

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 _____

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 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 _____	_____ Today's Date: _____ / ____ / 20____ (mm/dd/yyyy)

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.



Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive **free** educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

STUDENT FIRST NAME:	STUDENT LAST NAME:	DATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		

1) In the past three years, have your children moved to another city, state, and/or country?

Yes No

2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?

Yes No

a. If yes, please circle all that apply:



Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



Agriculture/Field Work
(planting, picking, and sorting crops; soil preparation; irrigation; fumigation; etc.)



Dairy/Cattle Raising
(feeding, milking, rounding up, etc.)



Nursery/Greenhouse
(planting, potting, pruning, watering, etc.)



Forestry
(soil preparation, planting, growing, cutting trees, etc.)



Fishing/Fish Processing
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue. Otherwise, your form is complete.

3) How long have you been in this county in Tennessee?

WEEKS:	MONTHS:	YEARS:
--------	---------	--------

HOME ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		

For school use only: If questions 1 and 2 are "yes," please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

School District:	Student State ID:	Enrollment 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 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)



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.

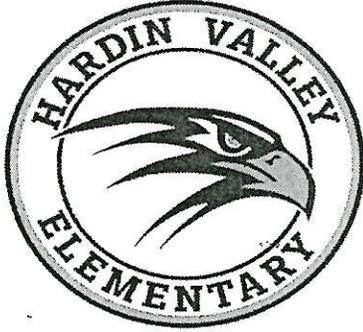
Name of child's school:

Parent/legal guardian:

(print)

(signature)

Date: _____



Hardin Valley Elementary School

11445 Hardin Valley Road
Knoxville, TN 37932

Mrs. Lynn Jacomen – 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

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 Separated Divorced *Never Married Deceased

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

3. Is this 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?

Copy Submitted Date: _____ Staff Initials: _____
Copy Submitted Date: _____ Staff Initials: _____

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

Signature of Parent/Guardian

Date