



Hardin Valley Elementary New Student Enrollment Information

Please complete each form within this Registration Packet:

1. New Student Enrollment (front and back)
2. Personal Data Questionnaire (front and back)
3. Home Language Survey
4. Tennessee Occupational Survey
5. Special Education Form (This form is to ensure parents/guardians understand that Knox County has services available in the event your child needs them.)
6. Student Media Release Form
7. Guardianship Confirmation Form
8. Request for Student Records (only necessary for grades 1st thru 5th)
9. Student Medical Profile

Required Documents:

1. Birth Certificate (Bring Original State Certified Copy - child must be Age 5 by August 15th)
2. State of Tennessee Certificate of Immunization Record (official form with Complete K-6th grade)
3. Proof of Physical (Dated within 12 months prior to entering a Knox County Schools)
4. Legal Documents (if applicable)
5. Proof of Residence (Recent utility bill or current lease/rental/mortgage agreement in the parent or guardian's name. If you are living with someone, a notarized letter **AND** their proof of residence are required)

Office use only:

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: _____

Gender: 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

Pacific Islander

White

Mother's Maiden Name: _____

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> |
|--|---|

**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

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.)

Name Sex Birthdate At what school, in what grade?

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 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

| | |
|--|--|
| 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 _____ | _____ / ____ /20 Today's Date: (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**

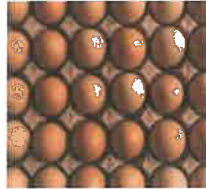
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- 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 at 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
Canary Copy – Parent

PP-155 (1/10)



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: _____



Hardin Valley Elementary School

11445 Hardin Valley Road
Knoxville, TN 37932

Sarah Fish - Principal
Heather Records - Assistant Principal
Dr. Karen Sharpe - Assistant Principal

865-470-2088 Fax 865-560-1480
www.knoxschools.org/hardinvalleyes

GUARDIANSHIP CONFIRMATION FORM

Student Name _____ Date _____

1. What is your relationship to the student?

Parent Guardian Foster Parent

2. If you are the parent, what is your status in regards to your child's other parent?

Married Divorced Separated Never Married* Deceased

*if never married please provide Certified Long Birth Certificate with Fathers acknowledgement (if applicable)

3. Is the child subject to a parenting plan or court order? Yes No

4. Are there any protection orders in place?

Yes (a copy is required to be submitted to the school)

No

5. Are you sharing your current residence with someone? (grandparents, in-laws, etc.)

Yes No

6. Is your current residence Temporary or Permanent

I, _____ (print name), the parent/guardian of the student above; declare the above information is true and correct.

Signature of Parent/Guardian

Date

Hardin Valley Elementary School
11445 Hardin Valley Road
Knoxville, TN 37932

Sarah Fish – Principal
Heather Records – Assistant Principal
Dr. Karen Sharpe - Assistant Principal

865-470-2088 Fax 865-560-1480
Email: HVESOffice@knoxschools.org
www.knoxschools.org/hardinvalleyes

Can email back to erin.land@knoxschools.org



REQUEST FOR STUDENT RECORDS

To: _____
Name of School (previously attended)

Address

City/State

The student named below has enrolled at our school as of _____. Please send any cumulative/scholastic records, health records, special education (IEP/504), or other pertinent information you may have on this child.

| Student Name(s) | DOB | Current Grade |
|-----------------|-----|---------------|
|-----------------|-----|---------------|

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |

Parent/Guardian Signature: _____ Date: _____

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"/> Orthopedic problems | <input type="checkbox"/> Traumatic spinal injury |
| <input type="checkbox"/> Latex | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Urinary problems |
| <input type="checkbox"/> Requires Epi-pen | | | <input type="checkbox"/> Other: _____ |

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 _____