope (for Kindergarten students only - 4.25 x 9.5 business size provided in your red folder) - Kindergarten teachers utilize this envelope to mail incoming kindergarten families and students important information regarding staggered dates/times, procedures, etc.

7. Home Language Survey - The Tennessee Department of Education requires all schools to identify the language of every student enrolled. This requirement is accomplished by the Home Language Survey. The official document only has to be completed once at the time of the student's initial enrollment.

8. Migrant Form (TN 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 in this form will be kept confidential.

9. Special Education - Knox County Schools provides a full continuum of services for students who qualify for special education under the Individuals with Disabilities Education Improvement Act (IDEA '04). The goal of this form is to make sure parents are informed of the resources available if needed and how to access them. This form does not sign your child up for services but does need to be signed.

10. Student Media Release Form - By completing this form, you are providing permission for Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record your child and their likeness for use in audio, video or other electronic, digital and printed media.

If you want to opt out of the media release, please write **NO** on the form and return. If you opt your child out of the media release form, your child's photograph will still be included in the yearbook and classroom publications as part of directory information unless you notify the district otherwise.

11. Medical Profile - This form provides information that will be used by the school nurse to provide care for your child.

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: _____

**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.*

Contact: _____
Relationship: _____
Address: _____

*Primary Phone #: _____
Emergency #: _____
Employer: _____
Work #: _____
Other #: _____
*Cell: _____
Primary E-mail: _____
Alternate E-mail: _____

Cedar Bluff Elementary School

705 N. Cedar Bluff Rd.

Knoxville, TN 37923

Phone (865) 539-7721 Fax (865) 539-8667

Guardianship Confirmation Form

Student Name: _____ **Date:** _____
(please print)

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

2. If you are the parent, are you legally married to the child's other parent?
Married _____ Separated _____ Divorced _____ Never Married _____

3. 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 _____

4. 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 student
(please print)
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.)

IMPORTANT NOTICE REGARDING CUSTODY/GUARDIANSHIP

Privacy of student records mandate that school staff can only communicate with a custodial parent or a legal guardian of a student enrolled in Knox County Schools. Also, only the legal parent/guardian can give permission for the child to participate in school related activities. The parent/guardian must present proof of custody/guardianship upon enrollment.

If not biological parents, custody/guardianship documents must be filed through the court and signed by a judge. In cases of divorce, custody of minor child(ren) is normally spelled out in the divorce decree. If parents are switching custodial parents and the divorce was granted in Knox County, then an amended custody order has to be approved by the judge who presides over the divorce. In other cases custody is awarded by judges/referees to someone other than the parents for various reasons.

According to Tennessee Code Annotated 34-2-103, "Creation of guardianship of the person of a minor.—(a) The judges of the probate and juvenile courts of the state shall have concurrent power to appoint guardians of the persons of minors...Such petitions shall be filed and such letters of guardianship shall be granted in the county in which the minor resides." Any adult residing in Knox County may apply for guardianship/custody of a minor through Knox County Juvenile Court on Division Street. Knox County Schools cannot accept a notarized statement or power of attorney as proof of guardianship/custody.

If custody/guardianship documents are pending court action, the parent/guardian must obtain approval from the Supervisor of Student Transfers to enroll the child in school. Guardianship petitions will be looked at on an individual basis. If the child is coming from another part of the country, the parent/guardian will be given written permission to enroll the child on temporary basis, usually sixty (60) days in the zoned school. The parent/guardian is asked to keep the school and Supervisor of Transfers office informed as to when the court date is scheduled. Petitions from one Knox County resident to another Knox County residence will not be approved until signed by the judge unless there are extenuating circumstances in the case.

The parent/guardian must provide a copy of the Order Appointing Guardianship/Custody to Supervisor of Student Transfer office and to the school. The Order is provided to the parent/legal guardian by the court after the court hearing and the judge/referee has signed the Order.



