

West Valley Middle School

Enrollment Requirements

1. **Health Record:**
 - a. **Official Tennessee Immunization Certificate.** The Knox County Health Department will transfer out of state immunization records onto the state form at no charge. (West Clinic-1028 Old Cedar Bluff Road; 865-215-5950).
 - b. Proof of physical exam: Within 30 days for students from out of state
2. **Proof of Residence:** Please present **one** from **each** category.
 - a. Most recent utility bill: gas, electric, water, cable/internet (not past due)
 - b. Rental/lease agreement, final sales contract, current mortgage statement, or cancelled check to mortgage company.

In the event these documents are in not in parent/guardian's name, a notarized statement is required. See Proof of Residence Sheet provided in packet.
3. **Birth Certificate, Passport, Immigration Documentation or Official Decree of Adoption**
4. **Proof of Custody/Guardianship:**
 - a. Lives with both birth parents; nothing more is needed
 - b. Lives with a divorced parent; Parenting Plan is required
 - c. Lives with adopted parent(s); Adoption Decree and Updated Birth Certificate required
 - d. Lives with court appointed guardian(s); Copy of legal document
 - e. Power of Attorney; Ask office for KCS form (must meet guidelines)
5. **Student Records to Assist with Placement**
 - a. Withdrawal sheet from previous school, including withdrawal grades, attendance, and discipline history.
 - b. Transcript of grades from previous school or previous report cards
 - c. Standardized test scores
 - d. If currently receiving special services: IEP, Psychological, and/or M-Team Report
6. **Parent/Guardian Photo ID**

WVMS

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.

<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 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.*

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 _____

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)

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

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 _____





HEALTH SERVICES PHYSICAL EXAMINATION AND IMMUNIZATION INFORMATION

Enrollment Requirements

Every student who enters a Knox County school for the first time or who is re-entering after being in another system must provide the following information.

Students entering school for the first time must provide:

1. A 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. A physical examination completed on the *Tennessee Department of Health, Certificate of Immunization* by a medical provider and dated within 12 months prior to the date entering a Knox County School. Students may be enrolled without this information, but must present it to the school within 30 calendar days or risk dismissal.
3. Birth Certificate

Students entering from another public or private system must provide:

1. A completed *Tennessee Department of Health, Certificate of Immunization* completed by your physician or the Knox County Health Department.
2. A 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 completed physical exam may be attached to the *Tennessee Department of Health, Certificate of Immunization*.

Note: Knox County Preschool and Knox County Head Start physical examinations are acceptable.

Immunization Exemptions:

Medical: Healthcare providers must indicate which specific vaccines are medically exempted (because of risk of harm) on the new form. Other vaccines are required.

Religious: Requires only a signed statement by the parent/guardian that vaccinations conflict with their religious tenets or practices. If documentation of a physical examination is required, it must be noted by the health care provider on the *Tennessee Department of Health, Certificate of Immunization*. In that case, the provider may explain the absence of immunization by checking that the parent has obtained a religious exemption.

Additional Information

Parents may contact the immunization clinic at the Knox County Health Department at (865) 215-5071 between 8:00 a.m. and 3:30 p.m. weekdays for students requiring immunizations.



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

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	Name of Former School and Town	Last Grade attended
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Questions for Parents/Guardians

<p>1. What is the first language the student 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>If yes, what year did this student 1st qualify for ELL?</p>
<p>2. What language does the student 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>If yes, what language?</p>
<p>3. What language is most often spoken to the student at home?</p>	<p>What is your preferred language for receiving emails and communications from KCS?</p>
<p>Parent/Guardian Signature:</p> <p style="font-size: 24px; margin-top: 10px;">X</p>	<p style="text-align: center;">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.



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: _____

West Valley Middle School
9118 George Williams Road
Knoxville, TN 37922
Phone (865) 539-5145, Fax (865) 539-5155

RELEASE OF STUDENT RECORDS

Date _____

Student Name _____ Current Grade _____

I hereby authorize:

Previous School Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Registrar email _____

Please send the following records: Grades Attended: _____

Educational Medical Psychological IEP Legal

Registrar,
If student is coming from a Tennessee school, please provide PIN number from
previous district _____ if applicable.

