

Hardin Valley Elementary School

11445 Hardin Valley Road

Knoxville, TN 37932

Dr. Sunny Poe – 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

May 4, 2020

Dear Future Kindergarten Parents,
Kindergarten Round Up will look much different this year than it has in the past, due to COVID-19. This will be a two part process, in which enrollment paperwork will need to be picked up or downloaded and then returned.

Obtaining Enrollment Paperwork

Enrollment paperwork for upcoming Kindergarten students can be picked up at the front of Hardin Valley Elementary from 10:00-2:00 on May 5, May 6 and May 7. There will be a container located at the front of the school, under the awning. Enrollment paperwork can also be downloaded and printed from our school website (<https://www.knoxschools.org/hardinvalleyes>) beginning May 4 .

Returning Enrollment Paperwork

On May 12, we will accept Kindergarten enrollment paperwork. In order to adhere to social distancing, we are asking that students with the last name A-M enroll from 9:00-11:00 and N-Z enroll 1:00-3:00 on Tuesday, May 12. If your schedule allows for this, please plan on coming at those times so we can limit the amount of people in the building. Only 1 adult should plan on coming to enroll and should wear a mask. Unfortunately, children will not be allowed to accompany parents during this enrollment time. Enrollment will take place in the gym. If you are able to make copies of paperwork prior to coming that would be helpful, but if not, we can assist with this.

We will only be able to enroll rising Kindergarten students during this time. If you know of a family with an upcoming Kindergarten in the Hardin Valley zone, please pass this information along.

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

Sincerely,

Dr. Sunny Poe
Principal

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 <input type="checkbox"/>	F <input type="checkbox"/>
			Gender	
Country of Birth _____	Date of Birth (mm/dd/yyyy) <u> </u> / <u> </u> / <u> </u>	Date first enrolled in ANY U.S. school (grades K-12) <u> </u> / <u> </u> / <u> </u>		
Date first entered the United States <u> </u> / <u> </u> / <u> </u>	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 <u> </u> / <u> </u> / <u>20</u>	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: <u> </u> / <u> </u> / <u>20</u> (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.

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?
John	Male	1950	John F. Kennedy School, 5th grade
Mary	Female	1952	John F. Kennedy School, 5th grade
James	Male	1951	John F. Kennedy School, 5th grade
Sarah	Female	1953	John F. Kennedy School, 5th grade
Michael	Male	1954	John F. Kennedy School, 5th grade
Emily	Female	1955	John F. Kennedy School, 5th grade
David	Male	1956	John F. Kennedy School, 5th grade
Olivia	Female	1957	John F. Kennedy School, 5th grade
Benjamin	Male	1958	John F. Kennedy School, 5th grade
Isabella	Female	1959	John F. Kennedy School, 5th grade
Lucas	Male	1960	John F. Kennedy School, 5th grade
Charlotte	Female	1961	John F. Kennedy School, 5th grade
Henry	Male	1962	John F. Kennedy School, 5th grade
Ava	Female	1963	John F. Kennedy School, 5th grade
Sebastian	Male	1964	John F. Kennedy School, 5th grade
Mia	Female	1965	John F. Kennedy School, 5th grade
Julian	Male	1966	John F. Kennedy School, 5th grade
Harper	Female	1967	John F. Kennedy School, 5th grade
Leo	Male	1968	John F. Kennedy School, 5th grade
Evelyn	Female	1969	John F. Kennedy School, 5th grade
Frederick	Male	1970	John F. Kennedy School, 5th grade
Abigail	Female	1971	John F. Kennedy School, 5th grade
Theodore	Male	1972	John F. Kennedy School, 5th grade
Madeline	Female	1973	John F. Kennedy School, 5th grade
Christopher	Male	1974	John F. Kennedy School, 5th grade
Chloe	Female	1975	John F. Kennedy School, 5th grade
Isaac	Male	1976	John F. Kennedy School, 5th grade
Grace	Female	1977	John F. Kennedy School, 5th grade
Samuel	Male	1978	John F. Kennedy School, 5th grade
Lillian	Female	1979	John F. Kennedy School, 5th grade
Matthew	Male	1980	John F. Kennedy School, 5th grade
Josephine	Female	1981	John F. Kennedy School, 5th grade
Robert	Male	1982	John F. Kennedy School, 5th grade
Elizabeth	Female	1983	John F. Kennedy School, 5th grade
William	Male	1984	John F. Kennedy School, 5th grade
Victoria	Female	1985	John F. Kennedy School, 5th grade
Charles	Male	1986	John F. Kennedy School, 5th grade
Adeline	Female	1987	John F. Kennedy School, 5th grade
Thomas	Male	1988	John F. Kennedy School, 5th grade
Clara	Female	1989	John F. Kennedy School, 5th grade
Christopher	Male	1990	John F. Kennedy School, 5th grade
Isabella	Female	1991	John F. Kennedy School, 5th grade
Matthew	Male	1992	John F. Kennedy School, 5th grade
Josephine	Female	1993	John F. Kennedy School, 5th grade
Robert	Male	1994	John F. Kennedy School, 5th grade
Elizabeth	Female	1995	John F. Kennedy School, 5th grade
William	Male	1996	John F. Kennedy School, 5th grade
Victoria	Female	1997	John F. Kennedy School, 5th grade
Charles	Male	1998	John F. Kennedy School, 5th grade
Adeline	Female	1999	John F. Kennedy School, 5th grade
Thomas	Male	2000	John F. Kennedy School, 5th grade
Clara	Female	2001	John F. Kennedy School, 5th grade
Christopher	Male	2002	John F. Kennedy School, 5th grade
Isabella	Female	2003	John F. Kennedy School, 5th grade
Matthew	Male	2004	John F. Kennedy School, 5th grade
Josephine	Female	2005	John F. Kennedy School, 5th grade
Robert	Male	2006	John F. Kennedy School, 5th grade
Elizabeth	Female	2007	John F. Kennedy School, 5th grade
William	Male	2008	John F. Kennedy School, 5th grade
Victoria	Female	2009	John F. Kennedy School, 5th grade
Charles	Male	2010	John F. Kennedy School, 5th grade
Adeline	Female	2011	John F. Kennedy School, 5th grade
Thomas	Male	2012	John F. Kennedy School, 5th grade
Clara	Female	2013	John F. Kennedy School, 5th grade
Christopher	Male	2014	John F. Kennedy School, 5th grade
Isabella	Female	2015	John F. Kennedy School, 5th grade
Matthew	Male	2016	John F. Kennedy School, 5th grade
Josephine	Female	2017	John F. Kennedy School, 5th grade
Robert	Male	2018	John F. Kennedy School, 5th grade
Elizabeth	Female	2019	John F. Kennedy School, 5th grade
William	Male	2020	John F. Kennedy School, 5th grade
Victoria	Female	2021	John F. Kennedy School, 5th grade
Charles	Male	2022	John F. Kennedy School, 5th grade
Adeline	Female	2023	John F. Kennedy School, 5th grade
Thomas	Male	2024	John F. Kennedy School, 5th grade
Clara	Female	2025	John F. Kennedy School, 5th 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



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 _____

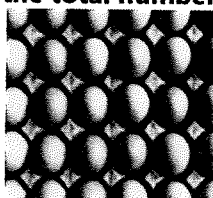
Student Grade _____

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: _____



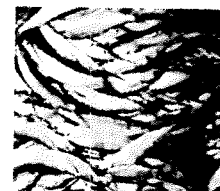
☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

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
Primary Copy – Parent

155 (1/10)

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):

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