



Hardin Valley Elementary School

11445 Hardin Valley Road

Knoxville, TN 37932

Dr. Sunny Scheafnocker – Principal

Kristi Whited – Assistant Principal

Dr. Stephanie Taylor – Assistant Principal

Dr. Karen Sharpe – Assistant Principal

865-470-2088 Fax 865-560-1480

www.knoxschools.org/hardinvalleyes

April 2022

Dear Future Kindergarten Parents,

On Tuesday, April 12 from 3:30-6:00, Hardin Valley Elementary will conduct our annual Kindergarten Round Up. A special event has been planned to welcome you and your child to our school. This orientation will allow the Hardin Valley Elementary staff the ability to collect information about your child, and it also allows parents time to get their children ready to enter school in August.

Your child is eligible to enter Kindergarten if he or she will be five years old on or before August 15, 2022, or to enter first grade if he or she will be six years old by no later than September 30, 2022. Children may not enter first grade unless they have previously completed an approved Kindergarten program.

For children entering a Knox County school for the first time, admission requirements include:

- A birth certificate or officially acceptable proof of birth date
- Proof of up-to-date immunizations and of a health/physical examination, recorded on a Tennessee Child Health Record completed by a medical provider or a County Health Department. The form to be completed may be obtained from a medical provider or from the Health Department. The health/physical examination must have been completed within the past year (no earlier than August 15, 2021) prior to entering Kindergarten. No student will be enrolled or allowed to attend school without a completed Tennessee School Immunization Certificate.
- Current Proof of residency within our school zone (example: gas, water or electric bill)
- If possible, please bring your child's completed Tennessee Child Health Record with you to our Round-Up program. If this is not possible, please schedule the necessary medical appointment as soon as possible. We would also strongly urge you to have your child's vision checked by an eye specialist (optometrist or ophthalmologist) if this has not been done within the past year.

In addition to the above mentioned documents, enrollment paperwork for upcoming Kindergarten students can be picked up at the office beginning March 21. Enrollment paperwork can also be downloaded and printed from our school website (<https://www.knoxschools.org/hardinvalleyes>) beginning March 21.

We look forward to this coming school year and getting to know our newest Hawks!

Sincerely,

Dr. Sunny Scheafnocker

Principal

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.)

[illegible]

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 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.

<p>Main Contact: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>*Primary Phone #: _____</p> <p>Emergency #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Other #: _____</p> <p>*Cell: _____</p> <p>Primary E-mail: _____</p> <p>Alternate E-mail: _____</p>	<p>Contact: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>*Primary Phone #: _____</p> <p>Emergency #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Other #: _____</p> <p>*Cell: _____</p> <p>Primary E-mail: _____</p> <p>Alternate E-mail: _____</p>
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**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.



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

<p>1. What is the first language this child 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 this child speak most often outside of school?</p>	<p>If yes, what year did this student 1st 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 do people usually speak in this child's home?</p>	
<p>Parent/Guardian Signature:</p> <p>X _____</p>	<p style="text-align: center;">____ / ____ / 20____</p> <p>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.

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  <input style="float: right; margin-top: 10px;" type="checkbox"/>	Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.  <input style="float: right; margin-top: 10px;" type="checkbox"/>	Dairy/Cattle Raising: feeding, milking, rounding up.  <input style="float: right; margin-top: 10px;" type="checkbox"/>
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting  <input style="float: right; margin-top: 10px;" type="checkbox"/>	Forestry: soil preparation, planting, cutting trees; does not include landscaping.  <input style="float: right; margin-top: 10px;" type="checkbox"/>	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, 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" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: ldr@tn-mep.net

Student State ID: _____

Enrollment Date: _____

District ID: _____

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
ANDREW JOHNSON BUILDING



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

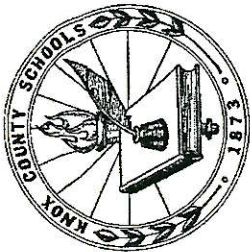
Parent/Guardian Signature

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 (2/21)



expect more
achieve more

Knox County Schools

Targets for Kindergarten Entry

A five-year-old with these skills is READY to succeed at school.

Letters and Sounds:

- Enjoys being read to and can retell a story
- Recognizes letters (upper and lower case) and some letter sounds
- Repeats the first sound in a word
- Speaks in complete sentences
- Prints his or her first name

Math:

- Counts in order from 1-20
- Recognizes numbers and quantities to 5
- Names and sorts items by color, shape and size
- Understands concepts such as more, less, same, above, below, big, small

Social:

- Settles in to new groups or situations
- Can concentrate on a task for 5 minutes
- Follows simple directions
- Shows kindness and concern for others

***Reading together every day
helps your child
master these skills.***

What is the most important way to ensure my child has these skills?

Read aloud, read aloud, read aloudevery day together with your child. Studies show children must hear and share in hundreds of stories and Nursery Rhymes before they are ready to learn and read in school. It is also important for them to talk and talk about what they see every day and say the sounds of the letters they are learning.

"The single most important activity for building the knowledge required for eventual success in reading is **reading aloud to children**. This is especially so during the preschool years." *The Report of the Commission on Reading*

What are some simple activities parents can do at home to teach their child these skills?

Whenever you are working with your child, it should always be **fun**! Early childhood advocates call it *playing with a purpose*. Some ideas are:

- **Snack Time** -Look for letters on food boxes or cans, and say them together
- **Driving** – Sing songs and read signs, such as McDonald's or Walmart – pointing out various letters

- **Preparing Meals** – Put magnetic letters on the refrigerator for play
- **Shopping** -Talk about beginning letters of food, clothes, or toys
- **Nap Time** – Read a story and talk about what's happening on each page. Let children predict what is going to happen next, or "read" the story to you.
- **Doing Chores** – Put sign on a few objects at home, such as "bed" and make a game of saying letters aloud
- **Play Time** – Point to an object and ask children to say words that rhyme, including silly words: ball, wall, tall, dall, jall, nall
- **Eating** – Say nonsense rhymes such as *Hey Diddle, Diddle*
- **Lesson Time** – Spell personal names with letter cards. Let children match each capital letter with its lowercase form, or put the letters in order. Draw a letter and find objects that begin with the same sound. (ball, boy, bike)
- **Library Time** – Make weekly trips to the library part of your family's fun time together. Books about going to school help build children's confidence about kindergarten. A librarian can help you find them.