

# Please include a copy of:

- birth certificate
- proof of residence (electric bill, lease agreement, closing documents, or etc.)
- custodial paperwork if applicable
- immunization records- **MUST** be transferred to TN form if from out of state
- unofficial transcript from previous school(s)

## Check Sheet for Registration

- \_\_\_\_\_ New Student Enrollment Form
- \_\_\_\_\_ Copy of Proof of Birth
- \_\_\_\_\_ Proof of Residence
- \_\_\_\_\_ Verification of School Zone
- \_\_\_\_\_ Guardianship
- \_\_\_\_\_ Official Tennessee Immunization Certificate
- \_\_\_\_\_ Proof of Physical Exam (due within 30 days of enrollment)
- \_\_\_\_\_ Special Education Services Acknowledgment
- \_\_\_\_\_ Refusal of Access to Electronic Media
- \_\_\_\_\_ Request for Records
- \_\_\_\_\_ Student Rulebook and Harassment Verification
- \_\_\_\_\_ Knox County Student Media Release
- \_\_\_\_\_ Migrant Education Program Occupational Survey
- \_\_\_\_\_ Student Medical Profile
- \_\_\_\_\_ Medical Release
- \_\_\_\_\_ Student 18 or Older Authorization Release
- \_\_\_\_\_ FANS Application
- \_\_\_\_\_ Extracurricular Activity Contract
- \_\_\_\_\_ Knox County Home Language Survey

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**  
**NEW STUDENT ENROLLMENT**

FOR OFFICE USE ONLY	
Student ID	_____
Homeroom	_____
School	_____
Bus Number	_____

Enrollment Date: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_  

Last Name
First Name
Middle Name

Social Security (optional) OR  
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.**

<p>Main Contact: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>*Primary Phone #: _____</p> <p>Emergency #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Other #: _____</p> <p>*Cell: _____</p> <p>Primary E-mail: _____</p> <p>Alternate E-mail: _____</p>	<p>Contact: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>*Primary Phone #: _____</p> <p>Emergency #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Other #: _____</p> <p>*Cell: _____</p> <p>Primary E-mail: _____</p> <p>Alternate E-mail: _____</p>
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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: \_\_\_\_\_

*\*This is the telephone number that receives automated telephone calls.*

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.*

Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\*Primary Phone #: \_\_\_\_\_  
Emergency #: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Other #: \_\_\_\_\_  
\*Cell: \_\_\_\_\_  
Primary E-mail: \_\_\_\_\_  
Alternate E-mail: \_\_\_\_\_

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**  
**REFUSAL OF ACCESS TO ELECTRONIC MEDIA**

The Knox County Schools uses various forms of electronic media for instructional purposes and makes electronic media accessible to students to assist them in their academic pursuits. To govern the use of these important instructional assets students and staff are expected to adhere to the Knox County Schools' Guidelines for Acceptable Use of Electronic Media.

I have read the terms of Knox County Schools' Guidelines for Acceptable Use of Electronic Media. I understand that this access is designed for educational purposes.

As the parent or guardian of the below identified student, I hereby **WITHHOLD PERMISSION** to access electronic media except for directly supervised educational and assessment activities.

Student Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





## 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:

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Parent/legal guardian:

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(print)

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(signature)

Date: \_\_\_\_\_

KNOX COUNTY SCHOOLS

MEDICAL RELEASE

This optional form may be used to record parental permission for medical and surgical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

Grade: \_\_\_\_\_

Print Student's Name \_\_\_\_\_

hereby grant to the Knox County Board of Education, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Knox County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

STATE OF TENNESSEE, COUNTY OF \_\_\_\_\_

SUBSCRIBED and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires \_\_\_\_\_

Notary \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

If not covered by medical insurance, please check box.

