

Dear Family,

We are so excited you are here with us at Shannondale Elementary—Home of the Hornets! Kindergarten 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 kindergarten 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 the Kindergarten experience 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, 2021.

What are "Staggered Days?" In late July, a letter will be mailed containing your child's schedule when school is back in session. Your child will be assigned two specific days, called "Staggered Days", during the course of the first two weeks of school to come and learn about the classroom and become familiar with the school. The dismissal time for those two days will be at 12:00/noon for Kindergarten students, and families will need to make arrangements for their children to be picked up at that time. Lunch will be provided during staggered days and all supplies should be brought that first staggered day.

What supplies are needed? A supply list will be included in the mailing about Staggered Day. It will also be published on the school website <http://www.knoxschools.org/shannondalees>.

When will I know who the teacher is? Students will be assigned to a specific classroom after the first full week of staggered days has been completed.

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 Kindergartner!

The Kindergarten Teachers

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

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.

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 _____

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):

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

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

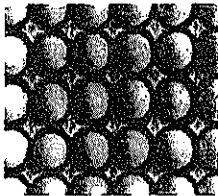
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

☐ 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: _____



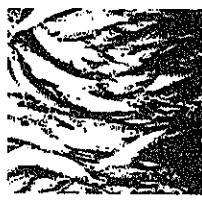
☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

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:

Encuesta Ocupacional de Tennessee

Para mejor servir a sus hijos, nuestro distrito escolar le gustaría identificar a estudiantes quienes pueden calificar para programas educacionales adicionales, como tutoría, materiales escolares, almuerzo gratis o a precio reducido, campamentos de verano y otros servicios. **La información que proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese este formulario a la escuela.

Fecha _____ Nombre del Padre/Guardian _____

Primer Nombre de Estudiante _____ Apellido de Estudiante _____

Escuela _____ Grado _____

1 ¿Durante los últimos tres años usted o alguien en su familia ha trabajado temporalmente o por temporadas en los siguientes trabajos en los Estados Unidos?

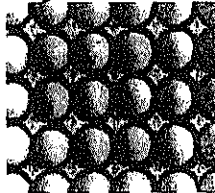
☐ No

☐ **Si. Marque todas las que apliquen y enumere el numero de meses trabajados:**



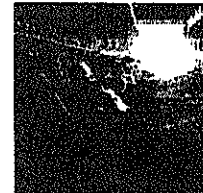
☐ **Trabajo de campo/Agricultura** (sembrar, plantar, pizcar, cosechar, empacar, sortear vegetales, frutas, algodón, etc.)

Total de meses trabajado: _____



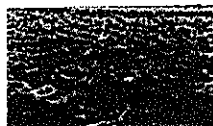
☐ **Procesamiento/Empaque de alimentos y carnes** (vegetales y carne de res, pollo, cerdo, etc)

Total de meses trabajado: _____



☐ **Lechería/Ganadería** (Ordeñar, alimentar, acorralar)

Total de meses trabajado: _____



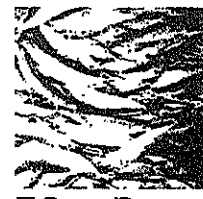
☐ **Vivero/Invernadero** (sembrar, cultivar, plantar flores, plantas)

Total de meses trabajado: _____



☐ **Trabajo Forestal** (sembrar, plantar, cultivar, cosechar arboles; paisajista no incluido)

Total de meses trabajado: _____



☐ **Pesca/Procesamiento de Pescado** (sortear, empacar, pescado o mariscos)

Total de meses trabajado: _____

2. En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado?

☐ No

☐ **Si. Cuanto tiempo lleva en su actual dirección?**

_____ Años _____ Meses _____ Semanas

Si respondió "sí" a las preguntas, porfavor llenar las siguientes preguntas.

Domicilio _____ Apt # _____

Ciudad _____ Estado _____ Codigo Postal _____

Numero de Telefono _____ Mejor día de la semana y hora para llamar _____

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: _____

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)

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 _____

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

PHYSICAL EXAMINATIONS

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

KINDERGARTEN REQUIREMENT

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

FIRST - TWELFTH GRADE REQUIREMENT

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

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

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

IMMUNIZATIONS

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

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

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