



DOCUMENTS REQUIRED FOR ENROLLMENT

New Student Enrollment Forms

- **New Student Enrollment Form**
- **Student Medical Profile**
- **Home Language Survey**
- **Special Education Services Available Through Knox County Schools Form**
- **New Student Course Selection Sheet:** Please help your student complete their course Enrollment form and include this form with the other required enrollment documents.

Proof of Residence

Provide a current utility bill (KUB, LCUB, W.Knox Utility) OR a lease or property deed in the legal guardian's name.

Proof of Birth

Examples include but are not limited to the following:
Birth Certificate – issued by any government
Passport – issued by any nation (translated)
Immigration Documentation
Decree of adoption or other records issued by a court

Proof of Custody/Guardianship

If the student lives with anyone other than both natural parents listed on the birth certificate, a copy of final legal documents (divorce decree, parenting plan, court document) which indicate who has primary residential custody of the student must be provided.

Immunization Records

Provide the Tennessee Department of Health Certificate of Immunization (form PH-4103). This form (or a photocopy) must be obtained directly from the Knox County Health Department or your healthcare provider.

Recent Physical Examination

Within 30 days of enrollment, you must provide proof of a physical exam that was done within the last twelve months.

Withdrawal documents from the last school

Withdrawal papers should include an unofficial transcript, attendance records, and discipline records. If a student is enrolling during the summer months, provide a copy of the last report card and their planned schedule. NOTE: Official copies of all records will be requested by Bearden once the student is enrolled.

*Any Special Ed or State Custody student coming from another Knox County School must provide Proof of Residency and Proof of Custody to be enrolled and scheduled. The remaining enrollment documents must be submitted to the Guidance Office within two weeks of the date of enrollment. All Special Ed or State Custody students coming from outside of Knox County Schools must provide all documents to enter.

**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 _____

List additional contacts on the following page.

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 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 _____	_____ / ____ / 20____ Today's Date: (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
Canary Copy – Parent

PP-155 (1/10)



**Bearden High School SY 2021-2022
9th Grade NEW STUDENT COURSE REGISTRATION FORM**

STUDENT FULL NAME:		GRADUATION YEAR: 2025	
	STUDENT CELL #:	PARENT CELL #:	
MIDDLE SCHOOL:	STUDENT EMAIL:	PARENT EMAIL:	

DIRECTIONS:

1. From the Course Selection Sheet: Select a course for #s 1 - 8 and 3 alternate course offerings.
2. The first four (4) core classes are required. Indicate which level of course you want to take in the notes section.
3. For your 5th course, select either Lifetime Wellness or ROTC (note: 2 credits of ROTC meets the Wellness/PE graduation requirement.)
4. Using the *9th Grade Elective Courses Sheet*, select three (3) Elective courses & three (3) Alternate courses.
5. Return to Bearden High School with all other required enrollment documents
Email to BeardenHS.enrollment@knoxschools.org
or return a physical packet to the school
or send via US mail to the school at 8352 Kingston Pike, Knoxville, TN 37919 Attention: School Counseling Dept.

#	DEPARTMENT	COURSE NAME	NOTES
1.	ENGLISH	CP ENGLISH or HONORS ENGLISH w/APHG	
2.	MATH	CP ALGEBRA 1 or HONORS GEOMETRY or other	
3.	SCIENCE	CP PHYSICAL WORLD CONCEPTS or HONORS PHYSICAL WORLD CONCEPTS or HONORS BIOLOGY	
4.	SOCIAL STUDIES	CP WORLD HISTORY & GEOGRAPHY or AP HUMAN GEOGRAPHY w/HONORS ENGLISH	
5.	WELLNESS OR ROTC		
6.	ELECTIVE		
7.	ELECTIVE		
8.	ELECTIVE		
***BE SURE TO SELECT ALTERNATES ***			
A1	ELECTIVE		
A2	ELECTIVE		
A3	ELECTIVE		



BEARDEN HIGH SCHOOL

9th Grade Elective Courses 2021-2022

Humanities Elective

Books of Broadway
Creative Writing
Historical Fiction
Journalism 1
Medieval Literature
Science Fiction
Speech
Tennessee History

CTE Electives

Computer Applications
Health Science Education
Intro to Business & Marketing
Intro to Human Studies
Maintenance and Light Repair 1 (Auto 1)
NIC Computer Science Foundations
NIC Foundations of Supply Chain Mgt
(IBM prerequisite)
NIC Principles of Engineering & Technology