Authorized Signature

WEST VALLEY MIDDLE SCHOOL FINE ARTS

Grade _____

All Grades Choose 1 Full Year Class

(6th) Full Year	(7th) Full Year	(8th) Full Year
<input type="checkbox"/> Band for Beginners	<input type="checkbox"/> Art by Application Only Proof of Work Required	<input type="checkbox"/> Art (Visual) Application <i>High School Credit</i>
<input type="checkbox"/> Chorus	<input type="checkbox"/> Band Must Have 6th Grade Exp.	<input type="checkbox"/> Band Must Have 6th & 7th Exp.
<input type="checkbox"/> Orchestra for Beginners	<input type="checkbox"/> Chorus	<input type="checkbox"/> Chorus
	<input type="checkbox"/> Computer Science Exploratory	<input type="checkbox"/> Computer Science Exploratory
	<input type="checkbox"/> Orchestra w/1 Year Prior	<input type="checkbox"/> Orchestra w/2 Years Prior
		<input type="checkbox"/> Spanish <i>High School Credit</i>
		<input type="checkbox"/> World Geography <i>High School Credit</i>

******Related Arts Wheel; One Per Quarter. Mark 4 But There Is No Guarantee******

Peer Tutoring: Assist Special Friends Must Apply	Health & Safety 2nd May Be Optional Will Be Different Class	A Novel Study Your Choice As Approved By Teacher	Computer Literacy Web Design, Coding Hardware, A/V
Art Wheel Wide Range Media & Concepts	General Music Appreciate, Evaluate & Critique	P.E. Everyone Should Have One; 2nd May Be Optional	Exploratory Spanish Culture and Basic Language Skills 6th and 7th Only

West Valley Middle School
Proof of Residence

Student Name _____ Date of Birth _____ Current Grade Level _____

School student is zoned to attend _____

Parent/Guardian Name(s) _____ Phone _____

Current Address _____ City/State _____ Zip _____

In order to verify residency within the zone, please provide **one of the following**.

Current Bill

Electric/Gas
Cable/Internet
Water

Resident Documentation

New Rental Lease (Signed by Both Parties)
Purchase Document (New Purchase)
Current Mortgage Statement

***ONLY IF PROOF OF RESIDENCE IS NOT IN THE NAME OF THE PARENT/GUARDIAN**, a notarized statement will be accepted. Please complete the section below and have this document notarized. A utility bill in the name of the Renter/Owner will be required; please also bring a documentation in the name of the Parent/Guardian as soon as possible.

Name of Renter/Owner (Print) _____ Date _____

Address _____ Phone # _____

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.

I, (print) _____ the parent/guardian of the student named above, declare under penalty of perjury that the 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 _____

Signature of Renter/Owner Date _____

Notary Date _____

KCS CONNECT

Student Name: _____ Grade: _____

School: _____ Student ID: _____

Parent/Guardian 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 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: _____



WVMS STUDENT HANDBOOK INCLUDING KNOX COUNTY CELL PHONE POLICY

My signature acknowledges that I have read and understand the policies in the WVMS Student Handbook (FOUND ON OUR WEBSITE) and that I agree to abide by them as well as the cell phone policy referenced below.

- Please refrain from using cell phones/device, except in emergency situations.
- Student's cell phones/devices are to be put away during instructional time (8:30-3:30).
- If a student is caught with a cell phone/device during instructional time, the following procedure will be followed:
 - 1st offense: Student walks phone/device to office, enters info in log, and STUDENT can pick up at the end of the day.
 - 2nd offense: Student walks phone/device to office, enters info in log, and PARENT can pick up at the end of the day.
 - 3rd offense: Student walks phone/device to office, enters info in log and PARENT can pick up at the end of the day. Student may no longer have a cell phone/device at school. Board policy will be followed to determine next disciplinary steps.

Note: The principal or the principal's designee may grant a student permission to use a PCD (personal communication device) during class time for a specific academic purpose or at other times for other purposes that the principal deems appropriate.

Please reference Knox County's Electronic Device Policy regarding cell phone/device use.

KCS Policy J-240-Use of Personal Communication Devices at School

Use by students in Grades 6-8

Student: Please print _____ Signature _____

Parent: Please print _____ Signature _____