



Middle School

TRANSFER STUDENT PACKET

Students Coming From:

- Another Public School within Knox County Schools District
- A Knox County Virtual School

Please have the Transfer Student 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:

- Transfer Student Packet
- Proof of Birth
(Birth Certificate, Passport or Adoption Papers)
- TN Immunization Form
(Out-of-State forms can be converted at Knox County Health Dept 865-215-5150)
- Proof of Residency
(Utility Bill or Lease or Mortgage)
- Custody/Guardianship Papers*
- IEP*
- 504 Service Plan*
- ESL/ELL Services*
- Psychoeducational Reports*
- Recent Transcript or Grades*

*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 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

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

One (1) Required Health Class

 X **Health** - develop personal and social skills related to health

One (1) Required Art Class

 X **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