

BEAUMONT MAGNET ACADEMY

Student Registration Packet

KINDERGARTEN ROUND-UP CHECK LIST

Tuesday, April 9, 2024 (3:30 p.m. – 5:30 p.m.)

Please bring with you:

_____ Student's Birth Certificate

_____ Proof of Residence (current utility bill, or current lease agreement. If the bill or lease is not in your name, you will need a notarized letter **along with** current bill from the owner of the property).

_____ Current Tennessee Immunization Record

_____ Physical Examination completed by licensed medical provider and dated within 12 months prior to the first day of school.

_____ KCS New Student Enrollment Form

_____ Student Medical Profile

_____ KCS Home Language Survey

_____ Guardianship Confirmation Form

_____ Special Education Services Letter

_____ Tennessee Migrant Education Program – Occupational Survey

*** We will only accept packets that are completed with all paperwork with exception of the physical examination. You have 30 days from the DATE OF ENROLLMENT to turn in the physical examination paperwork.

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: _____

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.*

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

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
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)

P.O. Box 2188 • 912 South Gay Street • Knoxville, Tennessee 37901-2188 • Telephone (865) 594-1800



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 the student 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 the student 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 is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
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



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 _____





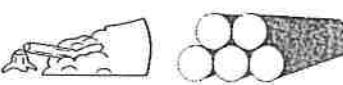
School Name _____

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:

<p>Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation <input type="checkbox"/></p> 	<p>Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc. <input type="checkbox"/></p> 	<p>Dairy/Cattle Raising: feeding, milking, rounding up. <input type="checkbox"/></p> 
<p>Nursery/Greenhouse: planting, potting, pruning, watering, harvesting <input type="checkbox"/></p> 	<p>Forestry: soil preparation, planting, cutting trees; does not include landscaping. <input type="checkbox"/></p> 	<p>Other: Any other agriculture or fishing work, please list here:</p> <p>_____</p> <p>_____</p>

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 above, 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" responses to Questions 1 and 2 to your district migrant liaison. If the OS has not answered "Yes" to Question 2, but there are other signs that indicate the family may qualify, please submit them to your district migrant liaison. The District migrant liaison will submit to the ID&R Team through in.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:
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Beaumont Magnet Academy

Phone (865) 594-1272

Guardian Confirmation Form

Student Name: _____ **Date:** _____
(please print)

1. What is your relationship to the student?
Parent _____ Guardian _____ Foster Parent _____

2. Is this child subject to a Parenting Plan or Court Order?
YES _____ (A copy is required to be submitted to the school)
_____ (date copy submitted)

NO _____

3. Are there any Protection Orders in place?
YES _____ (A copy is required to be submitted to the school)
_____ (date copy submitted)

NO _____

I, _____, the parent/guardian of the
(please print)
student named above declare that the above information is correct.

Signature of Parent/Guardian

Date

(Notice regarding custody/guardianship found on opposite side of this form.)

Knox County Schools

Guidelines for Acceptable Use of Electronic Media

Use of Electronic Media in the Knox County Schools constitutes the acceptance of these guidelines and the user's assent to abide by the terms of use stated herein.

I. Statement of Affirmation

The Internet is a global electronic highway connecting millions of computers and individuals in the fields of education, business, government, the military and a variety of other organizations. This communication information network is being used in schools to educate, inform, and expand resources in much the same way as periodicals, videos, and computer software programs are used.

Knox County Schools' users will participate in projects using the Internet in a directed manner to support curriculum and research activities. They may participate in distance learning programs, ask questions of and consult with experts, communicate with other users, and locate materials to meet educational needs. Users will also be able to access a variety of information including news resources, electronic discussion groups, information databases, the holdings of libraries worldwide, and electronic mail.

The State of Tennessee and the Knox County Board of Education believe that the benefits of having access to the Internet are invaluable for both educators and students. Among the vast resources on the Internet are some materials that are not suitable for viewing in a school environment. It is not appropriate to locate material that is illegal, defamatory, or offensive. Such conduct will lead to the immediate loss of Internet access and may lead to other disciplinary actions.

Users are expected to understand and abide by the guidelines and behaviors set forth by the Knox County Board of Education in its *Guidelines for Acceptable Use of Electronic Media*. The Board makes no warranty, expressed or implied, regarding the use of the Internet. The Board shall accept no liability or legal responsibility for any damage which may arise from the use of the Internet in violation of these guidelines.

II. Rights and Responsibilities of Users

All use of the Internet must be in support of education and research and be consistent with the mission statement of Knox County Schools. For educational purposes, users have specific rights and responsibilities which include, but are not limited to the following.

Users can

- examine and use interactive electronic formats.
- examine a broad range of opinions, ideas, and information in the educational process.
- locate, use and exchange information on the Internet.
- retain ownership of their own intellectual works as users of the Internet, consistent with the policies of the Knox County Board of Education.

