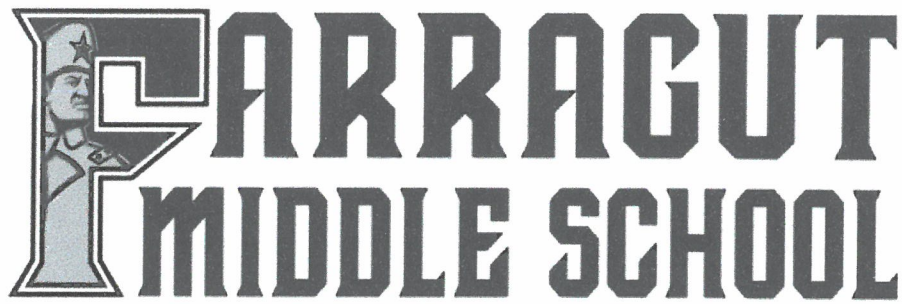


# New Student Enrollment Packet

For Students coming from Out of State, Different County, Private or Homeschool, Out of Country



If English is not your first language, please contact the KCS Welcome Center at 865-594-1760 for translation services & processing. Enrollment forms are available in Arabic, English, Kirundi, Persian, Russian, Spanish, Swahili and Ukrainian.

**Student Last Name:** \_\_\_\_\_

**Student First Name:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**Requested Starting Date:** \_\_\_\_\_

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

- ☐ **New Student Enrollment:** Must be completed by Parent or Legal Guardian
- ☐ **Proof of Birth:** Birth Certificate
- ☐ **Parent Photo ID:** Drivers License or Passport
- ☐ **Proof of Residency:** Current Utility Bill or Lease
- ☐ **TN Immunization Form:** Knox County Health Dept 865-215-5150 [health@knoxcounty.org](mailto:health@knoxcounty.org)
- ☐ **Student Physical:** Dated w/in 12 mos; Any format; Due within 30 days
- ☐ **Parenting Plan or Custody Papers:** Required if student is not residing full-time with both biological parents

**For proper Placement, please provide:**

- \_\_\_\_\_ **Report Card** or Grades
- \_\_\_\_\_ **IEP or 504 Service Plan** \*if applicable
- \_\_\_\_\_ **ESL/ELL Services** \*if applicable
- \_\_\_\_\_ **Conduct or Psychoeducational Reports** \*if applicable

**Farragut Middle School**

**200 West End Avenue, Knoxville, TN 37934 Phone: 865-966-9756 Fax: 865-671-7048**

**Registrar Email: [jennifer.sonnenschein@knoxschools.org](mailto:jennifer.sonnenschein@knoxschools.org)**



## GUARDIANSHIP CONFIRMATION

**Student Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

1. What is your relationship to the student?

Parent \_\_\_\_ Legal Guardian \_\_\_\_ Foster Parent \_\_\_\_ Step-Parent \_\_\_\_

2. What is the current legal status of the student's birth-parents?

Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Never Married \_\_\_\_ Other *(please explain)* \_\_\_\_\_

3. Is this student subject to a Parenting Plan or Custody Order?

Yes \_\_\_\_ *(a copy is required)* Date Copy Submitted \_\_\_\_\_

No \_\_\_\_

4. Is there a current Order of Protection or Restraining Order in place concerning the child?

Yes \_\_\_\_ *(a copy is required)* Date Copy Submitted \_\_\_\_\_

No \_\_\_\_

5. Are you sharing your current residence with another family? *(Grandparents, Aunt/Uncle, etc.)*

Yes \_\_\_\_ *(please list)* No \_\_\_\_

6. Is your current residence: Temporary/Rental \_\_\_\_ or Permanent \_\_\_\_?

*Commercial or business addresses, investment properties, empty lots, construction properties, etc. are not acceptable.*

## CHILD CUSTODY NOTIFICATION

By law, if parents are legally separated or divorced, each parent listed on the birth certificate has equal rights to the custody of the child unless otherwise stated in a court order.

**The school must have a copy of the court order on file. It is the responsibility of the parents to ensure the paperwork on file is current and up to date.**

The school will refer to the court order regarding named parental custodians who are allowed to check the child(ren) out of school with proper identification and who are allowed educational rights.

I have read the above statements.

