

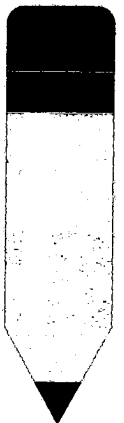
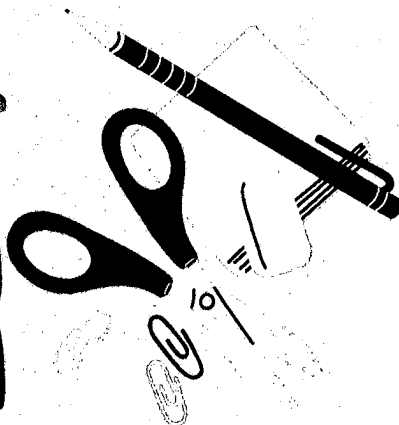
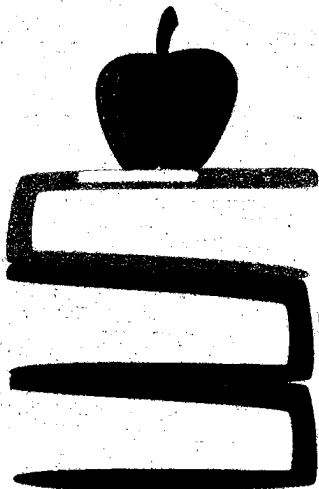
KINDERGARTEN ROUND-UP CHECKLIST

Tuesday, April 12, 2022 (3:30-6:00)

Please bring with you:

- Your Child's Birth Certificate
- Proof of Residency (Current utility bill, or current lease agreement. If the bill is not in your name, you will need a notarized letter along with the current bill from the owner of the property.)
- Tennessee Shot Record and Physical
- Knox County School New Student Enrollment Form
- Guardianship Confirmation Form
- Knox County Schools Proof of Residence for School Enrollment Form
- Special Education Services Letter
- Tennessee Migrant Education Program-Occupational Survey
- Student Medical Profile
- Student Media Release Form
- Knox County Schools Home Language Survey

***We will keep only the packets that are completed with all paperwork with the exception of the physical. The physical must be turned in August in order for your child to begin his/her first day of school.





Halls Elementary School



7502 ANDERSONVILLE PIKE KNOXVILLE, TN 37938
(865) 922-7445 FAX (865) 925-7409

HALLSES.KNOXSCHOOLS.ORG

NATHAN LYNN,
PRINCIPAL

BETH REYNOLDS,
ASSISTANT PRINCIPAL

Dear Parents:

On Tuesday, April 12, from 3:30pm-6:00pm, Halls Elementary School will be conducting our annual “Spring Round-Up” program for children who are eligible to enter Kindergarten or First Grade.

A special event has been planned to welcome you and your child to our school. This orientation will allow the principal and teachers the ability to collect information about your child and it also allows parents time to get their children ready to enter school in August.

Your child is eligible to enter Kindergarten if he or she will be five years old on or before August 15, 2022, or to enter first grade if he or she will be six years old by no later than September 30, 2022. Children may not enter first grade unless they have previously completed an approved Kindergarten program.

For children entering a Knox County school for the first time, admission requirements include:

- A birth certificate or officially acceptable proof of birth date
- Proof of up-to-date immunizations and of a health/physical examination, recorded on a Tennessee Child Health Record completed by a medical provider or a County Health Department. The form to be completed may be obtained from a medical provider or from the Health Department. The health/physical examination must have been completed within the past year (no earlier than August 15, 2021) prior to entering Kindergarten. No student will be enrolled or allowed to attend school without a completed Tennessee School Immunization Certificate.
- Current Proof of residency within our school zone

If possible, please bring your child’s completed Tennessee Child Health Record with you to our Round-Up program. If this is not possible, please schedule the necessary medical appointment as soon as possible. We would also strongly urge you to have your child’s vision checked by an eye specialist (optometrist or ophthalmologist) if this has not been done within the past year.

Your attendance and the completion of admission requirements at the Spring Round-Up are important steps in providing a smooth start for your child in Kindergarten or first grade. On behalf of the Knox County Schools, I wish you and your child a most successful school year.