Student's Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father \_\_\_\_\_

Home Phone \_\_\_\_\_

Business \_\_\_\_\_

Business Phone \_\_\_\_\_

Mother \_\_\_\_\_

Home Phone \_\_\_\_\_

Business \_\_\_\_\_

Business Phone \_\_\_\_\_

Family Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

St \_\_\_\_\_

Allergies or Special Conditions \_\_\_\_\_

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition \_\_\_\_\_

Copy to the office \_\_\_\_\_

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	<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

/ /20 Enrollment Date in New School	Name of Former School and Town	Last Grade attended
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### 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 <sup>st</sup> 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	/ /20 Today's Date: (mm/dd/yyyy)
(Empty space for signature)	(Empty space for date)

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

## Encuesta sobre el idioma hablado en casa

El Departamento de Educación de Tennessee requiere que todas las escuelas identifiquen el lenguaje con el que cada niño se inscribió en la escuela. Esto se logra con la encuesta sobre el idioma hablado en casa (HLS). Este documento solo se debe completar UNA VEZ en el momento de la inscripción a la escuela. Si el estudiante está siendo transferido, la escuela debe tratar de obtener el HLS original.

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.

### Información del Estudiante

Primer Nombre	Segundo Nombre	Apellido	Género
			M <input type="checkbox"/> F <input type="checkbox"/>

País de nacimiento	Fecha de nacimiento (mm/dd/yyyy)	Primer día de inscripción en CUALQUIER ESCUELA DE U.S. (grados K-12)
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Primer día de ingreso a los Estados Unidos	<p><b>ESTA INFORMACION NO ES USADA PARA IDENTIFICAR EL ESTATUS MIGRATORIO DEL ESTUDIANTE</b>          Esta información nos permite saber el nivel de conocimiento y las capacidades con las que su hijo llega a la escuela.          Esta información puede permitir que el distrito reciba fondos federales adicionales para proveer apoyo a su hijo.</p>
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### Información de la escuela

Día de inscripción en la nueva escuela	Nombre de la escuela y ciudad donde asistía	Último año cursado
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### Preguntas para Padres/Guardian

1. ¿Cuál fue el primer idioma que este niño aprendió a hablar?	¿Ha recibido este niño clases de ELL (ESL) en otra escuela? Sí <input type="checkbox"/> N <input type="checkbox"/> NO SE <input type="checkbox"/> ¿Sí, si en que año fue esto?
2. ¿Qué idioma habla este niño frecuentemente cuando está fuera de la escuela?	¿Necesita usted el servicio de interprete/traductor en las reuniones de padres-profesores? Si <input type="checkbox"/> N <input type="checkbox"/> ¿Sí, si que idioma?
3. ¿Qué idioma se habla usualmente en la casa de este niño?	
Firma del Padre/Guardian:	
	Fecha de hoy: (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.

# *Farragut Connection*



## **NEW STUDENT INFORMATION FOR OUR MENTORING PROGRAM**

FANS (Freshmen and New Students) will place you with a mentor.  
We need the following information so we can contact you.

Your Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Your Cell Number: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_

Do you text? \_\_\_\_\_

Which would you prefer? Circle below:

Phone Call

E-Mail

Text

**A MENTOR WILL BE ASSIGNED UPON YOU**  
**COMPLETING RETURNING THIS FORM**  
THANK YOU!!

WE WILL BE IN TOUCH BEFORE SCHOOL STARTS

*Connecting to make a Difference*

**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):

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> ADD/ADHD                          | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Down's Syndrome         | <input type="checkbox"/> Shunts/hydrocephalus     |
| <input type="checkbox"/> Amputation(s)                     | <input type="checkbox"/> Celiac disease       | <input type="checkbox"/> "G" / "J" feeding tubes | <input type="checkbox"/> Skin problems            |
| <input type="checkbox"/> Asthma/reactive<br>airway disease | <input type="checkbox"/> Cerebral palsy       | <input type="checkbox"/> Heart defects           | <input type="checkbox"/> Stomach problems         |
| <input type="checkbox"/> Requires inhaler                  | <input type="checkbox"/> Crohn's Disease      | <input type="checkbox"/> Hemophilia              | <input type="checkbox"/> Swallowing problems      |
| <input type="checkbox"/> Allergies:                        | <input type="checkbox"/> Cystic fibrosis      | <input type="checkbox"/> Migraine headache       | <input type="checkbox"/> Tracheotomy              |
| <input type="checkbox"/> Bee stings                        | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Muscular dystrophy      | <input type="checkbox"/> Traumatic Brain Syndrome |
| <input type="checkbox"/> Food: _____                       | <input type="checkbox"/> Spina bifida         | <input type="checkbox"/> Orthopedic problems     | <input type="checkbox"/> Traumatic spinal injury  |
| <input type="checkbox"/> Latex                             | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Urinary problems        | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Requires Epi-pen                  | <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 the student get along well with other people?  
\_\_\_\_ Yes \_\_\_\_ No. If no, please explain: \_\_\_\_\_