**Parent/Guardian Signature and Date:** \_\_\_\_\_



**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.**

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

## 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 \* see form on back

\*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 \_\_\_\_\_

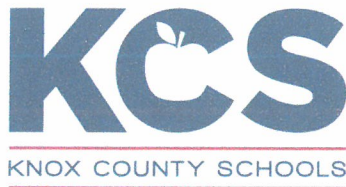
Address of Renter/Owner \_\_\_\_\_

**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 \_\_\_\_\_



## AFFIDAVIT OF RESIDENCY

I, \_\_\_\_\_, hereby declare that the family of  
Print Homeowner Name^  
\_\_\_\_\_ is presently living with me at  
Print Student's Name^  
\_\_\_\_\_ until further notice.  
Homeowner Address^

The above named legal resident of Knox county MUST provide photo identification and proof of residence in the Knox County school zone the student is attending. Proof of residence may include a current Lease or current Utility Bill.

### The Student's Family Includes:

_____	_____
_____	_____
_____	_____
_____	_____

*Please be aware of KCS 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.*

\_\_\_\_\_  
Signature of Homeowner^

\_\_\_\_\_  
Date^

### TO BE COMPLETED BY NOTARY PUBLIC

Subscribed and Sworn to before me, a Notary Public, this \_\_\_\_ day of \_\_\_\_ month, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public^

\_\_\_\_\_  
Printed Name of Notary Public^

\_\_\_\_\_  
Address of Notary Public^

\_\_\_\_\_  
Seal of Notary Public^

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



\* This form must be signed by all parents,  
KNOX COUNTY SCHOOLS  
ANDREW JOHNSON BUILDING regardless of whether your  
Student needs Special Ed Services.



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 Farragut Middle 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

### 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 <input type="checkbox"/> F <input type="checkbox"/> Gender
Country of Birth	/   /	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

/   /20		
Enrollment Date in New School	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 <sup>st</sup> 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	<div style="text-align: center;">/   /20</div> 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

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

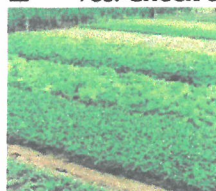
**Today's Date** \_\_\_\_\_ **Parent/Guardian First & Last Name** \_\_\_\_\_

**Student First Name** \_\_\_\_\_ **Student Last Name** \_\_\_\_\_

**School Name** \_\_\_\_\_ **Student Grade** \_\_\_\_\_

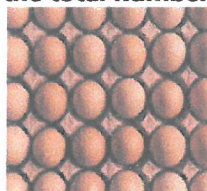
**1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?**

- ☐ No
- ☐ Yes. Check all that apply and list the total number of months worked:



☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

**Total Months Worked:** \_\_\_\_\_



☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

**Total Months Worked:** \_\_\_\_\_



☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

**Total Months Worked:** \_\_\_\_\_



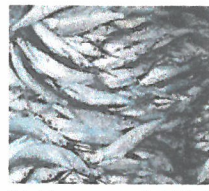
☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

**Total Months Worked:** \_\_\_\_\_



☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

**Total Months Worked:** \_\_\_\_\_



☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

**Total Months Worked:** \_\_\_\_\_

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

- ☐ No
- ☐ Yes. How long have you resided at your current address?  
 \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

**If you answered "Yes" to questions 1 and 2, please complete the information below.**

**Home Street Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Best Day of Week & Time of Day to Call** \_\_\_\_\_

**For School Use Only:** Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

<b>Student State ID:</b> _____	<b>Enrollment Date:</b> _____	<b>District ID:</b> _____
--------------------------------	-------------------------------	---------------------------





## 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: \_\_\_\_\_





## STUDENT SCHEDULE SELECTION, SY25/26

Student Name^

Grade^

First Day ^

### ACADEMIC PLACEMENT

*A Standard Class Schedule is generated for all students, unless documentation that supports a change is provided*

#### ☒ A Standard Class Schedule

This schedule is the expected curriculum for the grade and is generated for all students

#### ☐ Special Education Services or 504 currently in place and supporting data (documentation is required)

\_\_\_ Current 504 Attached      \_\_\_ Current IEP Attached      \_\_\_ Psychoeducational Report Attached

#### ☐ Honors or Advanced Classes currently enrolled (documentation is required)

\_\_\_ Math      \_\_\_ English      \_\_\_ Science      \_\_\_ Social Studies      \_\_\_ High School Spanish 1  
\_\_\_ Report Card Attached      \_\_\_ Current Schedule Attached      \_\_\_ Standardized Test Scores Attached