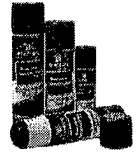
Sincerely,
Nathan Lynn
Principal
Halls Elementary School

Halls Elementary Kindergarten Supply List

2022-2023

Required items:

- One box of washable Crayola markers
- Four boxes of Crayola crayons (24 – Count)
- 12 Elmer’s Glue Sticks
- One package of Ticonderoga pencils
- One –standard size hard plastic school box
- One pair of child-size Fiskars scissors (blunt tip)
- One tray of Crayola water colors (8 colors)
- Two pink rectangular erasers
- One backpack “large size” – No wheels
- Two boxes of tissues (Kleenex)
- Headphones for Chromebook (no Bluetooth, please)
- Two of the following: (single subject – wide ruled)
 - composition notebooks



Children with the last name that begins with the following letters please bring the following items:

A – I Bring Gallon or pint size Ziploc type baggies

J – P Bring pint or sandwich size Ziploc baggies

Q – Z Bring one package Clorox or Lysol wipes

If you would like to help supply any of these extra items, it would be very much appreciated.

- Hand sanitizer
- Paper towels



Please bring supplies on the second day of school!

Dear Kindergarten Parents:

Welcome to Halls Elementary! Kindergarten is a very important milestone in your child's life. Your child will develop lifelong habits and learn valuable skills that will allow him or her to be successful now and in the future. Regular school attendance is an important part of your child's success in school and teaches children the importance of education. We promise to do our best to make sure that each child is successful at school, but we need your help in getting your child to school each day.

Classes begin promptly at 7:45am, and your child is expected to arrive early enough to be in his or her seat by or before 7:45am. At this time, teachers are ready to begin giving important instructional time as well as directions regarding activities for the day.

Please be aware of the Knox County Schools attendance policy when your child must be absent from school. In order for an absence to be excused, you must provide a written excuse in the form of either a medical note or a parent note (a hand-written note explaining the reason for missing school). Excuse notes are to be turned in to your child's teacher within 5 days of the absence. You are allowed 10 parent notes per school year. An unexcused absence is when no note is turned in for an absence from school. **Please note that a phone call to the office or your child's teacher does not excuse an absence – you must send a note!** Excessive unexcused absences from school could result in consequences at Juvenile Court.

The following conditions are considered "excused" absences:

1. Personal Illness
2. Illness in the family temporarily requiring help from the child
3. Death in the family
4. Recognized religious holidays regularly observed by persons of the student's faith
5. Verifiable family emergency.

How else can your social worker help?

- Resources for clothing, housing, and social/mental health services
- Home visits: assist parents in understanding school policies & procedures & creating environments conducive for study
- Assist in overcoming obstacles related to school attendance and achievement
- Coordination of community agency referrals

We need to work together to ensure that your child receives the best education possible. If you have questions or concerns regarding your child's attendance record or assistance with community resources, please feel free to contact me at the email address provided below. Thank you!

Sincerely,

Erin Smith, Social Worker

erin.smith3@knoxschools.org

**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.



Halls Elementary School



7502 ANDERSONVILLE PIKE • KNOXVILLE, TN 37938

(865) 922-7445 • FAX (865) 925-7409

HALLSES.KNOXSCHOOLS.ORG

JAMEY ROMIG,
PRINCIPAL

NATHAN LYNN,
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 _____

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)



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
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
airway disease | | Cerebral palsy | | Heart defects | | Stomach problems | |
| ____ Requires inhaler
(Please provide school) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Crohn's Disease | | Hemophilia | | Swallowing problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies: | | Cystic fibrosis | | Migraine headache | | Tracheotomy | |
| ____ Bee stings | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Diabetes | | Muscular dystrophy | | Traumatic Brain
Syndrome | |
| ____ Food: _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ____ Latex | | | | Spina bifida | | Traumatic spinal injury | |
| ____ Requires Epi-pen (please provide school) | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | Urinary problems | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | |
| | | | | <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 _____



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: _____



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
------------------------------------------	--------------------------------	---------------------

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"/>
3. What language do people usually speak in this child's home?	If yes, what language?
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.



HEALTH SERVICES PHYSICAL EXAMINATION AND IMMUNIZATION INFORMATION

Enrollment Requirements

Every student who enters a Knox County school for the first time or who is re-entering after being in another system must provide the following information.

