

## **WEST HIGH ENROLLMENT CHECKLIST**

**If you are coming from a KNOX COUNTY SCHOOL in DISTRICT:**

### **NEW STUDENT ENROLLMENT FORM**

- Registration forms available in the GUIDANCE office or
- Can download forms at KNOX COUNTY SCHOOLS REGISTRATION ENROLLMENT CI 276 (New Student Enrollment), CI 277 (Medical Profile), AD 109 (Proof of Residence), PP 155 (Student Support Service) and Occupational Survey

### **PROOF OF RESIDENCY OR TRANSFER LETTER**

- If you are zoned for WEST HS, you will need to provide proof of residency. Acceptable proof includes the following: most recent KUB bill or a copy of your lease agreement
- If you are **NOT** zoned for WEST HS and are receiving a **TRANSFER, you need to provide a copy of your TRANSFER letter and fill out registration packet.**

**If you are coming from a school OUT of the KNOX COUNTY SCHOOL DISTRICT:**

### **NEW STUDENT ENROLLMENT FORM**

- Registration forms available in the Guidance office or
- Can download forms at KNOX COUNTY SCHOOLS REGISTRATION ENROLLMENT CI 276 (New Student Enrollment), CI 277 (Medical Profile), AD 109 (Proof of Residence), PP 155 (Student Support Service) and Occupational Survey

### **PROOF OF RESIDENCY OR TRANSFER LETTER**

- If you are zoned for WEST HS, you will need to provide proof of residency. Acceptable proof includes the following: most recent KUB bill or a copy of your lease agreement
- If you are **NOT** zoned for WEST HS and are receiving a **TRANSFER, you need to provide a copy of your TRANSFER letter and fill out a registration packet.**

### **GUARDIANSHIP/DIVORCE PAPERS** if applicable

**IMMUNIZATION RECORD** – Immunizations must be recorded and signed on an official KNOX COUNTY form which can be obtained by the health dept. or primary physician office.

### **BIRTH CERTIFICATE COPY**

**PHYSICAL EXAM** - A current copy of a physical must be on file WITHIN 30 DAYS of students first day of schools. Physicals must not be more than 1 year old.

**\*\*\* Before we can enroll a student in our school system and create a schedule, we will need to receive communication from their previous school with their records including an official transcript \*\*\***

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

### 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"/>
<b>Gender</b>				
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	<b>THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.</b> 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	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 <sup>st</sup> qualify for ELL? 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?	
Parent/Guardian Signature:  X	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?**

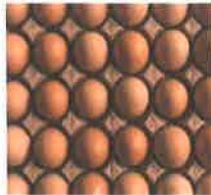
☐ No

☐ 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

## 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  
WEST HIGH SCHOOL

**GUARDIANSHIP CONFIRMATION FORM**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

1) What is your relationship to the student?    ☐ Parent    ☐ Guardian    ☐ Foster Parent

2) If you are the parent, what is your marital status in regards to your child's other parent?

☐ Married    ☐ Separated    ☐ Divorced    ☐ 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)

☐ No

Copy Submitted:  
Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

4) Are there any protection orders in place?

☐ Yes (a copy is required to be submitted to the school)

☐ No

Copy Submitted:  
Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

I, \_\_\_\_\_ (print name), the parent/legal guardian of the student listed above, declare that the student lives with the appropriate parent/guardian and that the information provided above is accurate. If the status of the above child's custody changes I will notify the school immediately.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
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"/> 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 \_\_\_\_\_





To: Parents and/or Guardians of Students Who Are Entering or Withdrawing From Knox County Schools

From: Student Supports

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 (2/21)