

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

Social Security (optional) Or
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 _____



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 this child learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/> If yes, what year did this student 1 st qualify for ELL?
2. What language does this child speak most often outside of school?	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language?
3. What language do people usually speak in this child's home?	
Parent/Guardian Signature: X	Today's Date: _____ / ____ / 20_____ (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.



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 _____

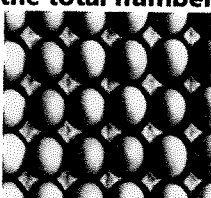
Student Grade _____

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: _____



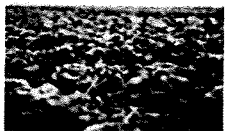
☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

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: _____

KNOX COUNTY SCHOOLS
ANDREW JOHNSON BUILDING



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

From: Student Support 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 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
Binary Copy - Parent

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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):

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

Yes _____ No. If no, please explain: _____

Family physician: _____ Telephone: _____

Form completed by: _____ Date: _____

Relationship to the student



Hardin Valley Elementary School

11445 Hardin Valley Road

Knoxville, TN 37932

Sunny Poe - Principal

(865) 470-2088 Fax (865) 560-1480

REQUEST FOR STUDENT RECORDS

TO:

Name of School (previously attended)

Address

City / State

Zip

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

Student Name

DOB

Current Grade

Parent/Guardian Signature _____

Date _____