



## 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

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<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"/> Orthopedic problems     | <input type="checkbox"/> Traumatic spinal injury  |
| <input type="checkbox"/> Latex                             | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Urinary problems        | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Requires Epi-pen                  | <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 <sup>st</sup> 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: _____ / ____ / 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.



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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 <sup>st</sup> qualify for ELL?
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3. What language do people usually speak in this child's home?	
Parent/Guardian Signature:  X	Today's Date: <u>    </u> / <u>    </u> / <u>20</u> (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.



# Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive FREE educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.







Student Name: (Last Name, First Name)	Grade:	Date:
Parent/Guardian Name:	School:	

1. Has your family moved within the last 3 years to another city, county, or state, in order to work in the agricultural and fishing industries? Yes  No

If yes, please indicate which family member:  Mother  Father  Children  Other

2. Do you or someone in your immediate family currently work in any of the occupations listed below? Yes  No

If yes, please indicate which occupation and which family member:  Mother  Father  Children  Other

<input type="checkbox"/> Meat and Food Processing/Packing  Examples: Fruit, vegetables, chicken, pork, beef, etc.	<input type="checkbox"/> Agriculture/Field Work  Examples: Plant, pick and sort crops such as tomatoes, tobacco, cotton, strawberries, etc. Soil preparation, irrigation, fumigation, etc.	<input type="checkbox"/> Dairy/Cattle Raising  Examples: Feeding, milking, rounding up, etc.
<input type="checkbox"/> Nursery/Greenhouse  Examples: Planting, potting, pruning, watering, etc.	<input type="checkbox"/> Forestry  Examples: Soil preparation, planting, growing, cutting trees, etc.	<input type="checkbox"/> Fishing/Fish Processing  Examples: catch, sort, pack, transport fish, etc.

3. If your current job is not in agriculture or fishing, did you or someone in your immediate family work in any of the occupations listed above in the last three years? Yes  No

If yes, where? City: \_\_\_\_\_ State: \_\_\_\_\_

If you answered "YES" to any of the questions above, please answer the following questions.

How long have you been in this county in Tennessee?	_____ Weeks	_____ Months	_____ Years
Home Address	City	State	Zip Code
Telephone number, please include area code. ( )			

For school use only: Please send all surveys with at least one "YES" response to your district migrant liaison. All qualifying surveys should be uploaded to the TNMigrant site. Please notify the MEP that new surveys have been uploaded. Questions? Call (931)212-9539

SCHOOL DISTRICT:	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)



**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: \_\_\_\_\_

\_\_\_\_\_  
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/cadopl/immunization-program/immunization-requirements.html>) and on the Tennessee Immunization Information System ([tennesseelis.gov](http://tennesseelis.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	Diphtheria (X)	+Tetanus (X)	History (X)	Medical Exemption (X)
<b>Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)</b>										
<b>Hib</b> <small>Child Care Only (&lt;5 years)</small>										
<b>Pneumococcal (PCV)</b> <small>Child Care Only (&lt;5 years)</small>										
<b>DTP, DTap, DT, Td</b>										
<b>Pollomyelitis</b>										
<input type="checkbox"/> <b>Hepatitis B</b> <small>Check here if 11-16 years 2-dose schedule used</small>										
<b>Hepatitis A</b> <small>Child Care Effective 7/2010 Kindergarten Effective 7/2011</small>										
<b>Measles</b>										
<b>Mumps</b>										
<b>Rubella</b>										
<b>Varicella</b>										
<b>Tdap Booster</b> <small>7th Grade Entry Only</small>										
<b>Section 2b. Recommended Vaccines (Documentation Optional)</b>										
<b>Rotavirus</b>										
<b>Influenza</b>										
<b>Meningococcal ACWY</b>										
<b>HPV</b>										

### 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 over 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):

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Certified by (Signature/Stamp) or Fennlis

\_\_\_\_\_  
Date of Issue



**Bearden High School - SY 2022-2023**  
**NEW STUDENT COURSE REGISTRATION FORM**  
**(9th grade)**

<b>STUDENT FULL NAME:</b>	<b>GRADUATION YEAR:</b> 2026	<b>Former Middle School:</b>
<b>STUDENT CELL #:</b>	<b>PARENT CELL #:</b>	
<b>STUDENT EMAIL:</b>	<b>PARENT EMAIL:</b>	

