

Karns Elementary School

Kindergarten Registration Information

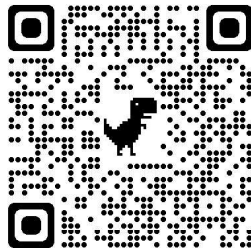
Please Complete each form in this Registration Packet:

- ☐ New Student Enrollment (front and back)
- ☐ Proof of Residence for School Enrollment
- ☐ Guardianship Confirmation Form
- ☐ Personal Data Questionnaire
- ☐ Tennessee Parent Occupational Survey
- ☐ Home Language Survey
- ☐ Student Medical Profile
- ☐ Special Education Form (This form is to ensure you understand that Knox County has services available in the event your child needs them.)
- ☐ Student Media Release

Required Documents:

- ☐ Birth Certificate (Bring original state certified copy - child must be Age 5 by August 15)
- ☐ State of Tennessee Immunization Record (complete K-6th Grade)
- ☐ Proof of Physical (Dated within 12 months prior to entering a Knox County School)
- ☐ Proof of Residence (Recent utility bill or current lease/rental agreement in the parent or guardian's name. If you are living with someone, a notarized letter AND their proof of residence are required.)
- ☐ Parent/Guardian Driver's license
- ☐ Legal Documents (if applicable)

Scan the QR code below to check your zoned school.



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: _____

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: _____

Contact: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

*Primary Phone #: _____

*Primary Phone #: _____

Emergency #: _____

Emergency #: _____

Employer: _____

Employer: _____

Work #: _____

Work #: _____

Other #: _____

Other #: _____

*Cell: _____

*Cell: _____

Primary E-mail: _____

Primary E-mail: _____

Alternate 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 _____
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Name _____	Phone Numbers _____
------------	---------------------

Name _____	Phone Numbers _____
------------	---------------------

Name _____	Phone Numbers _____
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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 _____

Karns Elementary School

Guardianship Confirmation Form

Student Name _____ Date _____

What is your relationship to the student?

____ Parent ____ Guardian ____ Foster Parent

1. If you are the parent (s), are you legally married to the child's other parent?
____ Married ____ Separated ____ Divorced ____ Never Married
2. If unmarried did the father sign the voluntary acknowledgment of paternity? (if yes, please supply a copy to the school)
____ yes ____ no
3. Is the child subject to a parenting plan? (if yes, please supply a copy to the school)
____ yes ____ no
4. Are there any protection orders in place? (if yes, please supply a copy to the school)
____ yes ____ no
5. Are you sharing your residence with someone? (grandparents, in-laws, etc.)
____ yes ____ no
6. Is your current residence
____ Temporary ____ Permanent

I, _____ (print name), the parent/guardian of the student named about; declare the above information is correct.

Signature : _____ Date: _____

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:

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation


☐

Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.


☐

Dairy/Cattle Raising: feeding, milking, rounding up.


☐

Nursery/Greenhouse: planting, potting, pruning, watering, harvesting


☐

Forestry: soil preparation, planting, cutting trees; does not include landscaping.


☐

Other: Any other agriculture or fishing work, please list here:

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. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID:

Enrollment Date:

District ID:



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	<div style="background-color: yellow; padding: 2px; text-align: center;"> THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS. </div> <p style="font-size: small; margin-top: 0;">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>		

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 the student learned to speak?	Has this child ever received ELL (ESL) classes in another school? <div style="text-align: center;"> Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/> </div>
2. What language does the student 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? <div style="text-align: center;"> Y <input type="checkbox"/> N <input type="checkbox"/> </div> 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: <div style="font-size: 1.5em; font-weight: bold;">X</div>	<div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> / /20 Today's Date: (mm/dd/yyyy) </div>

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

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 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: _____



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 Pre-School Immunization Certificate or a Tennessee School Immunization Certificate completed by a medical provider. The form may be obtained from a medical provider, the Health Department or any Knox County School.

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 Pre-School / School Immunization Certificate.

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