Family physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the student \_\_\_\_\_

# Farragut High School

## Extracurricular Activity Contract

Extracurricular activities have long been a part of the high school experience. Farragut High School has a rich tradition in athletics, the arts, student government, and many other extracurricular activities. This participation that represents our school and community brings much pride and recognition to Farragut. Our students are the face of Farragut and we want to represent the Farragut High School family in the best manner possible. Participation in extracurricular activities is a privilege not a right and with privilege comes responsibility. The same high standards which are expected in the classroom are also expected in the community at large.

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If any student has been charged with a misdemeanor, he/she is suspended from all extracurricular activities until a meeting is held with the school, parents, student and the administration team. After hearing the particulars of each incident, the Administration will decide on the length of suspension.

Any student that is charged with a felony shall not participate in any activities until the matter is held in court or charges are dismissed. Any student who is found guilty of the charges will be denied participation in any extracurricular activity at Farragut High School.

All students involved in extracurricular activities are required to read and acknowledge these rules. Signing this contract acknowledges that you have read and understand the responsibilities of the students participating in extracurricular activities at Farragut High School.

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Name (Print your Name)

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Signature (Student)

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Signature (Parent)

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)



**Farragut High School  
Office of Student Records**

**STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION  
FOR STUDENTS 18 YEARS OF AGE OR OLDER**

\_\_\_\_\_  
Date of Birth

Date \_\_\_\_\_ Class of \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, hereby give my  
*(Student name)* *(student ID number)*

parents or legal guardians, \_\_\_\_\_, the authority to  
*(name of parents or legal guardian)*

have access to all of my student record information, including academic and medical  
information. I also understand that if for any reason I decide to cancel this release, I must do so  
in writing.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Return completed form to : Farragut High School  
Guidance Office  
11237 Kingston Pike  
Knoxville, TN 37934  
865-671-7198 (fax)

\*\*\*Failure to return this form will prohibit parents from receiving student information.

*Farragut High School*

11237 Kingston Pike  
Knoxville, TN 37934

**Guidance Office**  
Phone (865) 671-7111  
Fax (865) 671-7198

TO: \_\_\_\_\_ (Previous school name and address)

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

Has student ever been in a Knox County, Tennessee school? If so, which school last attended? \_\_\_\_\_

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Please send a transcript of all grades and test information, immunization records, physical examination records, athletic eligibility in interscholastic sports, discipline records (if applicable), description of special services or modification (if applicable), and any other facts that might assist us in the best placement of this student who has recently enrolled in our school.

Student Name

Grade

Birth Date

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Thank you,

School Registrar  
Farragut High School

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(Parent or Guardian Signature)

(Date)

According to the Final Regulations-Family Educational Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in the school systems in which the student may intend to enroll, may receive a student's record without written consent or such release.



# 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:
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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:
------------------	-------------------	------------------



# Programa de Educación Migrante en Tennessee – Encuesta de Ocupación

Sus hijos pueden ser elegibles para recibir servicios educativos **GRATUITOS**. Por favor, conteste las siguientes preguntas para determinar si califica y regrese esta encuesta a la escuela.