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

			M ☐	F ☐
First Name	Middle Name	Last Name	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

/ /20		
Enrollment Date in New School	Name of Former School and Town	Last Grade attended

Questions for Parents/Guardians

1. What is the first language the student learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y ☐ N ☐ I don't know. ☐ If yes, what year did this student 1st qualify for ELL?
2. What language does the student speak most often outside of school?	Will you require an interpreter/translator at Parent-Teacher meetings? Y ☐ N ☐ If yes, what language?
3. What language is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
Parent/Guardian Signature: X	/ /20 Today's Date: (mm/dd/yyyy)

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.

KNOX COUNTY SCHOOLS
Student Medical Profile

This information will be used by the school nurse to provide care for your child.

Date: _____

Student's Name: _____
(Last) (First) (Middle)

Grade: _____ Homeroom: _____

Did the Student require medical care/hospitalization at birth or at any other time? _____ Yes _____ No. If yes, please explain: _____

Does the student require a daily medical procedure performed by a school nurse? If so explain: _____

What medications, if any, does the student take? _____

Does the student seem to have vision, hearing or speech problems? _____ Yes _____ No. If yes, please explain: _____

The student has a history of (Check any that apply): C= Current P= Past

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

If any are checked above, please explain: _____

It is important for teachers and principals to have your child's special medical information so that any emergency can be handled appropriately. Summarize any special medical conditions: _____

Does your child require any special dietary accommodations? _____ If you answered yes and you want your child to eat at school please obtain and have your child's doctor fill out the dietary accommodations form.

Form completed by: _____ Date: _____

Relationship to the student _____

KNOX COUNTY SCHOOLS

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

PERSONAL DATA QUESTIONNAIRE

Dear Parents:

Children spend only a small portion of their time each day at school, the rest of the time is spent at home with Mother, Father, brothers, sisters and friends. Knowing what a child is like at home, and knowing what a child's home is like is important to teachers if they are to understand and teach your child as an individual. Help us to work with your child in the best possible way, take the time to carefully think about and answer the questions on this form.

1. Child's full name _____ Sex _____
First Middle Last

The name by which your child wants to be called _____

2. Place of birth: City _____ County _____ State _____

Birthdate _____ Birth Certificate Number _____
Month Day Year

3. Home and Family: Address _____

How long have you and your child lived at the present address? _____

Does your child have a room of his own? _____ Shares room with _____

4. Father's name _____ Birth Date _____
First Middle Last Month Day Year

Present occupation: (Please be specific - if a salesman, salesman of what, for who)

What type of activities does the father and child do together? _____

5. Mother's name _____ Birth Date _____
First Middle Last Month Day Year

Present occupation: _____

What type of activities does the mother and child do together? _____

Child lives with: Both parents Mother Father Other (Circle)

6. Please list names and birthdates of other children in the family (list in order of birth, from oldest to youngest.)
 (Put a check mark if not living with the family.)

Name Sex Birthdate At what school, in what grade?

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

FAX

CEDAR BLUFF ELEMENTARY SCHOOL

705 N. Cedar Bluff Rd.

Knoxville, TN 37923

Date: _____

Fax # _____

To: _____

Attention: Records

From: Records/Enrollment Secretary

Cedar Bluff Elementary Fax #:

(865) 539-8667

Telephone #:

(865) 539-7721

Email:

pam.williams@knoxschools.org

of Pages: 1 (including cover)

PLEASE SEND RECORDS FOR: _____

Grade: _____ including academic grades and level of instruction, test data, attendance, immunization and health records, psychological and any other records you may have on file. Birthdate: _____.

Thank you.

I hereby give my permission for release of all information requested above.

Parent/Guardian

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  ☐	Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.  ☐	Dairy/Cattle Raising: feeding, milking, rounding up.  ☐
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting  ☐	Forestry: soil preparation, planting, cutting trees; does not include landscaping.  ☐	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: ldr@tn-mep.net

Student State ID: _____

Enrollment Date: _____

District ID: _____



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: _____