



Middle School

NEW STUDENT ENROLLMENT PACKET

Students Coming From:

- Out of State
- Surrounding County
- Private or Homeschool
- Out of Country

(If English is not your Students first language, please contact the KCS Welcome Center at 865-594-1760 for translation services & processing)

Please have the New Student Enrollment Packet completed before you arrive to Enroll your student. Allow 30 minutes to process your Registration. School Tours are not available at this time.

Farragut Middle School

200 West End Avenue

Knoxville, TN 37934

Phone: 865-966-9756

Fax: 865-671-7048

Registrar Email:

jennifer.sonnenschein@knoxschools.org

Student Last Name^

Student First Name^

Grade^

Requested Starting Date^

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

- New Student Enrollment Packet
- Proof of Birth
(Birth Certificate, Passport or Adoption Papers)
- Proof of Residency
(Utility Bill, Lease or Mortgage)
- TN Immunization Form
(Out-of-State forms can be converted at Knox County Health Dept 865-215-5150)
- Student Physical
(Dated within 12 months prior to Enrollment; due within 30 days)
- Custody/Guardianship Papers*

For proper Placement, please provide:

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



Guardianship Confirmation Form

Student Name^

1. What is your relationship to the student?

Parent _____ Guardian _____ Foster Parent _____

2. If you are the parent, are you legally married to the child's other birth-parent?

____ Married ____ Separated ____ Divorced ____ Never Married ____ Not Applicable

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

Yes ____ *(a copy is required to be submitted to the school)*

Copy Submitted ____

No ____

4. Are there any Legal Protection Orders in place?

Yes ____ *(a copy is required to be submitted to the school)*

Copy Submitted ____

No ____

5. Are you sharing your current residence with someone? (Grandparents, in-laws, etc.?)

Yes ____ No ____

6. Is your current residence: Temporary ____ or Permanent ____?

Parent /guardian of the student named above declares the above information correct.

Print Parent/Guardian Name^

Parent/Guardian Signature^

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: _____

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.

<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.

Student Guardians (Continued)

Student Name: _____
Last Name First Name Middle Name

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.*

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.*

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 _____



*** Proof of Residence for Knox County Schools**

I, _____, hereby declare that the family of
Print Homeowner Name^

_____ is presently living with me at
Print Student's Name^

_____ until further notice.
Address^

The Student's Family Includes:

Signature of Homeowner^

Date^

TO BE COMPLETED BY NOTARY PUBLIC

State of Tennessee, County of Knox.

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

Signature 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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> <input type="checkbox"/> C P | <input type="checkbox"/> <input type="checkbox"/> C P | <input type="checkbox"/> <input type="checkbox"/> C P | <input type="checkbox"/> <input type="checkbox"/> 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 | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> <input type="checkbox"/> Heart defects | <input type="checkbox"/> <input type="checkbox"/> Stomach problems |
| _____ Requires inhaler
(Please provide school) | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> <input type="checkbox"/> Swallowing problems |
| <input type="checkbox"/> <input type="checkbox"/> Allergies: | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> <input type="checkbox"/> Migraine headache | <input type="checkbox"/> <input type="checkbox"/> Tracheotomy |
| _____ Bee stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> <input type="checkbox"/> Traumatic Brain
Syndrome |
| _____ Food: _____ | | <input type="checkbox"/> Spina bifida | <input type="checkbox"/> <input type="checkbox"/> Traumatic spinal injury |
| _____ Latex | | <input type="checkbox"/> <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> <input type="checkbox"/> Urinary problems |
| _____ Requires Epi-pen (please provide school) | | <input type="checkbox"/> <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> <input type="checkbox"/> Other: _____ |
| | | <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 _____

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)

P.O. Box 2188 • 912 South Gay Street • Knoxville, Tennessee 37901-2188 • Telephone (865) 594-1800



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 of Birth (mm/dd/yyyy)		Date first enrolled in ANY U.S. school (grades K-12)		
/ /				
Date first entered the United States	<p>THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.</p> <p>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</p>			