Other Electives

**Leadership 1 (application required)
PE 1
Navy ROTC 1 BEG FALL
Navy ROTC 2 BEG SPRING
*2 credits of ROTC satisfies the
Wellness/PE requirement

World Language Electives

Level 1 courses: (Recommended for those on track to earn a high B or A in their 8th grade English course)

French 1
German 1
Latin 1
Spanish 1 (limited availability)

Level 2 courses: (successful completion of Level 1)

French 2
German 2
Latin 2
Spanish 2

Fine Arts Electives

BHS Belles (female choir)
BHS Brothers (male choir)
Marching Band Woodwinds/Percussion (fall)
Marching Band Brass/Color Guard (fall)
Concert Band (spring)
Freshman Orchestra (fall)
Orchestra (spring)
Theatre 1 (watch their video!)
Visual Art 1
Visual Art 2 (Art prerequisite)
Advanced Art Printmaking (Art prerequisite)

To learn more about CTE options, visit the Bearden HS CTE Programs google site-
<https://sites.google.com/knoxschools.org/beardenhighcteprograms/home>

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Support each other Teach kids Reach out Own your effort Never settle Give grace



BEARDEN HIGH SCHOOL GRADUATION REQUIREMENTS

CONTENT AREAS (credit requirements)	MINIMUM REQUIREMENTS	CREDITS TAKEN & EARNED
ENGLISH 4 credits	English 1, 2, 3, 4 <i>ESL students may use ESL credits for two 2 of the four required</i>	<input type="checkbox"/> English 1 <input type="checkbox"/> English 2 <input type="checkbox"/> English 3 <input type="checkbox"/> English 4
MATHEMATICS 4 credits <ul style="list-style-type: none"> Four credits required. Students must take a math course every year. Math courses must advance each year. 	Algebra 1 Geometry Algebra 2 Math past Algebra 2 <u>Students with qualifying IEP's only:</u> Algebra 1A Geometry A Algebra 1B Geometry B	<input type="checkbox"/> Algebra 1 <input type="checkbox"/> Geometry <input type="checkbox"/> Algebra 2 <input type="checkbox"/> Math past Algebra 2
SCIENCE 3 credits (4 recommended)	Biology Chemistry or Physics 3 rd Lab Science <u>Students with qualifying IEP's only:</u> Biology 1A (1 credit) Biology 1B (1 credit) 3 rd Lab Science	<input type="checkbox"/> Biology <input type="checkbox"/> Chemistry or Physics <input type="checkbox"/> 3 rd Lab Science
SOCIAL STUDIES 3.5 credits <ul style="list-style-type: none"> 3 credits of JROTC may substitute for US Govt and Personal Finance. Marketing 1 or VE 1 may substitute for Economics. 	World History & Geography or AP Human Geography US Government (1/2 credit; 1 credit if AP US Government) US History & Geography Economics (1/2 credit) Personal Finance (1/2 credit)	<input type="checkbox"/> Wld Hist & Geog or APHG <input type="checkbox"/> US Government <input type="checkbox"/> US History & Geography <input type="checkbox"/> Economics <input type="checkbox"/> Personal Finance
PHYSICAL EDUCATION ½ credit	May meet this requirement by: <ul style="list-style-type: none"> Taking a PE class Earning 2 credits of JROTC Participating in Marching Band, a TSSAA sport, or a BHS Club Sport 	<input type="checkbox"/> Physical Education
LIFETIME WELLNESS 1 credit	2 credits of JROTC will satisfy this requirement	<input type="checkbox"/> Lifetime Wellness
FINE ART* 1 credit	<u>Examples:</u> Visual Art 1, Theatre Arts 1, Band, Orchestra, Dev of Rock & Roll, Chorus	<input type="checkbox"/> Fine Art
WORLD LANGUAGES* 2 credits (3 recommended)	Must be in the SAME world language (e.g, French 1 & French 2)	<input type="checkbox"/> World Language I <input type="checkbox"/> World Language II
ELECTIVE FOCUS <i>The Course Selection Sheet (CSS) is organized by Elective Focus Areas. Use the CSS as a guide.</i>	Three credits in the same pathway/elective focus area. Credits must be above and beyond core graduation requirement (e.g. Spanish 1, 2, and 3 – only Spanish 3 may count towards an Elective Focus)	List Your Elective Focus Area: <hr style="width: 80%; margin-left: 0;"/> <input type="checkbox"/> Elective Focus Course 1 <input type="checkbox"/> Elective Focus Course 2 <input type="checkbox"/> Elective Focus Course 3
Total Number of Credits Required = 28		
ADDITIONAL REQUIRED TESTS	Must take an ACT or SAT Must take & pass a Civics Exam <i>(taken through US Govt, US History or Economics)</i>	<input type="checkbox"/> ACT or SAT <i>(taken at school in Spring of Junior year and Fall of Senior year)</i> <input type="checkbox"/> Civics Exam

