

**KNOX COUNTY SCHOOLS**  
**NEW STUDENT ENROLLMENT**

| FOR OFFICE USE ONLY |       |
|---------------------|-------|
| Student ID          | _____ |
| Homeroom            | _____ |
| Year                | _____ |
| School              | _____ |
| Bus Number          | _____ |

Enrollment Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Last Name First Name Middle Name

Social Security or Student PIN Number: \_\_\_\_\_

**Sex:**  Female  Male

Date of Birth: \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic

Birthplace / City: \_\_\_\_\_

**Race:** (check all that apply)

Birth County: \_\_\_\_\_

Asian

Birth State: \_\_\_\_\_

Black

Birth Country: \_\_\_\_\_

American Indian

Citizenship: \_\_\_\_\_

Pacific Islander

White

Mother's Maiden Name: \_\_\_\_\_

What is the first language this child learned to speak? \_\_\_\_\_

What language does this child speak most often outside of school? \_\_\_\_\_

What language do people usually speak in this child's home? \_\_\_\_\_

**Alerts** (non-medical special instructions) \_\_\_\_\_

**This space is for individual(s) with whom the student lives. If these are parents, and both live in the same household, list them both here.**

**This space is for guardians having different addresses:**

Main Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\*Primary Phone #: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Other #: \_\_\_\_\_

Other #: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Primary E-mail 1: \_\_\_\_\_

Primary E-mail 1: \_\_\_\_\_

Alternate E-mail 2: \_\_\_\_\_

Alternate E-mail 2: \_\_\_\_\_

**\*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

### 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 \_\_\_\_\_