



SCHOOL YEAR
2023-24

Students Enrolling at Hardin Valley Academy Must Present the Following Items:

Please scan all required documents and email them directly to the HVA Registration Office (email address is below). Please submit the entire enrollment packet and all required documents at one time.

- Student Data Profile Sheet** (also submit the Home Language Survey, Student Medical Profile, and Special Education Available through Knox County Schools Forms)
- Birth Certificate or Passport (must contain certificate number)**
- Guardianship: Legal Guardianship or Custody Documents and KCS Guardianship Confirmation Form** *No documentation needed if child lives with both natural parents (For more information, please contact the Knox County Juvenile Court 865-215-6400 or Knox County Schools Enrollment Supervisor: Brian Hartsell 865-594-1502)
- Proof of Residence:** You must live in HVA school zone to enroll (Families can use the KCS school zone search tool to find their child's zoned school). Please fill out the Proof of Residence Form and provide a copy of one of the following:
 - a) Utility Bill
 - b) Lease Agreement
 - c) In cases where the utilities and/or lease agreement is in the name of a person other than the parent/guardian, the person listed must provide the utility bill and/or the lease agreement and also must provide a notarized letter stating that the parent/guardian and children are living at that address
- Tennessee Certificate of Immunization** (Please contact the Knox County Health Department 865-215-5950 if the records are from another state)
- Proof of Physical Exam within the last calendar year; must provide to school within 30 days of enrollment.**
- For Proper Placement of Student, Parent(s)/Guardian(s) MUST provide:**
 - a) Unofficial Transcript of Grades from previous school(s)
An unofficial copy will suffice. HVA will request official records after enrollment
 - b) Withdrawal sheet with withdrawal grades listed. If a student is enrolling during the summer months, a copy of the last report card must be provided
 - c) Name, address, and phone number of the previous school
 - d) If currently receiving special services: latest IEP, 504, psychological, and/or other support documents

HARDIN VALLEY ACADEMY ENROLLMENT SERVICES

OFFICE: 865-690-9690 FAX: 865-539-5439

hva.registration@knoxschools.org

Visit us on the web at: <https://www.knoxschools.org/hardinvalley>

**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: _____
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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.

Student Guardians (Continued)

Student Name: _____
Last Name First Name Middle Name

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.*

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

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 st 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	Today's Date: <u> / /20 </u> (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



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





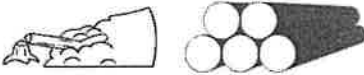
Student Last Name

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>Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation <input type="checkbox"/></p> 	<p>Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc. <input type="checkbox"/></p> 	<p>Dairy/Cattle Raising: feeding, milking, rounding up. <input type="checkbox"/></p> 
<p>Nursery/Greenhouse: planting, potting, pruning, watering, harvesting <input type="checkbox"/></p> 	<p>Forestry: soil preparation, planting, cutting trees; does not include landscaping. <input type="checkbox"/></p> 	<p>Other: 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 above, 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" responses to Questions 1 and 2 to your district migrant liaison. If the OS has not answered "Yes" to Question 2, but there are other signs that indicate the family may qualify, please submit them to your district migrant liaison. The District migrant liaison will submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: ldr@tn-mep.net

Student State ID:	Enrollment Date:	District ID:
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GUARDIANSHIP

NAME: _____ **GRADE:** _____ **DATE:** _____
(please print)

No documentation is needed if child lives with both natural parents.

I, _____ (print name), the parent of the student listed above, declare that the above student lives with both natural parents. If this changes, I will notify the school immediately.

Signature of Parent

Date

Most other arrangements will need documentation signed by the judge with the docket number if:

- a. Child lives with a divorced parent who was originally assigned custody, attach a copy.
- b. Child lives with court appointed guardian(s), attach a copy. (Juvenile Court 865-215-6400).
- c. Child lives with recently changed custodial parent or joint custodial parents, attach letter of approval from Mr. Hartsell's office (Knox County Schools, 8650594-1506).

I, _____ (print name), the legal guardian of the student listed above, declare that the above student lives with the appropriately assigned guardian.

Signature of Guardian

Date

Knox County Schools
PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

School student is 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. Past Due bills or Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

- | | |
|--|---|
| <input type="checkbox"/> Deed/Lease/Rental Agreement | <input type="checkbox"/> Internal Revenue Service W-2 |
| <input type="checkbox"/> Verification of Social Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Utility Bill (Electric) | |

If proof of residence is provided by a notarized document from the homeowner or person responsible for lease/rent or providing housing, please list the person's name and address. Also, a copy of owner's utility (etc.) bill is required.

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 residence changes, I will notify the school within two weeks.

Signature of Parent / Guardian

Date _____

School official's signature

Date _____

Guidance: Proof of Residence



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:** _____