

Hardin Valley Middle School

New Student Enrollment Packet

2280 Steele Road Knoxville, TN 37932

P: 865 539-7827/Fax: (865) 539-7829

Enrollment Checklist

Student Name: _____

Today's Date: _____

COMING FROM ANOTHER KNOX COUNTY SCHOOL:

___Proof of Residency (utility bill such as gas, electric, water etc OR copy of lease/mortgage dated within the past 30 days) in the name of the parent or legal guardian

___ Copy of parent/legal guardian's photo ID

Please include all legal and/or custody paperwork, such as parenting plan etc.

COMING FROM OUTSIDE OF KCS SCHOOLS OR OUT OF STATE:

___ Attached enrollment packet

___ Birth Certificate

___ Immunizations on the Tennessee Health Certificate. If you need assistance with this, please call the Knox County Health Department at 865-215-5950 or online at: https://www.knoxcounty.org/health/immunization_project.php

___Proof of Residency (utility bill such as gas, electric, water etc OR copy of lease/mortgage dated within the past 30 days) in the name of the parent or legal guardian

___Request for Records

___ Copy of parent/legal guardian's photo ID

Please include all legal and/or custody paperwork, such as parenting plan etc.

Previous School Attended:

_____

_____

_____

Circle the grade you are registering your student for: 6 7 8

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: *(if applicable)* ☐ Reserve ☐ National Guard ☐ 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 _____

Please complete the back of this form.

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.

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
			☐		Crohn's Disease	☐		Hemophilia	☐	☐	Swallowing problems
		____ Requires inhaler (Please provide school)	☐		Cystic fibrosis	☐	☐	Migraine headache	☐	☐	Tracheotomy
☐	☐	Allergies:	☐		Diabetes	☐		Muscular dystrophy	☐	☐	Traumatic Brain Syndrome
		____ Bee stings				☐		Spina bifida	☐	☐	Traumatic spinal injury
		____ Food: _____				☐	☐	Orthopedic problems	☐	☐	Urinary problems
		____ Latex				☐	☐	Sensitivity to light	☐	☐	Other: _____
		____ Requires Epi-pen (please provide school)				☐	☐	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
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 ___/___/20___ 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.

TN Department of Education

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.**

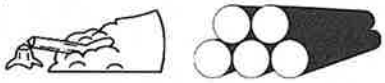
Today's Date _____ **Parent/Guardian First & Last Name** _____

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 above, 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" responses to Questions 1 and 2 to your district migrant liaison. If the OS has not answered "Yes" to Question 2, but there are other signs that indicate the family may qualify, please submit them to your district migrant liaison. The District migrant liaison will 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:**

KCS
KNOX COUNTY SCHOOLS

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

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 _____



Hardin Valley Middle School

2280 Steele Rd, Knoxville, Tn 37932

Phone (865) 539-7827 Fax (8650 539-7829

Prefer email: barry.myers@knoxschools.org

REQUEST FOR STUDENT RECORDS

TO:_____

Name of School previously attended

_____

Address

_____

City/State Zip

_____

Fax/Email

The student whose name appears below has enrolled at our school, and parents have informed us that He/she was last enrolled at your school. Please send cumulative/scholastic records, health records, special education, attendance, or other pertinent information you may have on this student.

Student Name DOB Current Grade

_____

_____

Parent/Guardian Signature_____Date_____