

New Student Enrollment Checklist

Items you provide:

- Certified government issued proof of birth – example: Birth Certificate
- Social Security Card – requested (Not required)
- Tennessee Immunization Certificate
- Physical Exam required within 30 days of registration (see healthcare provider)
- Proof of Address that you live in FIS zone – one of the following is required:
 - Gas, water, or electric bill (dated within the last 60 days)
 - Signed rental agreement
 - Signed sales contract for purchase with a closing date within 30 days
- Parent Plan (if applicable) must be provided

Forms you fill out for registration: forms are within this packet:

- New Student Enrollment sheet
- Proof of Residence For School Enrollment sheet
- Official Request For Student Records
- Student Medical Profile
- Home Language Survey
- Guardianship Confirmation Form
- Student Media Release Form
- Tennessee Migrant Educational Program – Occupational Survey
- ~~FIS Rock Wall Permission Form~~
- Special Education Services Available through Knox County Schools if needed

ALL required forms must be completed (except for the physical exam) on or before the first day of school for enrollment to be processed. Welcome to Farragut Intermediate School and we are so happy you are here!

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: _____

Citizenship: _____

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

PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

School student(s) zoned to attend _____

Parent / Guardian Name _____ Phone _____

Current Address _____ Zip _____

Former Address _____ Zip _____

In order to verify residency within the attendance zone of the requested school, **one current document** as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

Deed/Lease/Rental Agreement

Utility Bill

Notarized Statement

If proof of residence is provided by a **notarized statement** from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner _____ Phone _____

Address of Renter/Owner _____

WARNING: *Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.*

I, _____ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school within two weeks.

Signature of Parent / Guardian _____ Date _____

School Official's Signature _____ Date _____

Farragut Intermediate School

Deborah Adorante, Principal
Stacy Hilliard, Assistant Principal
Amy Schumpert, Assistant Principal



208 West End Avenue
Knoxville, TN 37934
Phone (865) 966-6703
Fax (865) 671-7074

OFFICIAL REQUEST OF STUDENT RECORDS

Date of Request _____

To Whom It May Concern:

The following student(s) have enrolled in our school. Please send a transcript of his/her complete records (including psychological reports and test scores, diagnostic reports, I.E.P.'s, grades, attendance, health information, etc.) at the earliest possible date.

STUDENT NAME

DATE OF BIRTH

GRADE

Parent or Guardian Signature: _____

Name of School Last Attended: _____

Address of School

Phone:

FAX:

Please mail records to:

Farragut Intermediate School
208 West End Ave.
Knoxville, TN 37934



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

_____ / _____ / 20____ Enrollment Date in New School
 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"/>
2. What language does this child speak most often outside of school?	If yes, what year did this student 1 st qualify for ELL? 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.

FARRAGUT INTERMEDIATE SCHOOL

208 West End Avenue

Knoxville, TN 37934

Phone (865) 966-6703

Fax (865) 671-7074

Guardianship Confirmation Form

Student Name: _____ Date: _____
(please print)

1. What is your relationship to the student?

Parent _____ Guardian _____ Foster Parent _____

2. If you are the parent, are you legally married to the child's other parent?

Married _____ Separated _____ Divorced _____ Never Married _____

3. 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 _____

4. 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 student
(please print)

named above declare that the above information is correct.

Signature of Parent/Guardian




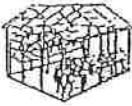


Date

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



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 Name: (Last Name, First Name)	Grade:	Date:
Parent/Guardian Name:	School:	
<p>1. Has your family moved within the last 3 years to another city, county, or state, in order to work in the agricultural and fishing industries? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate which family member: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Children <input type="checkbox"/> Other</p>		
<p>2. Do you or someone in your immediate family currently work in any of the occupations listed below? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate which occupation and which family member: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Children <input type="checkbox"/> Other</p>		
<input type="checkbox"/> Meat and Food Processing/Packing  <p>Examples: Fruit, vegetables, chicken, pork, beef, etc.</p>	<input type="checkbox"/> Agriculture/Field Work  <p>Examples: Plant, pick and sort crops such as tomatoes, tobacco, cotton, strawberries; etc. Soil preparation, irrigation, fumigation, etc.</p>	<input type="checkbox"/> Dairy/Cattle Raising  <p>Examples: Feeding, milking, rounding up, etc.</p>
<input type="checkbox"/> Nursery/Greenhouse  <p>Examples: Planting, potting, pruning, watering, etc.</p>	<input type="checkbox"/> Forestry  <p>Examples: Soil preparation, planting, growing, cutting trees, etc.</p>	<input type="checkbox"/> Fishing/Fish Processing  <p>Examples: catch, sort, pack, transport fish, etc.</p>
<p>3. If your current job is not in agriculture or fishing, did you or someone in your immediate family work in any of the occupations listed above in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where? City: _____ State: _____</p>		

If you answered "YES" to any of the questions above, please answer the following questions.

How long have you been in this county in Tennessee? _____ Weeks _____ Months _____ Years			
Home Address	City	State	Zip Code
Telephone number, please include area code. ()			

For school use only: Please send all surveys with at least one "YES" response to your district migrant liaison. All qualifying surveys should be uploaded to the TNMigrant site. Please notify the MEP that new surveys have been uploaded. Questions? Call (931)212-9539

SCHOOL DISTRICT:	STUDENT STATE ID:	ENROLLMENT DATE:

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

Volunteer Confidentiality Agreement
Knox County Board Of Education

I, _____, understand that as a volunteer in the
(print or type name)

Knox County Schools, I may become aware of or exposed to student information that is protected under the Family Education Rights Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), or similar Tennessee state laws making certain Information regarding Knox County Schools' students or employees confidential. Therefore, in consideration of Knox County Schools providing me with the opportunity to serve as a volunteer for Knox County Schools, I agree not to discuss, release, or disclose any information or anything I observe or hear of a confidential nature regarding any student or employee of the Knox County Schools. I agree to strictly maintain the confidentiality of all information to which I may become privy and to notify school administration should I become aware of protected information.