**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 grad 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](mailto: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/ AP Human Geography	
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>

**BEARDEN STRONG**

**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
<b>ENGLISH</b> 4 credits	English 1, 2, 3, 4 <i>ESL students may use ESL credits for two 2 of the four required</i>	____ English 1 ____ English 2 ____ English 3 ____ English 4
<b>MATHEMATICS</b> 4 credits <ul style="list-style-type: none"><li>Four credits required.</li><li>Students must take a math course every year.</li><li>Math courses must advance each year.</li></ul>	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	____ Algebra 1 ____ Geometry ____ Algebra 2 ____ Math past Algebra 2
<b>SCIENCE</b> 3 credits (4 recommended)	Biology Chemistry or Physics 3 <sup>rd</sup> Lab Science <u>Students with qualifying IEP's only:</u> Biology 1A (1 credit) Biology 1B (1 credit) 3 <sup>rd</sup> Lab Science	____ Biology ____ Chemistry or Physics ____ 3 <sup>rd</sup> Lab Science
<b>SOCIAL STUDIES</b> 3.5 credits <ul style="list-style-type: none"><li>3 credits of JROTC may substitute for US Govt and Personal Finance.</li><li>Marketing 1 or VE 1 may substitute for Economics.</li></ul>	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)	____ Wld Hist & Geog or APHG ____ US Government ____ US History & Geography ____ Economics ____ Personal Finance
<b>PHYSICAL EDUCATION</b> ½ credit	May meet this requirement by: <ul style="list-style-type: none"><li>Taking a PE class</li><li>Earning 2 credits of JROTC</li><li>Participating in Marching Band, a TSSAA sport, or a BHS Club Sport</li></ul>	____ Physical Education
<b>LIFETIME WELLNESS</b> 1 credit	2 credits of JROTC will satisfy this requirement	____ Lifetime Wellness
<b>FINE ART*</b> 1 credit	<u>Examples:</u> Visual Art 1, Theatre Arts 1, Band, Orchestra, Dev of Rock & Roll, Chorus	____ Fine Art
<b>WORLD LANGUAGES*</b> 2 credits (3 recommended)	Must be in the SAME world language (e.g. French 1 & French 2)	____ World Language I ____ World Language II
<b>ELECTIVE FOCUS</b> <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: ____ ____ Elective Focus Course 1 ____ Elective Focus Course 2 ____ Elective Focus Course 3
<b>Total Number of Credits Required = 28</b>		
<b>ADDITIONAL REQUIRED TESTS</b>	Must take an ACT or SAT Must take & pass a Civics Exam <i>(taken through US Govt, US History or Economics)</i>	____ ACT or SAT <i>(taken at school in Spring of Junior year and Fall of Senior year)</i> ____ Civics Exam



## Bearden High School Counseling

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

Twitter: @BeardenGuidance Fax: 865-470-2119

### 2022-23 Caseload Assignments

SCHOOL COUNSELOR	STUDENT CASELOAD	EMAIL / PHONE
Leslie Lee	Class of 2026 freshman	<a href="mailto:leslie.lee@knoxschools.org">leslie.lee@knoxschools.org</a> 539-7800, press "1" then "6" (in school ext: 71328)
Beverly Anderson Department Chair	Class of 2025 sophomores	<a href="mailto:beverly.anderson@knoxschools.org">beverly.anderson@knoxschools.org</a> 539-7800, press "1" then "4" (in school ext: 71326)
Kelly Nash	Class of 2024 juniors	<a href="mailto:kelly.nash@knoxschools.org">kelly.nash@knoxschools.org</a> 539-7800, press "1" then "8" (in school ext: 71327)
Nicole Mullinax	Class of 2023 seniors	<a href="mailto:nicole.mullinax@knoxschools.org">nicole.mullinax@knoxschools.org</a> 539-7800, press "1" then "7" (in school ext: 71330)
Brian Tanner	Support Counselor for 9th - 12th new student enrollment	<a href="mailto:brian.tanner@knoxschools.org">brian.tanner@knoxschools.org</a> 539-7800, press "1" then "9" (in school ext: 71329)
Susan Bolinger	College & Career Counselor	<a href="mailto:susan.bolinger@knoxschools.org">susan.bolinger@knoxschools.org</a> 539-7800, press "1" then "5" (in school ext: 71324)
Patti Lann	Attendance Social Worker	<a href="mailto:patricia.lann@knoxschools.org">patricia.lann@knoxschools.org</a> (in school ext: 71325)
SUPPORT STAFF	TITLE	EMAIL
Roberta Davis	Receptionist New Student Enrollment Records Management	<a href="mailto:roberta.davis@knoxschools.org">roberta.davis@knoxschools.org</a> 539-7800, press "1" then "1" (in school ext: 71321)
Joanne Rubash	Registrar	<a href="mailto:joanne.rubash@knoxschools.org">joanne.rubash@knoxschools.org</a> 539-7800, press "1" then "2" (in school ext: 71322)
Lori Lesslie	Transcripts & Dual Enrollment	<a href="mailto:lori.lesslie@knoxschools.org">lori.lesslie@knoxschools.org</a> 539-7800, press "1" then "3" (in school ext: 71320)



