

KNOX COUNTY SCHOOLS
NEW STUDENT ENROLLMENT

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

Enrollment Date: _____

Student Name: _____ Grade _____

Last Name
First Name
Middle Name

Social Security (optional) or Student PIN Number: _____

Sex: 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

Citizenship: _____

Pacific Islander

White

Mother's Maiden Name: _____

What is the first language this child learned to speak? _____ US Entry Date _____

What language does this child speak most often outside of school? _____

What language do people usually speak in this child's home? _____

Alerts (non-medical special instructions) _____

Please list all guardians individually. If the student has more than two guardians, then please use the additional space provided at the end of the form for the other contacts.

Main Contact: _____

Contact: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

*Primary Phone #: _____

*Primary Phone #: _____

Emergency #: _____

Emergency #: _____

Employer: _____

Employer: _____

Work #: _____

Work #: _____

Other #: _____

Other #: _____

Cell: _____

Cell: _____

Primary E-mail: _____

Primary E-mail: _____

Alternate E-mail: _____

Alternate E-mail: _____

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

Notes (Individuals other than parent/guardian who may pick up the child.)

Name _____ Phone Numbers _____

Name _____ Phone Numbers _____

Name _____ Phone Numbers _____

Name _____ Phone Numbers _____

Student Name: _____
Last Name First Name Middle Name

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: _____