NOMBRE:	APELLIDO:	FECHA:
NOMBRE DEL PADRE/GUARDIAN:	ESCUELA:	GRADO::

1. ¿En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado?    Sí     No

2. ¿Usted o alguien en su familia trabaja o ha trabajado (en los 3 últimos años) en alguna de las siguientes actividades?    Sí     No

(Indique que actividad)

**Procesamiento/Empaque de**



**alimentos y** Vegetales y carne de res, pollo, cerdo, etc.

**Trabajo de campo / Agricultura**



Sembrar, plantar, pizar, cosechar, empacar, sortear (tomates, fresas, algodón) preparación de la tierra, irrigación, fumigación, etc.

**Lechería / Ganadería**



Ordeñar, alimentar, acorralar, etc.

**Vivero/ Invernadero**



Sembrar, cultivar, plantar flores, plantas, etc.

**Trabajo Forestal**

Sembrar, plantar, cultivar, cosechar árboles, etc.



**Pesca/ Procesamiento de Pescado**



Sortear, empacar, pescado o mariscos, etc.

***Si respondió "sí" a las preguntas anteriores, continúe. De lo contrario, su formulario está completo.***

3. ¿Cuánto tiempo lleva en este condado en Tennessee?

SEMANAS	MESES	AÑOS
---------	-------	------

DOMICILIO	CIUDAD	ESTADO	CODIGO POSTAL
NUMERO DE TELEFONO:			

**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:
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## STUDENT RULEBOOK VERIFICATION

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(please print)

My signature indicates that I have received the Farragut High School Student Handbook which includes the Alcohol and Drug, Attendance, Suspension, Dress Code, Discipline Chart and Smoking Policies. This also indicates that any questions I had about Farragut High School and Knox County policies have been answered and I understand the consequences of not abiding by these rules.

Student Signature: \_\_\_\_\_

## HARASSMENT VERIFICATION

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(please print)

My signature indicates that I have received the Knox County Board of Education Harassment of Students policy. This also indicates that any questions I had about Farragut High School and Knox County policies have been answered and I understand the consequences of not abiding by these rules.

Student  
Signature: \_\_\_\_\_

*Knox County Schools***Guidelines for Acceptable Use of Electronic Media**

*Use of Electronic Media in the Knox County Schools constitutes the acceptance of these guidelines and the user's assent to abide by the terms of use stated herein.*

**I. Statement of Affirmation**

The Internet is a global electronic highway connecting millions of computers and individuals in the fields of education, business, government, the military and a variety of other organizations. This communication information network is being used in schools to educate, inform, and expand resources in much the same way as periodicals, videos, and computer software programs are used.

Knox County Schools' users will participate in projects using the Internet in a directed manner to support curriculum and research activities. They may participate in distance learning programs, ask questions of and consult with experts, communicate with other users, and locate materials to meet educational needs. Users will also be able to access a variety of information including news resources, electronic discussion groups, information databases, the holdings of libraries worldwide, and electronic mail.

The State of Tennessee and the Knox County Board of Education believe that the benefits of having access to the Internet are invaluable for both educators and students. Among the vast resources on the Internet are some materials that are not suitable for viewing in a school environment. It is not appropriate to locate material that is illegal, defamatory, or offensive. Such conduct will lead to the immediate loss of Internet access and may lead to other disciplinary actions.

Users are expected to understand and abide by the guidelines and behaviors set forth by the Knox County Board of Education in its *Guidelines for Acceptable Use of Electronic Media*. The Board makes no warranty, expressed or implied, regarding the use of the Internet. The Board shall accept no liability or legal responsibility for any damage which may arise from the use of the Internet in violation of these guidelines.

**II. Rights and Responsibilities of Users**

All use of the Internet must be in support of education and research and be consistent with the mission statement of Knox County Schools. For educational purposes, users have specific rights and responsibilities which include, but are not limited to the following.

Users can

- examine and use interactive electronic formats.
- examine a broad range of opinions, ideas, and information in the educational process.
- locate, use and exchange information on the Internet.
- retain ownership of their own intellectual works as users of the Internet, consistent with the policies of the Knox County Board of Education.