Users cannot

- use the network for personal commercial or for-profit purposes.
- participate in harassment, discriminatory remarks, or other inappropriate behaviors.
- use the network to access obscene or pornographic material.
- use the network for any illegal activity, including violation of copyright or other contracts.
- damage computer(s), computer systems or computer networks.
- invade the privacy of other network users.
- gain unauthorized access to computer networks, resources or materials.

III. Network Etiquette

Network users are expected to abide by accepted rules of network etiquette. These rules include but are not limited to the following.

- Do not reveal your own personal address or phone number or those of other students or colleagues.
- Be polite. Use appropriate language. Do not become abusive in your messages to others. Never use a computer to harm other people. Show consideration and respect for others at all times.
- Do not use a computer to steal. Do not copy software for which you have not paid, use computer resources without authorization, or plagiarize the intellectual property of others.
- Be mindful of the rights of other network users. Do not violate the privacy of other users.
- Do not use the network in any way that would disrupt its operation or that would interfere with another user's computer work.
- Abide by the policies and procedures of each network accessed.
- Keep your password private.
- Be careful when using sarcasm and humor. Without face-to-face communication, a joke may be viewed as criticism.
- Focus on one subject per message.
- Make your subject line as descriptive, yet as short, as possible.
- Keep paragraphs and messages short and to the point.
- Cite all quotes, references, and sources.
- When including a signature at the end of e-mail messages, limit it to four lines.
- Use capital letters only to highlight a word or identify titles or headings. Using all capitals for an entire message has the same effect as verbally shouting.
- Always think about the social consequences of what you do on the network.

KNOX COUNTY SCHOOLS
ACCEPTABLE USE OF ELECTRONIC MEDIA AGREEMENT

Users and parents or guardians of users agree to hold Knox County Board of Education harmless from liability and responsibility for any damages which may arise from the use of the Internet in violation of the guidelines.

I have read the Knox County Schools' Guidelines for Acceptable Use of Electronic Media and will abide by the terms and conditions. I understand that should I commit any possible violations, my access privileges may be revoked; and school disciplinary action may be taken.

User Signature _____ Date ____/____/____

As the parent/guardian of this student, I have read the terms of Knox County Schools' Guidelines for Acceptable Use of Electronic Media. I understand that this access is designed for educational purposes.

I hereby GIVE PERMISSION for _____ to access the network for educational purposes.
Student's Name

I hereby DENY PERMISSION for _____ to access the network for any reason,
including educational purposes.
Student's Name

Parent/Guardian Signature _____ Date ____/____/____

White Copy - School
Canary Copy - School
Pink Copy - Parent

MC-107 (4/07)

*This form will be filed in the student's cumulative record.
Permission status will be indicated in the Knox County
Schools' student management system.*



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: _____

KCS CONNECT

Fall 2021

Student Name: _____ Grade: _____
School: _____ Student ID: _____
Parent/Guardian Name: _____ Phone: _____ Email: _____

Technology Device Agreement

By signing this document, I agree to the following requirements and conditions and accept financial responsibility for loss or damage of this device.

- I accept responsibility for using the technology device at school and outside of school hours.
- I understand that this technology device may be collected and inspected.
- I agree to keep this technology device in my possession at all times. I will not give or lend it.
- I will return the technology device to the school whenever I am asked to do so by school personnel.
- I will not use the technology device, in or out of school, for inappropriate or unlawful purposes in accordance with Knox County School Board Policy.
- I understand that if this technology device is lost or stolen, I will immediately notify school-administration.
- If insurance offered by Knox County Schools is refused, I understand that my parents/guardians and I are responsible for costs associated with damages of the technology device.
- I understand that my parents/guardians and I are responsible for costs associated with total loss or theft of the technology device.
- I agree to return the technology device, charger, and protective covering in good working condition to the school at the conclusion of the school year or if I leave the school.
- I understand that failure to comply with any of the guidelines and policies may result in suspension of the use of the technology device.
- I agree that my child will follow Knox County Schools policies for Acceptable use of the device both at school and at home.
- I understand that my child may be asked to submit the device throughout the year for a "health check" to inspect it for damages.

» Knox County School Board Policy I-222 - Internet Safety

- I agree to the terms of the 'Technology Device Agreement'
- I DO NOT agree to the terms of the 'Technology Device Agreement'

Parent Signature: _____ Date: _____

Students	Knox County Board of Education		
	Physical Examinations and Immunizations	Descriptor Code:	Issued:
		J-351	7/95
		Reviewed:	Revised:
	11/21	1/22	

1
2 **PHYSICAL EXAMINATIONS**

3
4 The principal and school nurse shall ensure that there is a complete physical examination of every student
5 entering school for the first time and every student participating in interscholastic athletics.

6
7 Children of active members of the military or Tennessee National Guard are not required to obtain a
8 physical evaluation from a Tennessee health care provider prior to enrolling in a Tennessee school.

