



## 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 STUDENT ENROLLMENT**

(Any student who is not currently enrolled in a KCS system school)

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

1. **Proof of Birth** – Examples include, but are not limited to the following – One (1) of the following verification documents is required:
  - a. Birth Certificate – issued by government (hospital souvenirs are not acceptable)
  - b. Passport issued by any country (must be officially translated to English)
  - c. Immigration documentation
  - d. Decree of adoption or other court issued records
2. **Immunization Records** – Must be documented on a Tennessee form (contact Knox County Health Department if records were issued from another state); ***students CANNOT begin school without the TN Certificate of Immunization form***
3. **Physical Examination** – Must be within one (1) year prior to Knox County school entry; athletic physicals are acceptable for school entry
4. **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
5. **Proof of Custody** – If student does not live with both biological parents, legal documentation/parenting plan must be provided (in its entirety)
6. **Name & Address of child's previous school(s)** or unofficial transcripts from previously attended 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:

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Parent/legal guardian:

---

(print)

---

(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 ☐ Gender F ☐

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

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

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



To: Parents and/or Guardians of Students Who Are Entering or Withdrawing From Knox County Schools

From: Pupil Personnel Services

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 Pupil Personnel 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

**NOTE:**

***Although your child may not qualify for special education services, this form is required by ALL families and serves as an acknowledgement of services available through Knox County Schools. - Thank you***

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 \_\_\_\_\_

## Tennessee 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 below will be kept confidential.** Please answer the following questions and return this form to your child's school.

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 of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?**

☐ No

☐ Yes. **Check all that apply and list the total number of months worked:**



☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

**Total Months Worked:** \_\_\_\_\_



☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

**Total Months Worked:** \_\_\_\_\_



☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

**Total Months Worked:** \_\_\_\_\_



☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

**Total Months Worked:** \_\_\_\_\_



☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

**Total Months Worked:** \_\_\_\_\_



☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

**Total Months Worked:** \_\_\_\_\_

**2. In the past three years, has your family moved to another state, city, school district, and/or county?**

☐ No

☐ Yes. **How long have you resided in your current address?**

\_\_\_\_\_ Years

\_\_\_\_\_ Months

\_\_\_\_\_ Weeks

**If you answered "Yes" to questions 1 and 2, please complete the information below.**

Home Street Address \_\_\_\_\_

Apt # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Best Day of Week & Time of Day to Call \_\_\_\_\_

**For School Use Only:** Please send survey with two **YES** responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID: \_\_\_\_\_

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

District ID: \_\_\_\_\_

# 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***



## FARRAGUT HIGH SCHOOL

11237 Kingston Pike  
Knoxville, TN 37934

PHONE 865.966.9775 | FAX 865.671.7198

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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*



## FARRAGUT HIGH SCHOOL

11237 Kingston Pike  
Knoxville, TN 37934

### Counseling Office

PHONE 865.966.9775 | FAX 865.671.7198

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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*



## FARRAGUT HIGH SCHOOL

11237 Kingston Pike  
Knoxville, TN 37934

### Counseling Office

PHONE 865.966.9775 | FAX 865.671.7198

## REQUEST FOR STUDENT RECORDS

DATE: \_\_\_\_\_

Parents: Please provide FULL address of enrolling student's previous school's information:

TO: \_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_  
FAX: \_\_\_\_\_  
\_\_\_\_\_  
REGISTRAR'S EMAIL: \_\_\_\_\_

### REGISTRAR:

Please forward a transcript of **all grades** and **testing information**, **proof of birth**, **immunization records**, **physical examination records**, **athletic eligibility** in interscholastic sports, **discipline records** (if applicable), description of **special services or accommodations** (if applicable), and any other records that may assist in the best placement for the student reflected below who has recently enrolled in Farragut High School, Knox County, TN.

STUDENT NAME: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**NOTE:** If the above student is transferring from a Tennessee public school, please provide the assigned TN PIN number # \_\_\_\_\_, as applicable.

Thank you,

Stephanie Evans, Registrar

Stephanie.Evans@knoxschools.org

According to the Final Regulations Family Educational Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in the school systems in which the student may intend to enroll, may receive a student's record without written consent or such release.