Users cannot

- use the network for personal commercial or for-profit purposes.
- participate in harassment, discriminatory remarks, or other inappropriate behaviors.
- use the network to access obscene or pornographic material.
- use the network for any illegal activity, including violation of copyright or other contracts.
- damage computer(s), computer systems or computer networks.
- invade the privacy of other network users.
- gain unauthorized access to computer networks, resources or materials.

**III. Network Etiquette**

Network users are expected to abide by accepted rules of network etiquette. These rules include but are not limited to the following.

- Do not reveal your own personal address or phone number or those of other students or colleagues.
- Be polite. Use appropriate language. Do not become abusive in your messages to others. Never use a computer to harm other people. Show consideration and respect for others at all times.
- Do not use a computer to steal. Do not copy software for which you have not paid, use computer resources without authorization, or plagiarize the intellectual property of others.
- Be mindful of the rights of other network users. Do not violate the privacy of other users.
- Do not use the network in any way that would disrupt its operation or that would interfere with another user's computer work.
- Abide by the policies and procedures of each network accessed.
- Keep your password private.
- Be careful when using sarcasm and humor. Without face-to-face communication, a joke may be viewed as criticism.
- Focus on one subject per message.
- Make your subject line as descriptive, yet as short, as possible.
- Keep paragraphs and messages short and to the point.
- Cite all quotes, references, and sources.
- When including a signature at the end of e-mail messages, limit it to four lines.
- Use capital letters only to highlight a word or identify titles or headings. Using all capitals for an entire message has the same effect as verbally shouting.
- Always think about the social consequences of what you do on the network.

# Knox County Board of Education

Descriptor Term:

## Harassment, Intimidation and Bullying

Descriptor Code:

JCADA

Issued Date:

6/08

Rescinds:

Revised:

Knox County Schools prohibits acts of harassment, intimidation and bullying. A safe and courteous environment in school is necessary for students to learn and achieve. Harassment, intimidation or bullying, like other disruptive or violent behaviors, is conduct that disrupts both a student's ability to learn and a school's ability to educate students in a safe and orderly environment; and since students learn by example, administrators, faculty, staff and volunteers should be positive role models in demonstrating appropriate behavior, treating others with civility and respect, and refusing to tolerate harassment, intimidation or bullying.

"Harassment, intimidation or bullying" means any gesture, written on paper or electronically, verbal, physical or psychological act that takes place on school property, at any school-sponsored function or on a school bus and that:

- Is motivated by any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability; or,
- By any other distinguishing characteristic; and,
- A reasonable person should know, under the circumstances, that the act(s) will have the effect of harming an individual or damaging the individual's property, or placing an individual in reasonable fear of harm to his/her person or damage to his/her property; or
- Has the effect of insulting or demeaning any individual or group in such a way as to cause substantial disruption in, or substantial interference with, the orderly operation of the school.
- Acts of harassment, intimidation or bullying may also be a pupil exercising power and control over another pupil, in either isolated incidents (e.g., intimidation, harassment) or patterns of harassing or intimidating behavior (e.g., bullying). This policy for student conduct will be suited to the age level of the students (elementary, middle, or high school). This policy requires all students to adhere to these rules and to be aware of such disciplinary measures as are appropriately assigned for violation of these rules and guidelines.

To promote and foster intergroup awareness, appreciation and understanding by students of the diverse ethnic, racial, and cultural groups represented in the school district, United States, and the world, Knox County Schools shall:

1. Provide on-going professional development to prevent harassment, intimidation and bullying.
2. Implement practices to achieve safer and less violent schools for students, teachers and administrators.
3. Endeavor to ensure that the curriculum does not promote stereotypical views of any group and recognizes the accomplishments and contributions of all peoples.

