

# FOUNTAIN CITY ELEMENTARY SCHOOL

Ina Langston  
Principal

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

Robert Angel  
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.

### **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)

- After you have submitted **ALL** of the required enrollment documents, you will be notified by the school secretary when your student's enrollment has been approved.

**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: \_\_\_\_\_

**Gender:**  Female  Male

Date of Birth: \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic

Birthplace / City: \_\_\_\_\_

**Race: (check all that apply)**

Birth County: \_\_\_\_\_

Asian

Birth State: \_\_\_\_\_

Black

Birth Country: \_\_\_\_\_

American Indian

Pacific Islander

White

Mother's Maiden Name: \_\_\_\_\_

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



## 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:

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Parent/legal guardian:

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(print)

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(signature)

Date: \_\_\_\_\_

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Principal

2910 Montbelle Drive  
Knoxville, TN 37918  
(865) 686-1445 Fax (865) 689-1491

Robert Angel  
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

**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 \_\_\_\_\_



# 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:
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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:
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# 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)	
/      / 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
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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 <sup>st</sup> 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?	(Empty space for answer)
Parent/Guardian Signature:  X	/      /20 Today's Date: (mm/dd/yyyy)
(Empty space for signature)	(Empty space for date)

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  
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)

*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.