Students entering school for the first time must provide:

1. A completed *Tennessee Department of Health, Certificate of Immunization*. A copy may be obtained from your physician or the Knox County Health Department. A student **CANNOT** be enrolled without a completed *Tennessee Department of Health Certificate of Immunization*.
2. A physical examination completed on the *Tennessee Department of Health, Certificate of Immunization* by a medical provider and dated within 12 months prior to the date entering a Knox County School. Students may be enrolled without this information, but must present it to the school within 30 calendar days or risk dismissal.
3. Birth Certificate

Students entering from another public or private system must provide:

1. A completed *Tennessee Department of Health, Certificate of Immunization* completed by your physician or the Knox County Health Department.
2. A physical examination completed by a medical provider and dated within 12 months prior to the date entering a Knox County School. A student may be enrolled without this information but must present it to the school within 30 calendar days or risk dismissal. The completed physical exam may be attached to the *Tennessee Department of Health, Certificate of Immunization*.

Note: Knox County Preschool and Knox County Head Start physical examinations are acceptable.

Immunization Exemptions:

Medical: Healthcare providers must indicate which specific vaccines are medically exempted (because of risk of harm) on the new form. Other vaccines are required.

Religious: Requires only a signed statement by the parent/guardian that vaccinations conflict with their religious tenets or practices. If documentation of a physical examination is required, it must be noted by the health care provider on the *Tennessee Department of Health, Certificate of Immunization*. In that case, the provider may explain the absence of immunization by checking that the parent has obtained a religious exemption.

Additional Information

Parents may contact the immunization clinic at the Knox County Health Department at (865) 215-5071 between 8:00 a.m. and 3:30 p.m. weekdays for students requiring immunizations.

KNOX COUNTY SCHOOLS
ANDREW JOHNSON BUILDING



HEALTH SERVICES
**ENROLLMENT REQUIREMENTS
PARENT LETTER**

Dear Parent:

Every student who enters the Knox County School System for the first time or who is reentering after being in another school system must provide the school with the following information:

Students entering school Pre-school – Grade 12 for the first time must provide:

Proof of up-to-date immunizations and a physical examination on a Tennessee School Immunization Certificate completed by a medical provider. The form may be obtained from a medical provider or the Health Department.

Students who will be entering school must provide proof of a physical exam completed by a medical provider. Students entering pre-school or kindergarten must have a physical exam that has been completed within the past year (12-month period) prior to entering school.

Physical examinations contained in records from students transferring from other school systems may be accepted if state guidelines are met.

Students/parents may contact the immunization clinic at the Health Department (215-5000) any weekday to obtain information regarding immunization certificates.

No student will be enrolled or allowed to attend school without a completed Tennessee School Immunization Certificate.

For further information or questions, you may call Health Services at 594-3735.

KNOX COUNTY SCHOOLS
ANDREW JOHNSON BUILDING

Bob Thomas, Superintendent



Dear Parent/Guardian:

The Tennessee Department of Health has specific immunization requirements for school entry. All vaccinations must be documented on the Tennessee Immunization certificate prior to enrolling in Pre-school, Kindergarten, and seventh grade or as a new student entering Knox County Schools. This certificate is available from your medical provider or local health department. The immunization requirements are:

PRE-SCHOOL REQUIREMENTS:

- DTaP or DT
- Hepatitis B (HBV)
- Poliomyelitis (IPV or OPV)
- H.influenzae (HiB): **age younger than 5 years only**
- Varicella (Chickenpox)
- Measles Mumps Rubella (MMR)
- Pnuemococcal (PCV): **age younger than 5 years only**
- Hepatitis A

KINDERGARTEN REQUIREMENTS:

- DTaP or DT
- Polio (IPV or OPV): **(final dose on or after the 4th birthday)**
- Measles, Mumps, Rubella **(2 doses of each, usually given together as MMR)**
- Varicella (Chickenpox): **2 doses or history of disease**
- Hepatitis B (HBV)
- Hepatitis A **(2 doses)**

SEVENTH GRADE REQUIREMENTS:

- Tetanus-diphtheria-pertussis booster (Tdap)
- Verification of immunity to varicella **(2 doses or history of disease)**

NEW STUDENT REQUIREMENTS:

- DTaP or DT
- Hepatitis B (HBV)
- Polio (IPV or OPV): **final dose on or after the 4th birthday**
- Measles, Mumps, Rubella (MMR)
- Varicella (Chickenpox): **2 doses or history of disease**

Children with medical exemptions must provide documentation from their medical provider. Religious exemptions require a signed statement from the parent/guardian that vaccination (s) conflict with their religious tenets or practices.

For additional information, please contact the Knox County Health Department at (865) 215-5150 or Knox County Schools Health Services at (865) 594-3735.