



FARRAGUT HIGH SCHOOL

11237 Kingston Pike
Knoxville, TN 37934

School Year
2023-2024

Counseling Office

PHONE 865.966.9775, OPT 2 | FAX 865.671.7198

REQUIRED DOCUMENTATION FOR KNOX COUNTY TRANSFER STUDENT ENROLLMENT

(Any student who is currently enrolled in a KCS system school)

When enrolling a student for school, parents/guardians should present the following support documentation:

1. **Proof of Residence** – One (1) of the following verification documents is required:
 - a. Utility bill
 - b. Lease Agreement
 - c. Other - 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
2. **Proof of Custody** – If student does not live with both biological parents, legal documentation/parenting plan must be provided (in its entirety)
3. **Name & Address of child's previous school(s)** or unofficial transcripts from previously attended Knox County School(s)

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: _____



GUARDIANSHIP ATTESTATION

NOTE: Complete ONE section ONLY as applicable

Please print:

Student's Name: _____ Grade: 9 10 11 12

LIVING SITUATION #1

I, _____, the parent of the student listed above, attest
Parent's printed name
the above named student lives with both biological parents. If this situation is modified, I understand it is my responsibility to inform the school immediately, **AND** provide all necessary documentation as reflected below.

Parent's signature

Date

Documentation is not required if child currently lives with both biological parents.

OR

LIVING SITUATION #2

I, _____, the legal guardian of the student listed above,
Guardian's printed name
attest the above named student lives with the legally assigned individual as outlined in the provided legal documentation. Check the situation below which best describes the student's current living arrangement:

- ☐ Student lives with a divorced parent who was originally assigned custody
- ☐ Student lives with court appointed guardian(s) (Juvenile Court 865.215.6400)
- ☐ Student lives with recently changed custodial parent or joint custodial parents (include approval from Mr. Hartsell's Office – Knox County Schools, 865.0594 X1506)
- ☐ Other _____

Parent's signature

Date

Legal documentation must be signed by a judge and include a docket number and date. Full document is required. Partial documents cannot be accepted for enrollment.



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: _____



KNOX COUNTY SCHOOLS

MEDICAL RELEASE

This form is used to record parental permission for medical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

(Print Student's Name)

hereby grant to the Knox County Board of Education/Knox County Schools (KCS), its employees and agents the authority to seek emergency medical care for our child. I, we, voluntarily consent to the rendering of such care by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical or emergency care of my child. In the event that my child is injured or ill while under the care of KCS, I hereby give permission to KCS to provide first aid for said child and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my child, I direct that KCS attempt to contact me at the phone number(s) I have provided KCS. However, if medical care becomes essential and I am unavailable, I give permission to KCS to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. I authorize KCS to request, obtain, review and inspect any and all information bearing upon my child's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my child and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my child during this period.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STATE OF TENNESSEE, COUNTY OF

SUBSCRIBED and sworn to before me, a Notary Public, this day of , 20 .

My commission expires

Notary

Medical Insurance Company Policy #

☐ If not covered by medical insurance, please check box.

Student's Address Phone

Date of Birth

Father Home Phone

Business Business Phone

Mother Home Phone

Business Business Phone

Family Physician's Name Phone

Address City ST

Allergies or Special Conditions

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

☐ Copy to the office Date

☐ Original is retained by teacher and taken on the field trip.

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 _____

Farragut Connection



NEW STUDENT INFORMATION FOR OUR MENTORING PROGRAM

FANS (Freshmen and New Students) will place you with a mentor.
We need the following information so we can contact you.

Student's Name: _____ Grade: _____

Student's Cell Number: _____

Student's e-mail address: _____

Do you text? (*circle preference*) YES NO

Contact preference? (*circle preference*) Phone Call E-Mail Text

Do you play a sport, in band, etc.? _____

**A MENTOR WILL BE ASSIGNED UPON YOU COMPLETING AND
RETURNING THIS FORM**
THANK YOU!!

A FANS member will be in contact, prior to the beginning of the school year, for rising Freshman and new students (Fall enrollments). Late enrollments will be contacted shortly after student begin date.

Connecting to make a Difference



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EXTRACURRICULAR ACTIVITY CONTRACT

Extracurricular activities have long been a part of the high school experience. Farragut High School has a rich tradition in athletics, the arts, student government, and many other extracurricular activities. This participation that represents our school and community brings much pride and recognition to Farragut. Our students are the face of Farragut and we want to represent the Farragut High School family in the best manner possible. Participation in extracurricular activities is a privilege not a right and with the privilege comes responsibility. The same high standards which are expected in the classroom are also expected in the community at large.

If any student has been charged with a misdemeanor, he/she is suspended from all extracurricular activities until a meeting is held with the school, parents, student, and the administrative team. After hearing the specifics of each incident, the administrative team will decide on the length of suspension.

Any student that is charged with a felony shall not participate in any activities until the matter is held in court or charges are dismissed. Any student who is found guilty of the charges will be denied participation in any extracurricular activity at Farragut High School.

All students involved in extracurricular activities are required to read and acknowledge all rules and/or policies pertaining to such. By signing this contract, you acknowledge that you have read and understand the responsibilities of the students participating in extracurricular activities at Farragut High School and will adhere to the expectations.

Student's Printed Name

Student's Signature

Date

Parent's/Guardian's Signature

Date



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STUDENT HANDBOOK VERIFICATION

Name: _____

Grade: 9 10 11 12

My signature below indicates I have received the Farragut High School Student Handbook* which includes the drug and alcohol, attendance, suspension, dress code, smoking policies, as well as the discipline chart. I understand I am responsible for the content included in the student handbook (available online) and will adhere to the policies as they are written. Furthermore, I understand failure to comply with these policies will result in the outlined consequences. I understand it is my responsibility to ask school personnel any questions I have regarding the content of the Student Handbook.

***NOTE: Student Handbook is available on the Farragut High School website**

EDUCATION HARRASSMENT OF STUDENTS VERIFICATION

My signature below indicates that I have received the Knox County Board of Education Harassment of Student policy. My signature also indicates that any question I have about Farragut High School and Knox County policies have been answered and I understand the consequences should I choose not to adhere to the expectations.

Student's Signature

Date

Parent's / Guardian's Signature

Date