1 **Consequences (procedural):**  
2

3 The following factors will be considered in determining the appropriate response to students who  
4 commit one or more acts of harassment, intimidation or bullying:  
5

- 6 1. The developmental level and maturity levels of the parties involved;
- 7
- 8 2. The levels of harm as determined by the student's ability to be educated in a safe and  
9 orderly environment;
- 10
- 11 3. The surrounding circumstances;
- 12
- 13 4. The nature of the behavior(s);
- 14
- 15 5. Past incidences or continuing patterns of behavior;
- 16
- 17 6. The relationships between the parties involved; and
- 18
- 19 7. The context in which the alleged incidents occurred. Consequences and appropriate  
20 remedial action for students who commit acts of harassment, intimidation or  
21 bullying may range from behavioral interventions up to and including suspension or  
22 expulsion. The appropriate action will be consistent with local established policy,  
23 case law, Federal and State statutes, and school policies and regulations. Complaints  
24 alleging violations of this policy shall be reported to the principal or his/her  
25 designee.  
26

27 All school employees are required to report alleged violations of this policy to the Principal or  
28 designee. Submission of a written incident report to the principal is required by all district  
29 employees. Oral reports will also be considered official reports. Reports may be made  
30 anonymously, but formal disciplinary action may not be based solely on the basis of an anonymous  
31 report. Consequences for a student found to have falsely accused another as a means of harassment,  
32 intimidation or bullying range from behavioral interventions up to and including suspension or  
33 expulsion, as permitted under policy JCC.  
34

35 **The Director of Schools shall submit an annual report to the Board of Education concerning**  
36 **the number and nature of violations of the Harassment Policy by school and the nature of**  
37 **consequences given to students who violated the policy.**  
38  
39  
40

1 **Legal Reference**  
2

- 3 1. 49-6-1014
- 4 2. 49-6-1016
- 5 3. 49-6-1017
- 6 4. 49-6-1018
- 7 5. 49-6-1019
- 8
- 9



# *Farragut High School*

*Principal  
Ryan J. Siebe*

*Curriculum Principal  
Candace Greer*

*Established 1904  
11237 Kingston Pike, Knoxville, TN 37934  
Phone 865.966.9775  
Fax 865.671.7120*

*Grade Level Principals*

*Kim Gray  
Kellie Ivens  
Anthony Norris  
Dwayne Simmons*

**Students enrolling in Knox County Schools must present an Official Tennessee Immunization Certificate.**

The Knox County Health Department will transfer out of state immunization records onto the Official Tennessee Immunization Certificate free of charge. No appointments are necessary. Listed below is the nearest location to the Farragut area:

Knox County Health Department  
West Clinic  
1028 Old Cedar Bluff Rd  
Knoxville, TN 37923

Phone: 865-215-5950  
Fax #: 865-215-5959

Hours are Monday thru Friday, 8:00 A.M. – 3:30 P.M.

Directions from Farragut: **East on I-40/I-75 to exit 378 Cedar Bluff Rd. Turn left** off the exit onto Cedar Bluff, driving under the interstate. Continue **north on Cedar Bluff for 1.6 miles** and turn **right** beside the Weigel's convenience store onto **Old Cedar Bluff Rd.** The Health Department will be on your **right.**

# Knox County Schools School Nutrition Program

P.O. Box 2188  
Knoxville, Tennessee 37901-2188  
Phone: 865-594-3640 Fax: 865-594-1203

## Free and Reduced Meal Application Information

For questions related to Free and Reduced Meal Applications, please contact Mona Underwood at [mona.underwood@knoxschools.org](mailto:mona.underwood@knoxschools.org) or at 865-594-9563.

New applications will not be accepted until after July 1, 2019 for the 2019-2020 school year. All applications submitted before July 01, 2019 for the 2019-2020 school will drop out of the system, and it will be as if an application has not been submitted. You should always receive a letter of confirmation within a week or two after you submit the meal application. If you do not receive this letter, please call me. This means your application has not been processed.

There are three ways to apply for free or reduced meals:

- Online at [www.lunchapplication.com](http://www.lunchapplication.com) (Please provide student ID number when applying)
- Pick up a paper application at the front office or cafeteria where your child attends and return to the school cafeteria for processing
- Print a copy from the website at [www.knoxschools.org](http://www.knoxschools.org)

**Please Note: Applications that are dated for the current school year in progress are the only ones that will be accepted for processing.**

Meal applications do not automatically roll over from one school year to the next. New applications must be submitted for each school year if you believe your child may be eligible for the meal benefit. **This also includes children who are in foster care and children who receive SNAP benefits.** If applying based on a SNAP benefit case number, you must include the case number on the application. This must be a Tennessee case number. Out of state SNAP benefits case numbers will not be accepted.

