



HARDIN VALLEY ACADEMY
11345 HARDIN VALLEY ROAD KNOXVILLE, TN 37932
PHONE: 865-690-9690 FAX: 865-539-5439
HVA.REGISTRATION@KNOXSCHOOLS.ORG

DOCUMENTS REQUIRED FOR ENROLLMENT

New Student Enrollment Forms (included in packet)

- KCS New Student Enrollment Forms (Enrollment Form, Medical Profile, Guardianship Form)
- Records Request
- Home Language Survey
- Tennessee Parent Occupational Survey
- Student Media Release
- Technology Device Agreement
- Special Education Services Available Through Knox County Schools Form (if applicable)

Proof of Residence

- Current utility bill (gas, water, or electric bill) OR a lease agreement or property deed in the legal guardian's name.
- If utilities and/or lease is under someone else's name, they need to provide a current bill and a notarized letter confirming the parent/guardian and children reside at that address.

Proof of Birth

Birth Certificate or Passport

Proof of Custody/Guardianship

If the student lives with anyone other than both natural parents listed on the birth certificate, a copy of final legal documents (divorce decree, parenting plan, court documentation) that indicates who has primary residential custody of the student must be provided.

Immunization Records

Must be documented on a Tennessee form (contact Knox County Health Department if records were issued from another state – 865-215-5950); **students cannot begin school without the TN Certificate of Immunization form.**

Recent Physical Examination

At the time of enrollment or within 30 days of enrollment, you must provide proof of a recent physical examination that has been completed within the last twelve months.

Withdrawal documents from the last school attended

- Student withdrawal form that includes transfer grades
- Unofficial transcript
- Attendance and discipline records
- For Summer enrollments, please provide a copy of the last report card and the planned schedule.

NOTE: Hardin Valley Academy will request official copies of all records once the student is enrolled.

Complete enrollment packets must be submitted in person by the student's parent or guardian.

**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.

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"/> ADD/ADHD | <input type="checkbox"/> <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> <input type="checkbox"/> Shunts/hydrocephalus |
| <input type="checkbox"/> Amputation(s) | <input type="checkbox"/> <input type="checkbox"/> Celiac disease | <input type="checkbox"/> <input type="checkbox"/> "G" / "J" feeding tubes | <input type="checkbox"/> <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> <input type="checkbox"/> Asthma/reactive airway disease
____ Requires inhaler (Please provide school) | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> <input type="checkbox"/> Heart defects | <input type="checkbox"/> <input type="checkbox"/> Stomach problems |
| | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> <input type="checkbox"/> Swallowing problems |
| <input type="checkbox"/> <input type="checkbox"/> Allergies:
____ Bee stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> <input type="checkbox"/> Migraine headache | <input type="checkbox"/> <input type="checkbox"/> Tracheotomy |
| ____ Food: _____ | | <input type="checkbox"/> <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> <input type="checkbox"/> Traumatic Brain Syndrome |
| ____ Latex | | <input type="checkbox"/> <input type="checkbox"/> Spina bifida | <input type="checkbox"/> <input type="checkbox"/> Traumatic spinal injury |
| ____ Requires Epi-pen (please provide school) | | <input type="checkbox"/> <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> <input type="checkbox"/> Urinary problems |
| | | <input type="checkbox"/> <input type="checkbox"/> Sensitivity to light | <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 _____



GUARDIANSHIP CONFIRMATION FORM

What is your relationship to the student? Parent ____ Guardian ____ Foster Parent ____

For parent(s) enrolling students, what is the marriage status of the student's parents?

Married ____ Separated ____ Divorced ____ Widowed ____ Never Married ____

Is the student subject to a parenting plan or court order?

Yes ____ (a copy of the court document is required to be submitted to the school)
Date copy submitted _____

No ____

Are there any protection orders in place?

Yes ____ (a copy of the court document is required to be submitted to the school)
Date copy submitted _____

No ____

I, _____, the parent/guardian of the student named above, declare that
(printed name)
the above information is true and correct.

(Signature of Parent/Guardian)

(Date)



KNOX COUNTY SCHOOLS Home Language Survey

The Tennessee Department of Education requires *all* schools to identify the language of every student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only **ONE TIME** at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

Student Information

First Name _____ Middle Name _____ Last Name _____ M Gender F

Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (grades K-12) _____

Date first entered the United States _____

THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.
 This information gives us insight into the knowledge and skills your child is bringing to our schools.
 This information may enable the district to receive additional federal funding to provide support for your child

School Information

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

Questions for Parents/Guardians

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

Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date _____

Parent/Guardian First & Last Name _____

Student First Name _____

Student Last Name _____

School Name _____

Student Grade _____

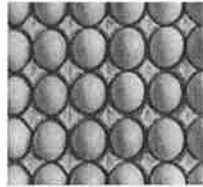
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- No
- Yes. **Check all that apply and list the total number of months worked:**



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

Total Months Worked: _____



Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



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

Total Months Worked: _____



Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



Forestry (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



Commercial Fishing & Processing (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

- No
- Yes. **How long have you resided in your current address?**
 _____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address _____

Apt # _____

City _____

State _____

Zip Code _____

Telephone Number _____

Best Day of Week & Time of Day to Call _____

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID: _____

Enrollment Date: _____

District ID: _____



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: _____



Technology Device Agreement 2023/2024

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 agree to not add stickers or other personal markings directly to the device.
- 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 to the terms of the Technology Device Agreement 2023/2024

Student Name: _____ **Grade:** _____

Student ID: _____ **School Name:** _____

Parent Signature: _____ **Date:** _____

HARDIN VALLEY ACADEMY



OFFICIAL REQUEST FOR STUDENT RECORDS

Student's Legal Name: _____ Birth Date: _____

Parent or Guardian's Name: _____

Previous School Name: _____

Name and Email Address of Registrar: _____

Address: _____ Phone Number: _____

_____ Fax Number: _____

The student listed has enrolled at Hardin Valley Academy. Please forward the following records to:

Erica Ford

erica.ford@knoxschools.org

fax: 865-539-5439

- Official Transcript
- Test Scores
- Transfer Grades
- Attendance and Disciplinary Records
- Special Education Records
- 504 Records

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)