



Bearden High School Counseling Department

8352 Kingston Pike Knoxville, TN 37919

Phone: 865-539-7800 Fax: 865-470-2119

DOCUMENTS REQUIRED FOR ENROLLMENT

Completed enrollment packets must be submitted in person by the student's biological parent or LEGAL guardian. Enrollment packets will not be accepted without **ALL REQUIRED DOCUMENTS BELOW**. YOU must provide all of the documents before your student can be enrolled. This is the responsibility of the parent, Bearden HS will not request official copies of records until the student is enrolled.

☐ **School Zone Verified**

New Student Enrollment Forms Packet

- ☐ Enrollment Form / Medical Profile
- ☐ Home Language Survey / Occupational Survey
- ☐ Special Education Services Notification Form
- ☐ Guardianship Form
- ☐ Proof of Residency Form
- ☐ Media Release Form

☐ Records Request

☐ Withdrawal documents from the last school attended

- ☐ Student check out/withdrawal form that includes transfer grades
- ☐ Unofficial transcript
- ☐ Discipline records and Attendance report
- ☐ For Summer enrollments, please provide a copy of the report cards and the planned schedule for the next school year

☐ Course Selection Worksheet

☐ Proof of Residence

Current UTILITY bill (gas, water, or electric bill) OR a current signed lease agreement in the legal guardian's name. If there are other circumstances a notarized letter is required

☐ Parent Drivers License or Passport

☐ Student 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, or other court documentation) that indicates who has primary residential custody of the student must be provided. A step parent is not a legal guardian

☐ 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 if on PH-4103 state form

☐ Recent Physical Examination

At the time of enrollment you must provide proof that a physical examination has been completed within the last twelve months or within 30 days of enrollment

If you have any questions email rebecca.dickerson@knoxschools.org

School Counseling Office hours are:

Aug - June 1st: Daily from 8:00 a.m. - 3:35 p.m.

June - July: Wednesdays 9:00 a.m. - noon (excluding holidays)

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

Provide a copy of most recent IEP or 504 plan

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 _____

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

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 ☐ F ☐
 Gender

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

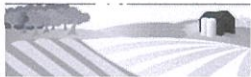




Student Last Name

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:

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

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

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

_____ Years _____ Months _____ Weeks

If you answered "Yes" to question 1, please complete the information below.

A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address

Apt #

City

Zip Code

Telephone Number

Language

Email Address

Best Day of Week and Time to Call

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

Student State ID:

Enrollment Date:

District ID:

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

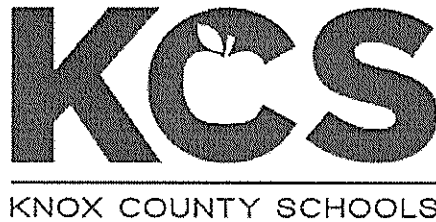
Parent/Guardian Signature

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? (If divorced provide signed documents)

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 _____



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: _____

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
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



Department of
Health

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/codp/immunization-program/ip/immunization-requirements.html>) and on the Tennessee Immunization Information System (tnis.tn.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 Child Care Only (<5 years)										
Pneumococcal (PCV) Child Care Only (<5 years)										
DTP, DTap, DT, Td										
Poliomyelitis										
<input type="checkbox"/> Hepatitis B Check here if 11-15 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)

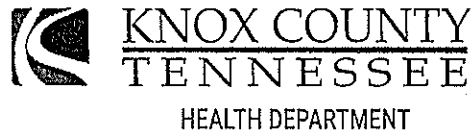
- ☐ A) Temporary Certificate - Expires MM/DD/YYYY
Expiration date one month after date next catch-up immunization is due.
- ☐ B) Up to Date for Child Care Entry and <18 Months of Age
Only if requirements incomplete, but up to date for age. Expires at 19 months of age.
- ☐ C) Complete for Child Care / 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

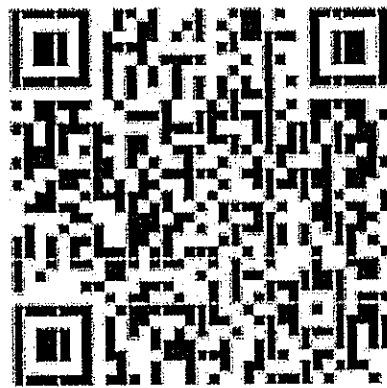
Certified by (Signature/Stamp) or TennIS

Date of Issue



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**