

## FREQUENTLY ASKED QUESTIONS

West High School Office hours are 8:00-3:45. **Summer hours are Wednesdays ONLY 9am-12pm.**

West High Website: [knoxschools.org/wesths](http://knoxschools.org/wesths) (Student handbook is available here). Then there is **WEST HIGH SCHOOL NEWS** on Facebook to get more school information, ask questions etc. If interested in getting the weekly newsletter from PTSO emailed to you, please contact [onestwestnewsletter@gmail.com](mailto:onestwestnewsletter@gmail.com) to be added. Also, this year Knox County Schools started using the **PARENT SQUARE** to send messages for everything! Go to Knox County Schools parent square and scan the mobile QR code.

### **FRESHMAN ORIENTATION : FRIDAY, AUGUST 4<sup>TH</sup> 9AM-12PM**

**WESTFEST-** WestFest TBA. Usually the week before school starts. Students can pick up schedules, pay fees, meet faculty, pick up parking passes and learn more information about clubs and sports etc.

**ASPEN family portal** for parents/guardians only – to keep up with your child's grades, attendance and email teachers. This will be set up after your child has been registered and you will be sent an email from Knox County with log in and password.

**Lunch Application – [www.lunchapplication.com](http://www.lunchapplication.com). (pay online link changing this year)**

**Check out procedures** – no check outs after 3pm! Must have a photo ID and be on the students pick up list. **NO PHONE CALLS/EMAILS/FAX DISMISSALS ALLOWED!** If a student needs to leave early for an appointment, they must turn a note into front office from parent/guardian with a phone number, no later than 8:30am to be verified, they sign out and leave.

**Parking Permit** – We have limited parking spaces. These will be sold at WESTFEST at the beginning of year. First come first serve for **SENIORS and JUNIORS ONLY**. You must have a completed parking application (tag #, make, model etc.) which you can get on West HS website or from front office. Also, a VALID Driver License and copy of car insurance. If a student who has a parking permit gets sick, they must go to front office and they will call a parent for permission to leave. **YOU ARE ONLY ALLOWED 3 a SCHOOL YEAR!** Otherwise, someone will need to come sign them out.

**Learners Permit** – Student must be 15 yrs old. They need to be passing more than half their classes and attendance/tardies must be in good standing. Students may go to front office to request SF1010 for permit **BEFORE** you go for test. Please give 24 hours to do. If student qualifies, they will be given a form to take to the DMV. **THIS IS A MUST HAVE** and is only good for 30 days.

**PTSO** – Join our PTSO! Forms are on the WEST website or in front office.

# WEST HIGH ENROLLMENT CHECKLIST

## If you are coming from another KNOX COUNTY SCHOOL:

- **NEW STUDENT ENROLLMENT FORMS** - Registration packets available in the Guidance office or can be downloaded from WEST HS website. Please complete and turn it all in together. You may hand deliver or email (scan only. Photographed support documents CANNOT be accepted as they must be maintained in the student file and are not legible when printed)
- **PROOF OF RESEDENCE OR TRANSFER LETTER** - Proof of residence needed is: a RECENT utility bill, or lease agreement. If you are NOT zoned for West and are on a TRANSFER, you need to bring your TRANSFER LETTER and completed registration packet.
- **GUARDIANSHIP/DIVORCE PAPERS** if applicable. - A copy of the divorce decree, parenting plan, or other legal paper of guardianship **MUST** be present with enrollment.

## If you are coming from OUT of KNOX COUNTY SCHOOL DISTRICT:

- **NEW STUDENT ENROLLMENT FORMS** -Registration packets available in the Guidance office or can be downloaded from WEST HS website. Please complete and turn it all in together. You may hand deliver or email (scan only. Photographed support documents CANNOT be accepted as they must be maintained in the student file and are not legible when printed)
- **PROOF OF RESEDENCE OR TRANSFER LETTER** - Proof of residence needed is: a recent utility bill, or lease agreement. If you are NOT zoned for West and are on a TRANSFER, you need to bring your TRANSFER LETTER and completed registration packet.
- **GUARDIANSHIP/DIVORCE PAPERS** if applicable. - A copy of the divorce decree, parenting plan, or other legal paper of guardianship **MUST** be present with enrollment
- **IMMUNIZATION RECORD** - If you are coming from out of state, you need an **OFFICIAL KNOX COUNTY TN** form from Physician Office or Health Dept.
- **BIRTH CERTIFICATE COPY/PASSPORT**
- **PHYSICAL EXAM** -A current 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 records from 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 \_\_\_\_\_

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

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

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

### Student Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ M  Gender F

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

Date first entered the United States \_\_\_\_\_

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

### School Information

Enrollment Date in New School \_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Name of Former School and Town \_\_\_\_\_ Last Grade attended \_\_\_\_\_

Questions for Parents/Guardians	
1. What is the first language the student learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/> If yes, what year did this student 1 <sup>st</sup> qualify for ELL?
2. What language does the student speak most often outside of school?	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language?
3. What language is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
Parent/Guardian Signature: _____  X _____	Today's Date: _____ / ____ / 20____ (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: \_\_\_\_\_



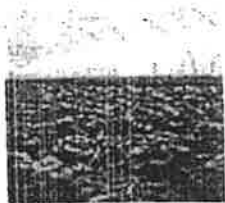
**Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

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: \_\_\_\_\_

# 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 Schools Technology Device Agreement

School Name: WEST HIGH SCHOOL

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

Agreement between the Knox County Schools and:

\_\_\_\_\_ Name of Parent or Guardian \_\_\_\_\_ Name of Student

Phone:

Address:

Student, initial each line:

- \_\_\_\_\_ I have read, understand, and will follow the "Technology Device Procedures and Expectations" document (Appendix A attached).
- \_\_\_\_\_ 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 carry the technology device in the provided protective covering to minimize the chances of damage.
- \_\_\_\_\_ I will not use the technology device, in or out of school, for inappropriate or unlawful purposes in accordance with KCS Board Policy.
- \_\_\_\_\_ I understand that if this technology device is lost or stolen, I will immediately notify school administration.
- \_\_\_\_\_ I understand that my parents/guardians and I are responsible for costs associated with loss, damages, 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 bring the technology device charged to class every day.
- \_\_\_\_\_ I understand that failure to comply with any of the guidelines and policies may result in suspension of the use of the technology device.

\_\_\_\_\_ Parent or Guardian Signature

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



## WEST HIGH SCHOOL

3300 Sutherland Avenue  
Knoxville, TN 37919

### COUNSELING OFFICE

PHONE 865.594.4477 – FAX 865.594.4457

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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 West:

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

PHONE 865.215.5950 – FAX 865.215.5959

HOURS: Monday – Friday 8am-3:30pm

***Directions from West:*** West on I-40/I-75 to Exit 378A-B to Cedar Bluff Road. Keep right toward Executive Park Drive. Turn left on Executive Park Drive. Turn right on Cedar Bluff Road. After 1.4 miles turn right onto Old Cedar Bluff Road. The Knox County Health Department will be on your right.