

Dear Family,

We are so excited you are here with us at Shannondale Elementary—Home of the Hornets!

Each year is a year of growing socially, emotionally, physically, and intellectually. Your child has a natural love of learning. As a parent, you are your child's first and most important teacher, and we are thrilled to be forming a partnership with you during your child's school year. In this packet, there are some things that you can do to help your child adjust easily. Be quick to praise; your child may be feeling anxious about the upcoming school year and will seek your approval of their activities and ideas. Your enthusiasm and involvement will help make this a wonderful year for the entire family. Enjoy this time!

The following are answers to some of the most frequently asked questions by families:

To enroll for kindergarten, a child must be 5 years of age by August 15, 2022.

What supplies are needed? A list will be published on the school website <http://www.knoxschools.org/shannondalees>.

How does lunch work? Your child will need to bring lunch from home or have lunch money every day. We highly recommend parents set up an on-line lunch account with the school cafeteria. A link to this option exists on the school website. Information regarding Free and Reduced Lunch is available at www.lunchapplication.com. Information can also be found at www.knoxschools.org and select "For Families>School Nutrition> Free and Reduced Lunch." It is encouraged students buy lunch during Staggered Days so they can be taught the general process of purchasing a lunch.

What about recess? We go to the playground every day (weather permitting). Please make sure that your child wears appropriate shoes (tennis shoes or sandals with straps).

Can I walk my child to class? Parents may walk their child to class on the first few days of school. After that, they should be dropped off at the front entrance in the morning. We will have staff and student leaders assist them.

What about after-school care? Parents should reach out to their preferred after-school care group to make arrangements for pick-up. Some options include:

YMCA (on site at Shannondale)	936-0827
Central Baptist	688-3031
New Fellowship Christian Academy	688-1037
First Step Learning Center	689-9818
Little People	688-7806

We look forward to welcoming your new student!

Student Name: _____

ITEMS TO COMPLETE AND RETURN TO SCHOOL:

- NEW STUDENT ENROLLMENT FORM
- MEDICAL PROFILE
- PROOF OF RESIDENCE (KUB OR LEASE)
- TENNESSEE PARENT OCCUPATIONAL SURVEY
- HOME LANGUAGE SURVEY
- STUDENT SUPPORT SERVICES
- GUARDIANSHIP CONFIRMATION FORM
- TECHNOLOGY DEVICE AGREEMENT
- MEDIA RELEASE

PARENTS WILL ALSO NEED TO PROVIDE:

- PHYSICAL AND IMMUNIZATION FORM (PROVIDED BY PEDIATRICIAN/HEALTH DEPARTMENT)
- BIRTH CERTIFICATE
- CUSTODY/COURT PAPERS

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: _____

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.

<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 _____

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
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

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 _____

Tennessee Parent Occupational Survey



Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. **The information provided below will be kept confidential.**

Today's Date

Parent/Guardian First & Last Name

Student First Name





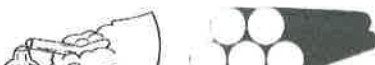
Student Last Name

School Name

Student Grade

1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.

____ NO
____ YES. Check all that apply:

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation  <input type="checkbox"/>	Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.  <input type="checkbox"/>	Dairy/Cattle Raising: feeding, milking, rounding up.  <input type="checkbox"/>
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting  <input type="checkbox"/>	Forestry: soil preparation, planting, cutting trees; does not include landscaping.  <input type="checkbox"/>	Other: Any other agriculture or fishing work, please list here: _____ _____

2. In the past 3 years, has your family moved to another state, city, school district, and/or county?

____ NO
____ YES. My family has moved within the past 3 years. Indicate how long ago below.

_____ Years _____ Months _____ Weeks

If you answered "Yes" to question 1, please complete the information below. A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address

Apt #

City

Zip Code

Telephone Number

Language

Email Address

Best Day of Week and Time to Call

For School Use Only: Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: ldr@tn-mep.net

Student State ID:	Enrollment Date:	District ID:
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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 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 st 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?	_____
Parent/Guardian Signature: X _____	Today's Date: <u> </u> / <u> </u> /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.

