

# FOUNTAIN CITY ELEMENTARY SCHOOL

Dr. Keith Cottrell  
Principal

2910 Montbelle Drive  
Knoxville, TN 37918  
(865) 689-1445 Fax (865) 689-1491

Rolen Blaine  
Assistant Principal

## **New Student Enrollment Procedures**

- Before a student can be enrolled at Fountain City Elementary School, **the parent/guardian must obtain ALL** of the following items and submit them to the Fountain City Elementary School office during the hours of 9:00 a.m. and 3:00 p.m. Monday through Friday.
- Christie Chovan, the attendance secretary, is available daily in the office until 11:45 a.m. If you have any questions, please reach out during that time or you can email [christie.chovan@knoxschools.org](mailto:christie.chovan@knoxschools.org).

### **REQUIRED FOR STUDENTS NEW TO KNOX COUNTY:**

- \_\_\_\_ 1. **Proof of residency**, such as a lease, mortgage statement, KUB bill, that clearly shows the custodial parent/guardian resides in the Fountain City Elementary zone. If the parent/guardian is not the property owner, he/she must have a notarized statement from the property owner, as well as a KUB or mortgage statement in the said owner's name.
- \_\_\_\_ 2. **Current shot records** issued from the State of Tennessee through the county health department or your family physician in the state of Tennessee (Knox County Health Department, 215-5000).
- \_\_\_\_ 3. **Copy of an up-to-date physical** issued from the State of Tennessee through the county health department or your family physician in the state of Tennessee (Knox County Health Department, 215-5000).
- \_\_\_\_ 4. A copy of the student **Birth Certificate** with the raised seal.
- \_\_\_\_ 5. **Parenting Plan** (if applicable) showing custody.
- \_\_\_\_ 6. Filled out **all** the **required Knox County School forms** (New Student Enrollment, Tennessee Parent Occupational Survey, Student Medical Profile, Guardianship Form, Student Media Release, Home, and Language Survey).

### **REQUIRED FOR STUDENTS TRANSFERRING WITHIN KNOX COUNTY:**

- \_\_\_\_ 1. **Proof of residency**, such as a lease, mortgage statement, KUB bill, that clearly shows the custodial parent/guardian resides in the Fountain City Elementary zone. If the parent/guardian is not the property owner, he/she must have a notarized statement from the property owner, as well as a KUB or mortgage statement in the said owner's name.
- \_\_\_\_ 2. **Parenting Plan** (if applicable) showing custody.
- \_\_\_\_ 3. Filled out the **required Knox County School forms** (New Student Enrollment & Guardianship Form)



**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.**

<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 _____

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 \_\_\_\_\_



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.)**



## 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

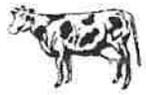
\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
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><b>Agriculture/Field Work:</b> planting, picking, sorting crops, soil preparation, irrigation, fumigation</p>  <input style="float: right; margin-top: 10px;" type="checkbox"/>	<p><b>Processing &amp; Packaging:</b> fruit, vegetables, chicken, pork, beef, eggs, etc.</p>  <input style="float: right; margin-top: 10px;" type="checkbox"/>	<p><b>Dairy/Cattle Raising:</b> feeding, milking, rounding up.</p>  <input style="float: right; margin-top: 10px;" type="checkbox"/>
<p><b>Nursery/Greenhouse:</b> planting, potting, pruning, watering, harvesting</p>  <input style="float: right; margin-top: 10px;" type="checkbox"/>	<p><b>Forestry:</b> soil preparation, planting, cutting trees; does not include landscaping.</p>  <input style="float: right; margin-top: 10px;" type="checkbox"/>	<p><b>Other:</b> 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, 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" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through [tn.msedd.com](http://tn.msedd.com). If you have any questions, email the TN MEP ID&R Team: [idr@tn-mep.net](mailto:idr@tn-mep.net)

Student State ID:	Enrollment Date:	District ID:
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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<br>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 \_\_\_\_\_



# FOUNTAIN CITY ELEMENTARY SCHOOL

Dr. Keith Cottrell  
Principal

2910 Montbelle Drive  
Knoxville, TN 37918  
(865) 689-1445 Fax (865) 689-1491

Rolen Blaine  
Assistant Principal

Student Name \_\_\_\_\_ Date \_\_\_\_\_

## GUARDIANSHIP CONFIRMATION FORM

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

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

Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_ 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)*  Copy submitted \_\_\_\_\_  
*(staff will check and write date given)*

No \_\_\_\_\_

4. Are there any protection orders in place?

Yes \_\_\_ *(a copy is required to be submitted to the school)*  Copy submitted \_\_\_\_\_  
*(staff will check and write date given)*

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, \_\_\_\_\_, the parent/guardian of the student named above,  
(print your name)

declare the above information is correct.

\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date





## 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:

Fountain City Elementary

Parent/legal guardian:

\_\_\_\_\_  
(print)

\_\_\_\_\_  
(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 <input type="checkbox"/>	F <input type="checkbox"/>
Gender				
Country of Birth	/ /	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (grades K-12)	
/ /	<p><b>THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.</b></p> <p>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</p>			
Date first entered the United States				

### School Information

/ /20		
Enrollment Date in New School	Name of Former School and Town	Last Grade attended

### Questions for Parents/Guardians

<p>1. What is the first language the student learned to speak?</p>	<p>Has this child ever received ELL (ESL) classes in another school?</p> <p style="text-align: center;">Y <input type="checkbox"/>    N <input type="checkbox"/>    I don't know. <input type="checkbox"/></p> <p>If yes, what year did this student 1<sup>st</sup> qualify for ELL?</p>
<p>2. What language does the student speak most often outside of school?</p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings?</p> <p style="text-align: center;">Y <input type="checkbox"/>    N <input type="checkbox"/></p> <p>If yes, what language?</p>
<p>3. What language is most often spoken to the student at home?</p>	<p>What is your preferred language for receiving emails and communications from KCS?</p>
<p>Parent/Guardian Signature:</p> <p>X</p>	<p style="text-align: center;">/ /20</p> <p>Today's Date: (mm/dd/yyyy)</p>

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.

