



Bearden High School Counseling Department
8352 Kingston Pike Knoxville, TN 37919
Phone: 865-539-7800 Fax: 865-470-2119

DOCUMENTS REQUIRED FOR ENROLLMENT

- **New Student Enrollment Forms (included in packet)**
 - KCS New Student Enrollment Forms (Enrollment Form, Medical Profile, Proof of Residency Form, Guardianship Form)
 - Records Request
 - Home Language Survey
 - Special Education Services Available Through Knox County Schools Form
 - **New Student Course Selection Form**
- **Proof of Residence**

Current utility bill (gas, water, or electric bill) OR a lease agreement or property deed in the legal guardian's name.
- **Proof of Birth**

Birth Certificate or Passport
- **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 documentation) that indicates 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 must be obtained directly from the Knox County Health Department or your healthcare provider. Information is provided in the enrollment packet.
- **Recent Physical Examination**

At the time of enrollment or within 30 days of enrollment, you must provide proof of a recent physical examination that has been completed within the last twelve months.
- **Withdrawal documents from the last school attended**

Student withdrawal form that includes transfer grades
Unofficial transcript
Attendance and discipline records
For Summer enrollments, please provide a copy of the last report card and the planned schedule.
NOTE: Bearden HS will request official copies of all records once the student is enrolled.

Complete enrollment packets must be submitted in person by the student's custodial parent or guardian.

School Counseling Office hours are:
Aug - June 1st: 8:00 a.m. - 3:45 p.m.
June - July: Wednesdays 9:00 a.m. - noon

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

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.

Name Main Contact: _____

Relationship: _____

Address: _____

*Primary Phone #: _____

Emergency #: _____

Employer: _____

Work #: _____

Other #: _____

*Cell: _____

Primary E-mail: _____

Alternate E-mail: _____

Name 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 _____

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): C= Current P= Past

- | C | P | C | P | C | P | C | P |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| ADD/ADHD | | ADD/ADHD | | Down's Syndrome | | Shunts/hydrocephalus | |
| <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amputation(s) | | Celiac disease | | "G" / "J" feeding tubes | | Skin problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma/reactive | | Cerebral palsy | | Heart defects | | Stomach problems | |
| airway disease | | <input type="checkbox"/> | | Hemophilia | | Swallowing problems | |
| _____ Requires inhaler | | Crohn's Disease | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Please provide school) | | Cystic fibrosis | | Migraine headache | | Tracheotomy | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies: | | Diabetes | | Muscular dystrophy | | Traumatic Brain | |
| _____ Bee stings | | | | Spina bifida | | Syndrome | |
| _____ Food: _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> | Traumatic spinal injury | |
| _____ Latex | | | | Orthopedic problems | | Urinary problems | |
| _____ Requires Epi-pen (please provide school) | | | | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | Sensitivity to light | | | |
| | | | | 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 your child require any special dietary accommodations? ____ If you answered yes and you want your child to eat at school please obtain and have your child's doctor fill out the dietary accommodations form.

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 the student 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 the student 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 is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
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.

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





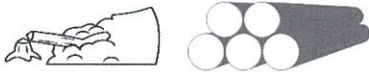
Student Last Name

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:

<p>Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation</p>  <input style="float: right; margin-left: 10px;" type="checkbox"/>	<p>Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.</p>  <input style="float: right; margin-left: 10px;" type="checkbox"/>	<p>Dairy/Cattle Raising: feeding, milking, rounding up.</p>  <input style="float: right; margin-left: 10px;" type="checkbox"/>
<p>Nursery/Greenhouse: planting, potting, pruning, watering, harvesting</p>  <input style="float: right; margin-left: 10px;" type="checkbox"/>	<p>Forestry: soil preparation, planting, cutting trees; does not include landscaping.</p>  <input style="float: right; margin-left: 10px;" type="checkbox"/>	<p>Other: Any other agriculture or fishing work, please list here:</p> <p>_____</p> <p>_____</p>

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: idr@tn-mep.net

Student State ID:	Enrollment Date:	District ID:
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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)



GUARDIANSHIP CONFIRMATION FORM

Students Name _____

What is your relationship to the student?

Biological Parent ____ Legal Guardian ____ Foster Parent ____

For parent(s) enrolling students, what is the marriage status of the student's BIOLOGICAL parents?

Married ____ Separated ____ Divorced ____ Widowed ____ Never Married ____

Is the student subject to a parenting plan or court order?

Yes ____ No ____

*If Yes - a copy of the parenting plan must be submitted to the school

Date copy submitted _____

Are there any protection orders in place?

Yes ____ No ____

*If Yes - a copy of the court document must be submitted to the school

Date copy submitted _____

I, _____, the parent/guardian of the student named above,
declare that the above information is true and correct.

(Signature of Parent/Guardian)

(Date)

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 _____

Bearden High School
School Counseling Office



8352 Kingston Pike
Knoxville, TN 37919-5489
865-539-7800

OFFICIAL REQUEST FOR STUDENT RECORDS

Student's Legal Name: _____ Birth Date: _____

Parent or Guardian's Name: _____

Previous School's Name: _____

Name and Email Address of Registrar: _____

Address: _____ Phone Number: _____

_____ Fax Number: _____

The student listed has enrolled at Bearden High School. Please forward the following records to:

**Joanne Rubash-Registrar
joanne.rubash@knoxschools.org
fax: 865-470-2119**

Official Transcript

Test Scores

Transfer Grades

Attendance and Disciplinary Records

Special Education Records

504 Records



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:

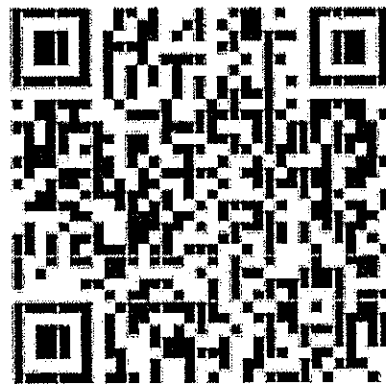
(print)

(signature)

Date: _____

IMMUNIZATION RECORD TRANSFERS

To transfer an out of state immunization record
or request a Tennessee immunization record,
please scan the QR code below.



This code will direct you to an online form.
Fill out the form and submit your request. You should
have your records within a week.

**FOR MORE INFORMATION
CALL 865-215-5150**

**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:

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/coddep/immunization-program/lip/immunization-requirements.html>) and on the Tennessee Immunization Information System (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	Diagnosed (X)	+Serology (X)	History (X)	Medical Exemption (X)
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Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)

Hib <small>Child Care Only (<5 years)</small>										
Pneumococcal (PCV) <small>Child Care Only (<5 years)</small>										
DTP, DTap, DT, Td										
Poliomyelitis										
<input type="checkbox"/> Hepatitis B <small>Check here if 11-15 years 2-dose schedule used</small>										
Hepatitis A <small>Child Care Effective 7/2010 Kindergarten Effective 7/2011</small>										
Measles										
Mumps										
Rubella										
Varicella										
Tdap Booster <small>7th Grade Entry Only</small>										

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):

Certified by (Signature/Stamp) or TennIS

Date of Issue