**KNOX COUNTY SCHOOLS
IMMUNIZATION AND PHYSICAL EXAMINATION INFORMATION**

Every student who enters a Knox County school for the first time must provide the following information:

1. Completed Tennessee Department of Health, Certificate of Immunization.

A copy may be obtained from your physician or the Knox County Health Department. A student CANNOT be enrolled without a completed Tennessee Department of Health, Certificate of Immunization.

2. Physical examination completed by a medical provider and dated within 12 months prior to the date entering a Knox County School. A student may be enrolled without this information but must present it to the school within 30 calendar days or risk dismissal.

The Knox County Health Department will transfer out of state immunization records onto the Official Tennessee Immunization Certificate free of charge.

Knox County Health Department locations:

*All KCHD offices and clinics are closed in the morning on the first Wednesday of every month for staff in-service. The main location, 140 Dameron Ave., opens at 10 a.m, and West, 1028 Old Cedar Bluff, locations open at 10:30 a.m on the first Wednesday of each month.

West Clinic (nearest location to Bearden HS)

1028 Old Cedar Bluff

Knoxville, TN 37923

865-215-5950

Hours:

Monday - Friday 8:00 am - 4:30 pm

Main Clinic (downtown)

140 Dameron Ave,

Knoxville, TN 37917

865-215-5000

Hours:

Monday - Friday 8:00 am - 4:30 pm

For additional information, please contact the Knox County Health Department at (865) 215-5150 or Knox County Schools Health Services at (865) 594-3643.

CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle) _____ Birthdate (mm/dd/yy) _____

Parent/Guardian Name (Last name, first name, middle) _____

Phone (please include area code xxx-xxx-xxxx) _____

Address _____

City _____ State _____ Zip Code _____

Section 1a. Religious Exemption

Check here if religious exemption to immunization selected by parent/guardian

1b. Health Examination Documentation (if required)

This child has been examined: MM/DD/YY _____

Certified by (Signature/Stamp) _____

1c. Check if needed

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "TDH Summary of Immunization Rules Certificate Instructions" at the Tennessee Department of Health website (<https://www.tn.gov/health/cedep/immunization-program/ip/immunization-requirements.html>) and on the Tennessee Immunization Information System (tennesseis.gov).

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Diagnosed (X)	+Serology (X)	History (X)	Medical Exemption (X)
Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)											
Hib Child Care Only (<5 years)											
Pneumococcal (PCV) Child Care Only (<5 years)											
DTP, DTap, DT, Td											
Pollomyelitis											
<input type="checkbox"/> Hepatitis B Check here if 11-16 years 2-dose schedule used											
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011											
Measles											
Mumps											
Rubella											
Varicella											
Tdap Booster 7th Grade Entry Only											
Section 2b. Recommended Vaccines (Documentation Optional)											
Rotavirus											
Influenza											
Meningococcal ACWY											
HPV											

Section 3. Provider Assessment (select one*, not valid if blank)

A) Temporary Certificate - Expires MM/DD/YYYY
Expiration date one month after date next catch-up immunization is due.

B) Up to Date for Child Care Entry and <18 Months of Age
Only if requirements incomplete, but up to date for age. Expires at 19 months of age.

C) Complete for Child Care / Pre-School*
Fulfills all requirements for child care / pre-school or pre-K under 5 years of age.

D) Complete K-6th Grade*
Fulfills requirements, Kindergarten through 6th grade.

E) Complete 7th Grade or Higher
Fulfills requirements, 7th grade or higher

*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Section 4. (Required) Name, Address, Phone of Qualified Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