School Information

/ /20		
Enrollment Date in New School	Name of Former School and Town	Last Grade attended

Questions for Parents/Guardians

<p>1. What is the first language this child learned to speak?</p>	<p>Has this child ever received ELL (ESL) classes in another school?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/></p> <p><i>if yes, what year did this student 1st qualify for ELL?</i></p>
<p>2. What language does this child speak most often outside of school?</p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><i>if yes, what language?</i></p>
<p>3. What language do people usually speak in this child's home?</p>	
<p>Parent/Guardian Signature:</p> <p>X</p>	<p style="text-align: center;">/ /20</p> <p>Today's Date: (mm/dd/yyyy)</p>

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.

Student State ID:

Enrollment Date:

District ID:



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 Name:

Parent Name:

Phone:

Email:

Technology Device Agreement

By signing this document, I agree to the following requirements and conditions and accept financial responsibility for loss or damage of this device.

- I accept responsibility for using the technology device at school and outside of school hours.
- I understand that this technology device may be collected and inspected.
- I agree to keep this technology device in my possession at all times. I will not give or lend it.
- I will return the technology device to the school whenever I am asked to do so by school personnel.
- I will not use the technology device, in or out of school, for inappropriate or unlawful purposes in accordance with Knox County School Board Policy.
- I understand that if this technology device is lost or stolen, I will immediately notify school administration.
- If insurance offered by Knox County Schools is refused, I understand that my parents/guardians and I are responsible for costs associated with damages of the technology device.
- I understand that my parents/guardians and I are responsible for costs associated with total loss or theft of the technology device.
- I agree to return the technology device, charger, and protective covering in good working condition to the school at the conclusion of the school year or if I leave the school.
- I agree to not add stickers or other personal markings directly to the device.
- I understand that failure to comply with any of the guidelines and policies may result in suspension of the use of the technology device.
- I agree that my child will follow Knox County Schools policies for Acceptable use of the device both at school and at home.
- I understand that my child may be asked to submit the device throughout the year for a "health check" to inspect it for damages.

[Knox County School Board Policy I-222 - Internet Safety](#)

- I agree to the terms of the Technology Device Agreement**
- I DO NOT agree to the terms of the 'Technology Device Agreement**

Parent Signature:

Date:



RELATED ARTS ELECTIVES

Student Name^

Grade^

YEAR LONG CLASS

Please select one (1) Class from the categories below. If you select General Music, you will have all other classes in the rotation cycle including multiple PE classes to fill your schedule.

- Chorus** - performing as a group is required along with concert requirements
- General Music** - developing an understanding of various genres of music
- Band** - requires an instrument or rental fee; concert performance is required
- Orchestra** - requires instrument or rental fee; concert performance is required

QUARTERLY ROTATION CLASSES

One (1) Required Physical Education Class

PE - students need tennis shoes, shorts and a t-shirt; uniform not required

One (1) Required Health Class

Health - develop personal and social skills related to health

One (1) Required Art Class

Art - learn drawing techniques, digital drawing and mixed media

One (1) Required Elective *(Please rank your order of preference; 1=first choice)*

_____ **Technology** - computer literacy, science enrichment, etc.

_____ **Exploratory Spanish** - exposure to the Spanish language and culture

_____ **PE** - students need tennis shoes, shorts and a t-shirt; uniform not required

_____ **Math Intervention** - qualified students only, year-long instead of Electives

_____ **Reading Intervention** - qualified students only, year-long, instead of Electives



Official Request for Student Records by Farragut Middle School

200 West End Avenue
Knoxville, TN 37934
Phone: 865-966-9756
Fax: 865-671-7048
Registrar Email:
jennifer.sonnenschein@knoxschools.org

Student Name _____

_____,
Date of Birth _____,
has enrolled in the _____ th grade
at Farragut Middle School in Knoxville,
TN on this Date _____.

Parent/Guardian Signature^

Printed Name^

Date^

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
- 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

Previous School Name^

Address^

City, State^

Phone^

Fax^

Email^