The following information about students is considered to be "directory information," and is not confidential: name, address, birth date, dates of attendance (years only—not to include specific days absent), grade levels completed, awards/degrees earned, participation in sports or activities, weight and height of athletes, sports statistics, and academic and extracurricular honors and awards. **All other information regarding students should be presumed to be protected confidential information.**

The following information regarding employees of Knox County Schools or their family members should be considered to be confidential: results of evaluations, home telephone and personal cell phone numbers, bank account, individual health savings account, retirement account and pension account information, social security number, residential street address, driver license information, emergency contact information, and personal (non-Knox County Schools) email address.

SIGNATURE

DATE

Farragut Intermediate School

Deborah Adorante, Principal
Stacy Hilliard, Assistant Principal
Amy Schumpert, Assistant Principal



208 West End Avenue
Knoxville, TN 37934
Phone (865) 966-6703
Fax (865) 671-7074

Dear Parents/Guardians:

The time of year is quickly approaching when inclement weather could cause school to dismiss early. **Please fill out and return this letter by Dec. 11, 2020** so that we may confirm the early dismissal procedure you may have listed on the yellow emergency card at the beginning of the year.

Your child's homeroom teacher will keep a copy of this letter in the class's emergency bag and follow this plan in the event that we do have an early dismissal day.

Please discuss this plan with your child so that he/she will feel comfortable on an early dismissal day. Please note that the FIS office can be extremely busy on these days, so please do not call the office unless you have an unavoidable emergency.

Thank you for your cooperation.

FIS Administration

Student's Name

Homeroom Teacher's Name

Early Dismissal Plan for my child (please check/fill out one):

___ Bus # _____

___ Car

Parent Signature

Best Phone Number during the day

KCS CONNECT

Fall 2020

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: _____

KCS CONNECT

Fall 2020

Student Name: _____ Grade: _____

School: _____ Student ID: _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

Device Insurance/Protection Plan

Knox County Schools is offering and administering a Device Protection/Insurance Plan available for all students in grades K-12. This plan covers accidental damage to school issued devices and was designed to limit a family's financial responsibility for damages incurred by the student, either directly or indirectly. The attached agreement must be signed by each parent/guardian and returned to the school in order for the protection plan to be effective.

Device Protection Plan Description

- \$30 non-refundable annual fee (premium) due on or before September 30, 2020 for the 2020-2021 school year
- Recurring device damage claims as well as acts of negligence may result in student take-home privilege revocation
- Families participating in the District Free and Reduced Lunch Program may forgo the premium fee, however will be required to comply with claims requirements for loss or damage

Device Protection Plan Coverages

- Accidental Damage: Pays for drops, liquid damage, or other unintentional acts of damage to the device, including but not limited to the screen, keyboard, bezel, ports/buttons, or battery
- Theft: Pays for damage or loss due to theft. Claim requires a police report to be filed by the student/family.
- Fire: Pays for loss of damage due to fire; requires a report from the investigating authority
- Electrical surge: Pays for damage due to electrical power surges
- Natural disaster: Pays for damage caused by natural disaster

Device Protection Plan Exclusions

- Intentional Damage: Does not pay for damage assessed to be caused by negligent/intentional acts either to hardware or software; the student/parent/guardian will be responsible for full cost of damage/repairs.
- Lost/Damaged Consumables: Does not pay for lost/damaged power adapter (\$25 replacement cost)
- Hacking: Does not pay for damage caused by gaining illegal access to any system by means such as "jailbreaking" or "rooting" the device in an attempt to remove built-in system protections.
- Liability: Knox County Schools is not liable for any loss or damages including, but not limited to accidental, consequential, or punitive damages caused directly or indirectly by the equipment.

I agree to the terms of the 'Device Insurance/Protection Plan'

I DECLINE the Device Protection/Insurance Plan and understand that I will be responsible for any damages to the device, based on actual cost of repair.

Parent 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 (2/20)

Farragut Intermediate School



Deborah Adorante, Principal
Stacy Hilliard, Assistant Principal
Amy Schumpert, Assistant Principal

208 West End Avenue
Knoxville, TN 37934
Phone (865) 966-6703
Fax (865) 671-7074

January 5, 2021

Dear Parents/Guardians:

The time of year is quickly approaching when inclement weather could cause school to dismiss early. **Please fill out and return this letter by January 15th** so that we may confirm the early dismissal procedure you may have listed on the yellow emergency card at the beginning of the year.

Your child's homeroom teacher will keep a copy of this letter in the class's emergency bag and follow this plan in the event that we do have an early dismissal day.

Please discuss this plan with your child so that he/she will feel comfortable on an early dismissal day. Please note that the FIS office can be extremely busy on these days, so please do not call the office unless you have an unavoidable emergency.

Thank you for your cooperation.

FIS Administration

Student's Name

Homeroom Teacher's Name

Early Dismissal Plan for my child (please check/fill out one):

_____ Bus # _____

_____ Car

Parent Signature

Best Phone Number during the day