9
10 A child or youth determined to be homeless cannot be denied admission to any school or school facility
11 due to not being able to produce a physical examination record. The enrolling school must comply with
12 any and all federal laws pertaining to the educational rights of homeless children and youth, including the
13 McKinney-Vento Homeless Assistance Act.

14
15 **KINDERGARTEN REQUIREMENT**

16
17 A physical examination must be completed by a medical provider and dated within 12 months prior to
18 the first day of school. The form to be completed is the Tennessee School Immunization Certificate which
19 may be obtained from a health care provider or Health Department. A student may be enrolled without
20 this information but must file it with the school within 30 calendar days or risk dismissal.

21
22 **FIRST - TWELFTH GRADE REQUIREMENT**

23
24 Written proof of a medical examination completed by a medical provider. This includes proof brought in
25 person or provided in records from the previous school. A student may be enrolled in school without this
26 information but must file it with the school within 30 calendar days or risk dismissal.

27
28 Physical examinations contained in records from students transferring from other school systems may be
29 accepted if stated guidelines are met.

30
31 Cost of the examination shall be borne by parent or guardian of the student. All physical and immunization
32 records shall be kept on file in the student's cumulative record.

33
34 **IMMUNIZATIONS**

35
36 Students entering school, including those entering pre-school, kindergarten or those students from out-
37 of-state, nonpublic schools, and students entering seventh grade will not be permitted to enroll (or attend)
38 without required immunizations, as determined by the Commissioner of Public Health.^{1,4} It is the
39 responsibility of the parents or guardians to have their children immunized and to provide such proof to
40 the school which the student is to attend.²



2024-2025 Knox County Schools Calendar

Thursday, August 1	First Day for Teachers (School Based In-Service Day)
Friday, August 2	Systemwide In-Service Day (PreK-12)
Monday, August 5	Administrative Day (Teacher Work Day)
Tuesday, August 6	Systemwide In-Service Day (1/2 Day School-based); Administrative Day (1/2 Day Teacher Work Day); 6 th and 9 th Grade Orientation
Wednesday, August 7	Administrative Day (Teacher Work Day)
Thursday, August 8	First Day for Students (1/2 Day)
Wednesday, August 14	Early Release Day for Students
Monday, September 2	Labor Day Holiday (Knox County Schools Closed)
Monday, September 9	End 4 1/2-weeks Grading Period
Tuesday, September 17	Constitution Day (Knox County Schools Open)
Wednesday, September 18	Early Release Day for Students
Friday, October 4	End First 9-weeks Grading Period
Monday, October 7 – Friday, October 11	Fall Break
Tuesday, November 5	Systemwide In-Service Day (PreK-12) (Student Holiday)
Wednesday, November 13	End 4 1/2-weeks Grading Period
Wednesday, November 20	Early Release Day for Students
Wednesday, November 27 – Friday, November 29	Thanksgiving Holidays (Knox County Schools Closed)
Friday, December 20	1/2 Day for Students; End Second 9-weeks Grading Period; End First Semester
Monday, December 23 – Thursday, January 2	Winter Break
Friday, January 3	Systemwide In-service Day (1/2 Day School-based); Administrative Day (1/2 Day Teacher Work Day)
Monday, January 6	First Day for Students after Winter Break (Full Day)
Monday, January 20	Martin Luther King, Jr. Day (Knox County Schools Closed)
Wednesday, January 22	Early Release Day for Students
Wednesday, February 5	End 4 1/2-weeks Grading Period
Wednesday, February 12	Early Release Day for Students
Monday, February 17	Systemwide In-Service Day (PreK-12) (Student Holiday)
Monday, March 10	End Third 9-weeks Grading Period
Monday, March 17 – Friday, March 21	Spring Break
Wednesday, March 26	Early Release Day for Students
Thursday, April 17	End 4 1/2-weeks Grading Period
Friday, April 18	Holiday (Knox County Schools Closed)
Monday, April 21	Systemwide In-Service Day (School-based)
Thursday, May 22	Last Day for Students (1/2 Day); End Fourth 9-weeks Grading Period; End Second Semester
Friday, May 23	Administrative Day (Teacher Work Day) – Last Day for Teachers
Thursday, June 19	Juneteenth Holiday (Knox County Schools Closed)

Calendar Summary

- 180 Instructional Days*
- 4 Administrative Days
- 2 Unscheduled In-Service Days
- 1 Unscheduled Parent-Teacher Contact Hours Day
- 6 Scheduled In-Service Days
- 10 Vacation Days

**In accordance with T.C.A. § 49-6-3004 – 177 student instructional days plus 3 days accumulated under daily 7-hour schedule.*

Note: This calendar allows cancellation of up to 8 instructional days due to inclement weather or serious outbreaks of illness before any make up days will be required.