MM/DD/YYYY

Certified by (Signature/Stamp) or TennIS _____ Date of Issue _____



Bearden High School Counseling

Phone: 865-539-7800 = main school line; press "1" for School Counseling Dept

Twitter: @BeardenGuidance Fax: 865-470-2119

2021-22 Caseload Assignments

School Counselor	Student Caseload	Email/Phone
Leslie Lee	Support Counselor for 9th - 12th new student enrollment	leslie.lee@knoxschools.org 539-7800, press "1" then "6" (in school ext: 71328)
Beverly Anderson Department Chair	Class of 2025 Freshmen	beverly.anderson@knoxschools.org 539-7800, press "1" then "4" (in school ext: 71326)
Kelly Nash	Class of 2024 Sophomores	kelly.nash@knoxschools.org 539-7800, press "1" then "8" (in school ext: 71327)
Nicole Mullinax	Class of 2023 Juniors	nicole.mullinax@knoxschools.org 539-7800, press "1" then "7" 9in school ext: 71330)
Brian Tanner	Class of 2022 Seniors	brian.tanner@knoxschools.org 539-7800, press "1" then "9" (in school ext: 71329)
Susan Bolinger	College & Career Counselor	susan.bolinger@knoxschools.org 539-7800, press "1" then "5" (in school ext: 71324)
Patti Lann	Attendance Social Worker	patricia.lann@knoxschools.org (in school ext: 71325)
Support Staff	Title	Email
Roberta Davis	Receptionist New Student Enrollment Records Management	roberta.davis@knoxschools.org 539-7800, press "1" then "1" (in school ext: 71321)
Joanne Rubash	Registrar	joanne.rubash@knoxschools.org 539-7800, press "1" then "2" (in school ext: 71322)
Lori Lesslie	Transcripts & Dual Enrollment	lori.lesslie@knoxschools.org 539-7800, press "1" then "3" (in school ext: 71320)



BEARDEN SPORTS & CONTACTS

FALL SPORTS	
CHEERLEADING	abbey.moneymaker@knoxschools.org
CROSS COUNTRY	ashley.schott@knoxschools.org
DANCE	rebecca.nutter@knoxschools.org
FOOTBALL	morgan.shinlever@knoxschools.org
GIRLS SOCCER	ryan.radcliffe@knoxschools.org
GOLF	tyler.lane@knoxschools.org
VOLLEYBALL	erin.biddle@knoxschools.org
WINTER SPORTS	
BOWLING	ginger.hynds@knoxschools.org
BOYS BASKETBALL	jeremy.parrott@knoxschools.org
GIRLS BASKETBALL	justin.underwood@knoxschools.org
SWIM & DIVE	debbie.knight@knoxschools.org
WATER POLO	debbie.knight@knoxschools.org
WRESTLING	donnie.floyd@knoxschools.org
SPRING SPORTS	
BASEBALL	john.rice@knoxschools.org
BOYS SOCCER	ryan.radcliffe@knoxschools.org
SOFTBALL	alicia.boris@knoxschools.org
TENNIS	eric.hall@knoxschools.org
TRACK	ashley.schott@knoxschools.org
CLUB SPORTS	
Archery	angelia.ford@knoxschools.org
Bass Fishing Club	adam.dyer@knoxschools.org
Climbing Team	gale.jones@knoxschools.org
Hiking Club	tim.vacek@knoxschools.org
Hockey	<i>check back</i>
Lacrosse	Jeremy Dykes (wklwlacrosse@gmail.com)
Rowing	Dalton Peters (865) 347-9913
Rugby	angelia.ford@knoxschools.org
Ultimate Frisbee	rhonda.kerr@knoxschools.org

BEARDEN STRONG

Support each other **T**each kids **R**each out **O**wn your effort **N**ever settle **G**ive grace



BHS CLUBS & ACTIVITIES LIST

Visit this [Padlet link](#) to learn more!

padlet



Angelia Ford + 10 • 2mo

Virtual Club Fair- Interclub Council

These are the clubs at Bearden and their signup information for this year! The year may look a little different but we are #BeardenStrong

- | | |
|---|--|
| American Sign Language Club | Future Health "Medical" Professionals - HOSA |
| Archery | German Club |
| Bearden Mentors (SMAC) | Hiking Club |
| BHS Art Guild | History Bowl Club |
| Book Club | Humanities Club |
| Chess Club | Improv & Comedy Club |
| Climbing Team | Interclub Council |
| Club ONE - Multicultural Students | International Club |
| Code TN | Japanese Club |
| Creative Writing/Literary Club | Key Club |
| Cybersecurity Club | Kindness Club |
| Dawg-a-Thon | Latin Club- TN Junior Classical League |
| Debate Club | Model United Nations Club |
| DECA | National Honor Society |
| Environmental Club | National Junior Honor Society |
| Ethics Team | Navy JROTC |
| Fashion Club | Red Cross Club |
| Fishing | Robotics Club |
| French Club | Rowing |
| Future Business Leaders of America - FBLA | Science Olympiad |
| Future Educators of America - FEA | |

BEARDEN STRONG

Support each other **T**each kids **R**each out **O**wn your effort **N**ever settle **G**ive grace