Applications may be submitted at any time during the school year, however any negative balance that has accumulated on a student's meal account before an application is approved will be the responsibility of the parent/guardian to pay in full. Negative balances are **not** retroactively removed regardless of what status the new application is approved for.

There is a 30-day grace period for students whose meals were free or reduced at the end of the previous school year. The grace period allows extra time for a parent who applied and was approved for the previous school year to get their application submitted and approved for the new school year. If an application is not submitted and approved by the date the grace period ends, the student will start being charged full price for meals. If an application is submitted before the grace period ends and the status changes based on the new application, the status will change immediately to reflect the new information and status.

If there is only one child in the home who attends a CEP school, no application needs to be submitted. **However, if there are multiple students in one home and some attend a CEP and some attend a Non-CEP school, ALL students will need to be listed on the application.** When an application is submitted based on income, every member of the home needs to be listed. The application is based on number of persons living in the home vs. income in the home. If all members are not listed, it could be the difference between getting approved for free or reduced meals or being denied based on income.

This institution is an equal opportunity provider.

# Knox County Schools

## Programa de Nutrición Escolar

P.O. Box 2188  
Knoxville, Tennessee 37901-2188  
Phone: 865-594-3640 Fax: 865-594-1203

Información de solicitud de comida gratis y precio reducido.

Si tiene preguntas relacionadas con las Solicitudes de comidas gratis y a precio reducido, comuníquese con Mona Underwood en [mona.underwood@knoxschools.org](mailto:mona.underwood@knoxschools.org) o al 865-594-9563.

**No se aceptarán solicitudes nuevas hasta el 01 de julio de 2019 para el año escolar 2019-2020. Todas las solicitudes enviadas antes del 01 de julio de 2019 para la escuela 2019-2020 abandonarán el sistema y será como si no se hubiera enviado una solicitud. Siempre debe recibir una carta de confirmación dentro de una o dos semanas después de enviar la solicitud de comida. Si no recibe esta carta, por favor llámeme. Esto significa que su solicitud no ha sido procesada.**

Tres formas de solicitar comidas gratis o reducidas:

- En línea, a través del sitio: [www.lunchapplication.com](http://www.lunchapplication.com) (proporcione el número de identificación del estudiante cuando realice la solicitud)
- Recoja una solicitud en papel en la oficina o cafetería de la escuela a la que asiste su hijo.
- Imprima una copia del sitio web en [www.knoxschools.org](http://www.knoxschools.org)

**Tenga en cuenta: las solicitudes con fecha del año escolar en curso son las únicas que se aceptarán para ser procesadas.**

Las solicitudes de comidas no se transfieren automáticamente de un año escolar al siguiente. Se deben presentar nuevas solicitudes para cada año escolar, si cree que su hijo puede ser elegible para el beneficio de comida. Esto también incluye a niños que están bajo cuidado temporal (foster care) y niños que reciben beneficios de SNAP. Si la solicitud se basa en un número de caso de beneficio de SNAP, debe incluir el número de caso en la solicitud. Este debe ser un número de caso de Tennessee. Fuera del estado, no se aceptarán números de casos de beneficios de SNAP.

Las solicitudes pueden presentarse en cualquier momento durante el año escolar, sin embargo, cualquier saldo negativo que se haya acumulado en la cuenta de comidas de un estudiante antes de que se apruebe la solicitud, el padre / tutor tendrá la responsabilidad de pagar por completo. Los saldos negativos **no** se eliminan retroactivamente, independientemente del estado para el que se aprueba la nueva aplicación.

Hay un período de gracia de 30 días para los estudiantes cuyas comidas fueron gratis o reducidas al final del año escolar anterior. El período de gracia permite un tiempo adicional para un padre o representante que haya presentado una solicitud, y fué aprobado para el año escolar anterior, para que su solicitud sea presentada y aprobada para el nuevo año escolar. Si la solicitud no se envía y se aprueba antes de la fecha en que finaliza el período de gracia, se le cobrará al estudiante el precio completo de las comidas.

