

# Round-Up Checklist



Dear Families,

You will need to bring the following items to register your child for the upcoming school year:

- Birth certificate (not the mother's copy)
- Up to date shot record (with physical)
- Most recent KUB bill or lease agreement (If you live with another family member, you will need a notarized letter stating you live with them, in addition to their KUB bill.)
- Parent driver's license/Photo ID

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 Security (optional) OR  
Student PIN Number: \_\_\_\_\_

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

Birthplace / City: \_\_\_\_\_

Birth County: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Parent'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

Other Students attending any Knox County Schools (in same household) -- Please include Last Name, First Name, and Birthdate

_____	_____
_____	_____

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: \_\_\_\_\_

\_\_\_\_\_  
the telephone number that receives automated telephone calls.

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

\_\_\_\_\_  
Phone Numbers \_\_\_\_\_

\_\_\_\_\_  
Phone Numbers \_\_\_\_\_

\_\_\_\_\_  
Phone Numbers \_\_\_\_\_

\_\_\_\_\_  
Phone Numbers \_\_\_\_\_

# 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: \_\_\_\_\_

Does the student have 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"/> Traumatic spinal injury  |
| <input type="checkbox"/> Latex                             |  | <input type="checkbox"/> Orthopedic problems     | <input type="checkbox"/> Urinary problems         |
| <input type="checkbox"/> Requires Epi-pen                  |  | <input type="checkbox"/> Sensitivity to light    | <input type="checkbox"/> Other: _____             |
|  |  | <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: \_\_\_\_\_



## Knox County Schools Student Media Release Form

I, as the parent/guardian of \_\_\_\_\_, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

*Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.*

Name of child's school:

Parent/legal guardian:

(Print)

(Signature)

Date:



# KNOX COUNTY SCHOOLS

## Home Language Survey

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 ☐ F ☐  
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

**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

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"/>
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?
What language do people usually speak in this child's home?	
Guardian Signature: _____	
	Today's Date: _____ / _____ / 20____ (mm/dd/yyyy)

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 file which is kept in the student's CR.



Education



## 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 &amp; Last Name

Student First Name

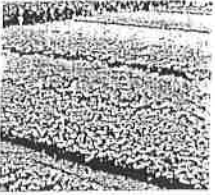
Student Last Name

School Name

Student Grade

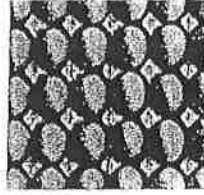
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

☐ No

☐ Yes. Check all that apply and list the total number of months worked:


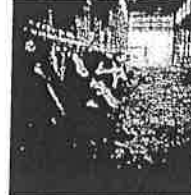
☐ Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: \_\_\_\_\_



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

Total Months Worked: \_\_\_\_\_



☐ Dairy/Cattle Raising (feeding, milking, rounding up)

Total Months Worked: \_\_\_\_\_



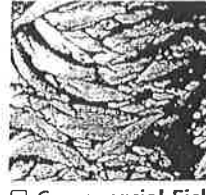
☐ Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

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 &amp; 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  
ANDREW JOHNSON BUILDING



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

From: Student Support Services

Re: Special Education Services Available Through Knox County Schools

Knox County Schools provides a full continuum of services for students who qualify for special education under the Individuals with Disabilities Education Improvement Act (IDEIA '04).

If you feel your child might require Special Education or other services and want Knox County Schools to provide those services, contact the school to which your child is zoned \_\_\_\_\_ or call Student Support Services at 594-1540.

If records are available for review or other information that the school might need in order to determine appropriate services for your child, please sign and return a release of information form available at your school so that we may review those records and plan services, if needed.

Thank you for your assistance in this matter.

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

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

\_\_\_\_\_  
Date Signed

(Please return a signed copy of this form to the school  
and retain a copy for your files.)

White Copy – School  
Canary Copy – Parent

PP-155 (1/10)



Knox County Schools



# Targets for Kindergarten Entry

A five-year-old with these skills is READY to succeed at school.

## Letters and Sounds:

- Enjoys being read to and can retell a story
- Recognizes letters (upper and lower case) and some letter sounds
- Repeats the first sound in a word
- Speaks in complete sentences
- Prints his or her first name

## Math:

- Counts in order from 1-20
- Recognizes numbers and quantities to 5
- Names and sorts items by color, shape and size
- Understands concepts such as more, less, same, above, below, big, small

## Social:

- Settles in to new groups or situations
- Can concentrate on a task for 5 minutes
- Follows simple directions
- Shows kindness and concern for others

***Reading together every day  
helps your child  
master these skills.***



## What is the most important way to ensure my child has these skills?

Read aloud, read aloud.....every day together with your child. Studies show children must hear and share in hundreds of stories and Nursery Rhymes before they are ready to learn and read in school. It is also important for them to talk and talk about what they see every day and say the sounds of the letters they are learning.

"The single most important activity for building the knowledge required for eventual success in reading is **reading aloud to children**. This is especially so during the preschool years." *The Report of the Commission on Reading*

## What are some simple activities parents can do at home to teach their child these skills?

Whenever you are working with your child, it should always be **fun**! Early childhood advocates call it *playing with a purpose*. Some ideas are:

- **Snack Time** – Look for letters on food boxes or cans, and say them together
- **Driving** – Sing songs and read signs, such as McDonald's or Walmart – pointing out various letters

- **Preparing Meals** – Put magnetic letters on the refrigerator for play
- **Shopping** – Talk about beginning letters of food, clothes, or toys
- **Nap Time** – Read a story and talk about what's happening on each page. Let children predict what is going to happen next, or "read" the story to you.
- **Doing Chores** – Put sign on a few objects at home, such as "bed" and make a game of saying letters aloud
- **Play Time** – Point to an object and ask children to say words that rhyme, including silly words: ball, wall, tall, dall, jall, nall
- **Eating** – Say nonsense rhymes such as *Hey Diddle, Diddle*
- **Lesson Time** – Spell personal names with letter cards. Let children match each capital letter with its lowercase form, or put the letters in order. Draw a letter and find objects that begin with the same sound. (ball, boy, bike)
- **Library Time** – Make weekly trips to the library part of your family's fun time together. Books about going to school help build children's confidence about kindergarten. A librarian can help you find them.