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
Primary Copy – Parent

1-155 (1/10)

**SHANNONDALE ELEMENTARY SCHOOL
GUARDIANSHIP CONFIRMATION FORM**

Child's Name _____

1. What is your relationship to the child?
Parent _____ Guardian _____ Foster _____

2. Is this child subject to a parenting plan or court order?
Yes _____ (provide paperwork) No _____

3. Are there any protection orders in place?
Yes _____ (provide a copy) No _____

4. Are you sharing the residence with someone?
Yes _____ No _____

5. Is this current residence Temporary _____ Permanent _____

I, _____ (print name), the parent/guardian of the student named above, declare the above information is correct.

Signature of Parent/Guardian

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:

Parent/legal guardian:

(print)

(signature)

Date: _____

Students	Knox County Board of Education		
	Descriptor Term:		Descriptor Code:
	Physical Examinations and Immunizations		J-351
			Issued:
		Reviewed:	Revised:
		9/17	7/95
			11/17

1
2 **PHYSICAL EXAMINATIONS**

3
4 The principal shall ensure that there is a complete physical examination of each student.

5
6 **KINDERGARTEN REQUIREMENT**

7
8 Proof of a physical examination completed by a medical provider and dated within 12 months prior to the
9 first day of school. The form to be completed is the Tennessee School Immunization Certificate which
10 may be obtained from a health care provider or Health Department. A student may be enrolled without
11 this information, but must file it with the school within 30 calendar days or risk dismissal.

12
13 **FIRST - TWELFTH GRADE REQUIREMENT**

14
15 Written proof of a medical examination completed by a medical provider. This includes proof brought in
16 person or provided in records from the previous school. A student may be enrolled in school without this
17 information but must file it with the school within 30 calendar days or risk dismissal.

18
19 Physical examinations contained in records from students transferring from other school systems may be
20 accepted if stated guidelines are met.

21
22 Cost of the examination shall be borne by parent or guardian of the student. All physical and
23 immunization records shall be kept on file in the student's cumulative record.

24
25 **IMMUNIZATIONS**

26
27 Students entering school, including those entering pre-school, kindergarten or those students from out-of-
28 state and nonpublic schools, will not be permitted to enroll (or attend) without proof of immunization, as
29 determined by the Commissioner of Public Health.¹ It is the responsibility of the parents or guardians to
30 have their children immunized and to provide such proof to the school which the student is to attend.²

31
32 Exceptions, in the absence of an epidemic or immediate threat thereof, shall be granted to any child whose
33 parent or guardian shall file with school authorities a signed Refusal Due to Personal Religious Beliefs
34 document; or due to medical reasons if such child has a written statement from a medical provider
35 excusing him/her from such immunizations.³ Proof of exceptions shall be in writing and filed in the same
36 manner as other immunization records.

37
38 An immunization certificate containing documentation of other required health information (physical
39 examination, vision/hearing screening) must be provided in addition to the religious exemption form or
40 the written statement due to medical reasons from a medical provider.

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A list of transfer students shall be kept at each school throughout the school year in order that their records can be monitored by school nurses or the Department of Health.

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Legal References:

1. T.C.A. § 49-6-5001(a)(c) (1); TRR/MS § 0520-1-3-.08(2)(a).
2. TRR/MS § 0520-1-3-.08(2)(a).
3. T.C.A. § 49-6-5001(b)(2); T.C.A. § 49-6-5001(c)(2).

Approved as to Legal Form 9/29/2017
By Knox County Law Director
/Gary T. Dupler/Deputy Law Director

NEED A KINDERGARTEN PHYSICAL?



Appointments: The clinic has appointments available throughout the school year from 8:00am-4:00pm.

In addition, the clinic will be open from 8:30am-3:00pm during the summer.

Services offered:

- Kindergarten Physical
- School Entry Physical
- Vaccines/Shots (TennCare or Uninsured only)
- Sports Participation Physical
- Yearly Well Child Exams
- Care for Minor Illnesses
- Counseling
- Case Management
- Educational Services

VINE SCHOOL HEALTH CENTER

220 Langland Street Knoxville, TN 37915

Phone: (865) 594-5078

Vine School Health Center is a school-based healthcare clinic located in the Langland Building behind Vine Middle Magnet School in Knoxville. The Vine School Health Center is a joint cooperative between the Knox County School System and the University of Tennessee College of Nursing.