

FARRAGUT MIDDLE SCHOOL

Transfer Student Enrollment Packet

Students Coming From

Another Public School within
Knox County Schools District

**Please allow 30-45 minutes
for registration.**

*School Tours are not available
during this time.*



Weston Edmonds
Principal

Kimberly Hamlett
Assistant Principal

Marie Schult
Assistant Principal

Transfer Student

Enrollment Packet

Students Coming From:
Another **Public School** within
Knox County Schools District

Please allow 30-45 minutes
for registration.
*School Tours are not available
during this time.*

Student Name _____

Grade _____

School Transferring From _____

Transfer Start Date _____

To register your student, **all documents listed below must be provided at the time of registration:**

- Completed **Transfer Student Enrollment Packet**
- **Copy of 1 Proof of Residency:**
Utility bill; ie: gas, water, electric bill, lease agreement or mortgage statement (with name and address listed, signature page included)
- Updated Shot Record on the TN Form **(7th grade students must have Tdap and two (2) doses of varicella prior to starting school)**
- Copy of Custody/Guardianship Papers (if applicable)
- Copy of IEP (if applicable)

Please have the Transfer Student Enrollment Packet completed before you arrive to enroll your student.

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: _____

Gender: Female Male

Date of Birth: _____

Ethnicity: Hispanic Non-Hispanic

Birthplace / City: _____

Race: (check all that apply)

Birth County: _____

Asian

Birth State: _____

Black

Birth Country: _____

American Indian

Pacific Islander

White

Mother's Maiden Name: _____

Military Dependent: Reserve National Guard

(if applicable) Active Military

Related Students attending any Knox County Schools (in same household) -- Please include Last Name, First Name, and Birthdate

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Please list all legal guardians individually. If the student has more than two guardians, please use the additional space provided at the end of the form for the other contacts.

Main Contact: _____
 Relationship: _____
 Address: _____

 *Primary Phone #: _____
 Emergency #: _____
 Employer: _____
 Work #: _____
 Other #: _____
 *Cell: _____
 Primary E-mail: _____
 Alternate E-mail: _____

Contact: _____
 Relationship: _____
 Address: _____

 *Primary Phone #: _____
 Emergency #: _____
 Employer: _____
 Work #: _____
 Other #: _____
 *Cell: _____
 Primary E-mail: _____
 Alternate E-mail: _____

**This is the telephone number that receives automated telephone calls.*

Notes (Individuals other than parent/guardian who may pick up the child.)

| | |
|------------|---------------------|
| Name _____ | Phone Numbers _____ |
| Name _____ | Phone Numbers _____ |
| Name _____ | Phone Numbers _____ |
| Name _____ | Phone Numbers _____ |

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"/> 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

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: _____



A SACS Certified School

Weston Edmonds
Principal

Kimberly Hamlett
Assistant Principal

Marie Schult
Assistant Principal

OFFICIAL REQUEST FOR RELEASE OF STUDENT RECORDS

Name/Address of Previous School: _____

Phone: _____

Fax: _____

The following student, _____,
has enrolled in the ____th grade at **Farragut Middle School in Knoxville, Tennessee**, on this
date of _____.

Please forward the following records:

- | | |
|-----------------------------|---|
| • Birth Certificate Copy | • Academic Transcripts |
| • Immunizations Copy | • Current Schedule |
| • Social Security Card Copy | • Home Language Survey - ESL/ELL |
| • Grades | • Language Proficiency Scores - ESL/ELL |
| • Standardized Test Scores | • Documentation of Exiting ESL/ELL |
| • Attendance Records | • 504 Service Plan or IEP if Applicable |
| • Student Withdrawal Form | • Psychoeducational Reports if Applicable |

Records may be faxed and/or mailed to the **Registrar:**

Fax: (865) 671-7048

Farragut Middle School

200 West End Avenue
Knoxville, TN 37934

Please call (865) 966-9756 if additional information is needed.