# BEARDEN SPORTS & CONTACTS

FALL SPORTS	
CHEERLEADING	<a href="mailto:andrea.channel@knoxschools.org">andrea.channel@knoxschools.org</a>
CROSS COUNTRY	<a href="mailto:ashley.schott@knoxschools.org">ashley.schott@knoxschools.org</a>
DANCE	<a href="mailto:rebecca.nutter@knoxschools.org">rebecca.nutter@knoxschools.org</a>
FOOTBALL	<a href="mailto:futurestars2010@comcast.net">futurestars2010@comcast.net</a>
GIRLS SOCCER	<a href="mailto:ryan.radcliffe@knoxschools.org">ryan.radcliffe@knoxschools.org</a>
GOLF	<a href="mailto:tyler.lane@knoxschools.org">tyler.lane@knoxschools.org</a>
VOLLEYBALL	<a href="mailto:erin.biddle@knoxschools.org">erin.biddle@knoxschools.org</a>
WINTER SPORTS	
BOWLING	<a href="mailto:ginger.hynds@knoxschools.org">ginger.hynds@knoxschools.org</a>
BOYS BASKETBALL	<a href="mailto:jeremy.parrott@knoxschools.org">jeremy.parrott@knoxschools.org</a>
GIRLS BASKETBALL	<a href="mailto:justin.underwood@knoxschools.org">justin.underwood@knoxschools.org</a>
SWIM & DIVE	<a href="mailto:kelley.davis@knoxschools.org">kelley.davis@knoxschools.org</a>
WATER POLO	nobody right now
WRESTLING	<a href="mailto:donniefloyd@knoxschools.org">donniefloyd@knoxschools.org</a>
SPRING SPORTS	
BASEBALL	<a href="mailto:dave.prichard@knoxschools.org">dave.prichard@knoxschools.org</a>
BOYS SOCCER	<a href="mailto:ryan.radcliffe@knoxschools.org">ryan.radcliffe@knoxschools.org</a>
SOFTBALL	<a href="mailto:kenneth.boles@knoxschools.org">kenneth.boles@knoxschools.org</a>
TENNIS	<a href="mailto:firstserve4him@yahoo.com">firstserve4him@yahoo.com</a>
TRACK	<a href="mailto:matthew.eckert@knoxschools.org">matthew.eckert@knoxschools.org</a>
CLUB SPORTS	
Archery	<a href="mailto:angeliia.ford@knoxschools.org">angeliia.ford@knoxschools.org</a>
Climbing Team	<a href="mailto:gale.jones@knoxschools.org">gale.jones@knoxschools.org</a>
Hiking Club	<a href="mailto:tim.vacek@knoxschools.org">tim.vacek@knoxschools.org</a>
Girls Lacrosse	Jeremy Dykes ( <a href="mailto:wklwlacrosse@gmail.com">wklwlacrosse@gmail.com</a> )
Rowing	Dalton Peters (865) 347-9913
Rugby	<a href="mailto:angeliia.ford@knoxschools.org">angeliia.ford@knoxschools.org</a>
Ultimate Frisbee	<a href="mailto:rhonda.kerr@knoxschools.org">rhonda.kerr@knoxschools.org</a>

**BEARDEN STRONG**

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



# BHS CLUBS & ACTIVITIES LIST

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

padlet



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## 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         |  |

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