Si sólo hay un niño en el hogar que asiste a una escuela de CEP, no es necesario presentar ninguna solicitud. **Sin embargo, si hay varios estudiantes en un hogar y algunos asisten a un CEP y otros asisten a una escuela que no pertenece al CEP, TODOS los estudiantes deberán estar en la solicitud.** Cuando se presenta una solicitud en función de los ingresos, cada miembro del hogar debe estar en la lista. La aplicación se basa en la cantidad de personas que viven en el hogar y los ingresos en el hogar. Si todos los miembros no están en la lista, podría significar la diferencia entre recibir la aprobación para comidas gratuitas o reducidas, o ser denegado en función de los ingresos.

Esta es una institución que brinda igualdad de oportunidades en sus servicios

## Knox County Schools Nutrition Department

Mona Underwood

P.O. Box 2188

Knoxville, Tennessee 37901-2188

Phone: 865-594-9563 Fax: 865-594-1203

This institution is an equal opportunity provider

Dear Parents,

You can set up an online account to add money to your child's meal account.

The website is [K12paymentcenter.com](http://K12paymentcenter.com)

You will need the student ID number. (Not the serving number) When complete click "save,"

When you first set up the account you will not see a balance on the student's account. Nor will you see the amount of the payment you made. It will upload overnight. Go to the website after 24 hours and you will see all correct information. (You will see the balance and the amount paid toward the account)

Please call Mona Underwood at 865-594-9563 or email at [mona.underwood@knoxschools.org](mailto:mona.underwood@knoxschools.org) if you have any questions.

Thank You,

Mona Underwood

Nutrition Department

This institution is an equal opportunity provider.

# Sistema de Pago en línea para Comidas y Tarifas Escolares

## [www.K12PaymentCenter.com](http://www.K12PaymentCenter.com)

K12PaymentCenter.com es una manera segura, fácil y conveniente de agregar fondos directamente a la cuenta de comida escolar de su hijo (a)

### Beneficios de una Cuenta

- Sistema de pagos rápidos y fáciles para las comidas de su hijo(a) y tarifas escolares
- Deposito a multiples cuentas de estudiantes con un solo pago
- Pague en línea los aranceles escolares, como mercancía, vestimenta, suministros, boletos, anuarios, tarifas de estacionamiento, etc (si su distrito participa en el programa)
- Puede establecer pagos periódicos para depósitos mensuales o semanales.
- Recibir notificaciones por mensaje de texto o e mail cuando se asignan nuevas tarifas escolares a un estudiante.
- El registro es paso a paso y la administración de la cuenta es simple e intuitiva
- Procesamiento del pago seguro
- Su información es confidencial – nosotros no vendemos su información a nadie!
- Acceso a pagos en línea en **facebook**
- Tarifa de \$1.95 por transacción para pagos de comidas escolares
- 4.75% de tarifa de conveniencia para pagos de tarifas relacionadas con la escuela (mercancía, vestimenta, suministros, etc.)
- Ver el saldo de la cuenta de comidas de su hijo (a) en cualquier momento
- Notificaciones automatizadas por correo electrónico o mensaje de texto cuando el saldo de la cuenta de comida de su hijo (a) esta por debajo de la cantidad que usted determine
- Ver 120 días de comidas y tarifas compradas y pagos realizados, así sabe exactamente donde se gasta su dinero



**Comience a Administrar su Cuenta en línea Hoy!**

Para mas información visite [www.K12PaymentCenter.com](http://www.K12PaymentCenter.com). Recuerde, si ya tenia una cuenta, simplemente inicie su sesión con su nombre de usuario y contraseña actuales. Para registrarse en una nueva cuenta, necesitará el número de identificación de estudiante del distrito escolar de su hijo (a). Si no tiene este número, puede solicitarlo en la escuela de su hijo (a).

