Hardin Valley Elementary
New Student Enrollment Information

Please complete each form within this Registration Packet:

1. New Student Enrollment (front and back)
2. Personal Data Questionnaire (front and back)
3. Home Language Survey
4. Tennessee Occupational Survey
5. Special Education Form (This form is to ensure parents/guardians understand that Knox County has services available in the event your child needs them.)
6. Guardianship Confirmation Form
7. Request for Student Records (only necessary for grades 1st thru 5th)
8. Student Medical Profile

Required Documents:

1. Birth Certificate (Bring Original State Certified Copy - child must be Age 5 by August 15th)
2. State of Tennessee Certificate of Immunization Record (official form with Complete K-6th grade)
3. Proof of Physical (Dated within 12 months prior to entering a Knox County Schools)
4. Legal Documents (if applicable)
5. Proof of Residence (Recent utility bill or current lease/rental/mortgage agreement in the parent or guardian's name. If you are living with someone, a notarized letter **AND** their proof of residence are required)

Office use only:

Updated 8/27/26

KNOX COUNTY
TENNESSEE
HEALTH DEPARTMENT

IMMUNIZATION RECORD TRANSFERS

To transfer an out of state immunization record or request a Tennessee immunization record, please scan the QR code below.

This code will direct you to an online form. Fill out the form and submit your request. You should have your records within a week.

FOR MORE INFORMATION

CALL 865-215-5150

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.

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?

(continued on back.)

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
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.**

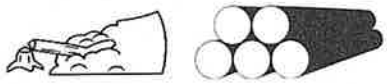
Today's Date _____ **Parent/Guardian First & Last Name** _____

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)

P.O. Box 2188 • Knoxville, Tennessee 37901-2188 • Telephone (865) 594-1800

Hardin Valley Elementary School
11445 Hardin Valley Road
Knoxville, TN 37932

David Claxton – Principal
Heather Records – Assistant Principal
Chelsea Gonzalez - Assistant Principal

865-470-2088 Fax 865-560-1480
www.knoxschools.org/hardinvalleyes

GUARDIANSHIP CONFIRMATION FORM

Student Name _____ Date _____

1. What is your relationship to the student?

   ___ Parent ___ Guardian ___ Foster Parent

2. If you are the parent, what is your status in regards to your child's other parent?

   ___ Married ___ Divorced ___ Separated ___ Never Married* ___ Deceased

   *if never married please provide Certified Long Birth Certificate with Fathers acknowledgement (if applicable)

3. Is the child subject to a parenting plan or court order? ___ Yes ___ No

4. Are there any protection orders in place?

   ___ Yes (a copy is required to be submitted to the school)

   ___ No

5. Are you sharing your current residence with someone? (grandparents, in-laws, etc.)
   ___ Yes ___ No

6. Is your current residence ___ Temporary or ___ Permanent

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

_____ Date _____
Signature of Parent/Guardian

Hardin Valley Elementary School
11445 Hardin Valley Road
Knoxville, TN 37932

David Claxton – Principal
Heather Records – Assistant Principal
Chelsea Gonzalez - Assistant Principal

865-470-2088 Fax 865-560-1480
Email: HVESOffice@knoxschools.org
www.knoxschools.org/hardinvalleyes
Can email back to erin.land@knoxschools.org

REQUEST FOR STUDENT RECORDS

To: _____

Name of School (previously attended)

_____

Address

_____

City/State

The student named below has enrolled at our school as of _____. Please send any cumulative/scholastic records, **Home Language Survey**, special education (IEP/504), or other pertinent information you may have on this child.

Student Name(s) DOB Current Grade

_____

_____

_____

Parent/Guardian 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	
☐	☐	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 _____