### ONE (1) MUSIC CLASS

*Please select one (1) Class below. Availability is based on staffing and student interest level.*

- ☐ **Band (Year-long)** Playing Baritone, Clarinet, Flute, French Horn, Percussion, Saxophone, Trombone, Trumpet, or Tuba
- ☐ **Orchestra (Year-long)** Playing Bass, Cello, Viola, or Violin
- ☐ **Chorus Vocal Music (Year-long)** Singing and performing as a group and introducing music theory & fundamentals

### RELATED ARTS CLASSES, ROTATED QUARTERLY

*Students will take Computer Science, Health & PE. Please select one (1) Additional Elective*

- \_\_\_ **Art Survey** Exploring the elements & principles of art in drawing, painting, printmaking, 3-D art & ceramics
- \_\_\_ **Career Awareness** Examining career paths & connecting personal strengths to career success
- \_\_\_ **PE** Staying active and participating in team & individual games, sports, conditioning, movement & rhythms
- \_\_\_ **Spanish Exploratory** Introducing the language & exploring the culture of Spanish-speaking countries
- \_\_\_ **Enrichment** Topics change based on student interest and staffing; a great opportunity to try something new

### ADDITIONAL NOTES

*Please list anything else you would like to communicate to your Student's School Counselor*







## Official Request for Student Records

### Farragut Middle School

200 West End Avenue

Knoxville, TN 37934

Phone: 865-966-9756

Fax: 865-671-7048

Registrar Email:

[jennifer.sonnenschein@knoxschools.org](mailto:jennifer.sonnenschein@knoxschools.org)

---

Student Name^

---

Grade^

---

Enrollment Date^

**The above Student has enrolled at Farragut  
Middle School in Knoxville, TN.**

#### Please forward the following Records:

- **TN Student PIN\*:** \_\_\_\_\_  
(\*for TN students only^)
- Birth Certificate Copy
- Immunizations Copy
- Academic Transcripts
- Standardized Test Scores
- Current Schedule
- Current Grades
- Attendance Records
- Conduct Records
- Home Language Survey - ESL/ELL
- Language Proficiency Scores - ESL/ELL
- Documentation of Exiting ESL/ELL
- 504 Service Plan if Applicable
- IEP if Applicable
- Psychoeducational Reports if Applicable

---

Parent/Guardian Signature^

---

Printed Name^

---

Today's Date^

---

Previous School Name^

---

County^

---

City^

---

State^

---

Phone^

---

Fax^

---

Email^







# Getting to Know Farragut Middle School

## Farragut Middle School

200 West End  
Knoxville, Tennessee 37934

Phone: 865.966.9756  
Fax: 865.671.7048

School Day: 8:30 am - 3:30 pm  
Building Open: 7:45 am - 4:00 pm  
[knoxschools.org/farragutms](http://knoxschools.org/farragutms)

*Welcome*

## When coming on to campus...

### **ONLY WEST END ENTRANCE IS OPEN ALL DAY**

Others are closed 9:00 am - 2:30 pm

### **STUDENTS: ARRIVING AFTER 8:30AM?**

Check in at the Main Office for your Tardy slip

### **EARLY DISMISSAL PICK UP**

Sign Out student in Main Office; Photo ID is required

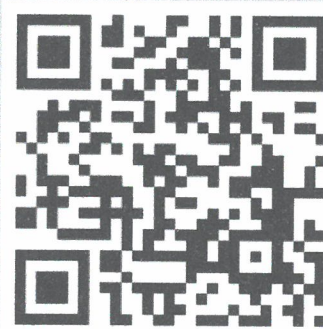
### **FORGOT SOMETHING?**

Drop Off item before 9:30 am by Main Office

### **VISITING CAMPUS DURING SCHOOL DAY?**

Check in at the Main Office for Visitor Badge

**FMS  
WEBSITE**



## Other Helpful Info

Knox County Schools - 865.594.1800

Technology Help - 865.594.1830

Transportation Dept- 865.594.1550

Welcome Center - 865.594.1760

## OFFICE STAFF

### **ADMINISTRATORS**

Greg Adams, Head Principal

Marie Schult, 6th Grade Principal

Brandon White, 7th Grade Principal

Kimberly Hamlett, 8th Grade Principal

Catherine Ginel, Assistant Administrator

### **ADMINISTRATIVE ASSISTANTS**

Ronda Fatcher: Front Office, Check In/Out

Leah Johnson: Attendance, Check In/Out

Jennifer Sonnenschein: Registrar, Substitutes

Patti Webb: Bookkeeper



# FARRAGUT MIDDLE SCHOOL

## PRINCIPALS

Greg Adams, Head Principal  
Marie Schult, 6th Grade  
Brandon White, 7th Grade  
Kimberly Hamlett, 8th Grade  
Catherine Ginel, Assistant Administrator

## SCHOOL COUNSELORS

Brooke Partin, 6th Grade  
Mercedes Ragan, 7th Grade  
Melissa Wright, 8th Grade [melissa.wright2@knoxschools.org](mailto:melissa.wright2@knoxschools.org)

## SCHOOL NURSE

Melissa Wright

## SOCIAL WORKER

Juli Cunningham

## ADMINISTRATIVE ASSISTANTS

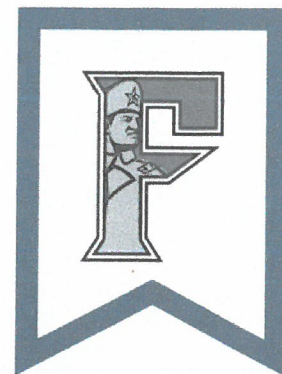
Ronda Fatcher: Front Office, Check In/Out  
Leah Johnson: Attendance, Check In/Out  
Jennifer Sonnenschein: Registrar, Substitutes  
Patti Webb: Bookkeeper

[knoxschools.org/farragutms](https://knoxschools.org/farragutms)

All staff email addresses are  
structured the same:

first name.last name@knoxschools.org

Except where noted.



*Admirals reach for the*  
**STARR**

SAFE

TEACHABLE

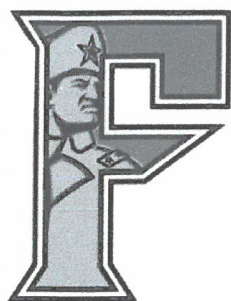
AWARE

RESPECTFUL

RESPONSIBLE



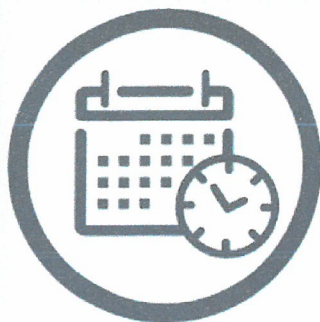




ALL OF THE

*things...*

## DAILY BELL SCHEDULE



FMS Website

KCS CALENDAR



FMS Sports



The Anchor  
Weekly Newsletter

FMS Clubs



STUDENT HANDBOOK



Transportation



BREAKFAST & LUNCH MENU





# Putting the Pieces Together

## YOU'VE JOINED THE FARRAGUT FAMILY... WHAT'S NEXT?

We use several apps and websites to keep your student's information and classes organized. To ensure that we can best communicate with you, please create a parent log-in to the following:

Schedule & Grades = Aspen	Payments = School Cash Online
Aspen is our database where student information, schedules & grades are kept. Each student will be assigned a Student Number "S#"	School & activity fees are paid through School Cash Online. Please pay those your first month of Enrollment.
Classroom work = Canvas	Communication = ParentSquare
Your student's teachers communicate their lesson plans, assignments & other important information through Canvas.	ParentSquare is our preferred method of communication for both KCS & FMS. Watch for an important message from our Principal each week. Download the free app!
Meals = Linq Connect	Laptop = Chromebook
Online payments for School Lunches can be made through <a href="http://linqconnect.com">linqconnect.com</a> To determine your eligibility for free/reduced breakfast & lunch, apply online <a href="http://linqconnect.com">linqconnect.com</a>	Sign a Chromebook Agreement & buy optional insurance (must be done within 10 days) <a href="http://knoxschools.org/farragutms">knoxschools.org/farragutms</a> > 1:1 Device Information. Use your S# to lookup your student.

### HOW TO CREATE YOUR ACCOUNTS:

Your student will have access to their accounts when they are issued their Chromebook.

Links and information to create parent accounts can be found on our website.

If you have trouble creating an account or logging in, please contact our help line 865-594-1830.

\*For access to Canvas, your student will need to request to add you as a Parent Observer.