

Welcome to Halls Middle School. We hope you will find Halls a great school and our community a welcoming and inviting place to live. Please contact us if you have any additional questions or needs.

**REQUIREMENTS FOR ENROLLMENT:**

- \_\_\_\_\_ Tennessee School Immunization Certificate from a healthcare provider or local health department. (\* see directions below)
  
- \_\_\_\_\_ Physical (after the age of five (5) is acceptable OR provide date of a scheduled appointment. Must be submitted to the school nurse with in thirty (30) days of enrollment.
  
- \_\_\_\_\_ Copy of Birth Certificate (passport for students from out of the country)
  
- \_\_\_\_\_ Proof of residence  
Copy of a sales contract or lease  
Copy of utility bill (Hallsdale-Powell/ KUB/ CUB)  
Notarized letter (if you are residing with a family member, or friend- the person you are living with we will need their utility bill and copy of their id also)
  
- \_\_\_\_\_ Proof of custody (if applicable) \*Parenting, adoption papers, any legal documents pertaining to the child being registered\* \*\*Copies must be presented at time of registration\*\*
  
- \_\_\_\_\_ Photo ID/Driver's license (Parent enrolling the child)

**PLEASE BRING IF POSSIBLE:**

- \_\_\_\_\_ Copy of last report card and/or current grades from previous school attended
  
- \_\_\_\_\_ Copy of last standardized test scores
  
- \_\_\_\_\_ IEP if applicable (only applies for special education students)

If you have questions, please contact Ms. Chappell Harbin at (865) 922-7494 between 8:30 and 3:30 pm, Monday through Friday.

Knox County Health Department provides immunizations for school children for a nominal fee. Parents will need to bring their own photo ID, the child's previous immunizations if available, and should report to the clinic before 3:30pm.

The Main Clinic is at 140 Dameron Avenue, Phone: 865-215-5000. Hours are Monday- Friday from 8:00am- 4:30 pm. Directions: from I-275-Exit at Baxter Avenue; go east on Baxter to Wray Street traffic light; turn right on Wray, go 2 blocks; turn left onto Dameron Avenue; left in the parking lot.

The Teague Clinic is at 405 Dante School Road, Phone: 865-215-5500. Open Monday-Wednesday- Friday from 8:00am- 4:30pm. From Halls Take I-75 south to Callahan Rd. exit; go across Central Ave Pike, cross the railroad track; clinic is ¼ mile on the right.

## New Immunizations Information:

Dear Parent/Guardian:

The Tennessee Department of Health has issued new immunizations requirements and new Immunization Certificate required for entry into school. The new form will be available from your medical provider or local health department. All vaccinations must be up-to-date and documented on the new form prior to enrolling in Pre-school, Kindergarten, and Seventh Grade or as a new student entering Knox County Schools. This change became effective July 1, 2010. The new immunization requirements are underlined:

### PRESCHOOL

- - DTaP or DT
  - Hepatitis B (HBV)
  - Poliomyelitis (IPV or OPV)
  - H.influenzae (HiB): **age younger than 5 years only**
  - Varicella (Chickenpox)
  - Measles Mumps Rubella (MMR)
  - Pneumococcal (PCV): **age younger than 5 years only**
  - Hepatitis A

### KINDERGARTEN

- - DTaP or DT
  - Polio (IPV or OPV): **(final dose on or after the 4th birthday)**
  - Measles, Mumps, Rubella **(2 doses of each, usually given together as MMR)**
  - Varicella (Chickenpox): **2 doses or history of disease**
  - Hepatitis B (HBV)
  - Hepatitis A **(2 doses)**

### SEVENTH GRADE

- - Tetanus-diphtheria-pertussis booster (Tdap)
  - Verification of immunity to varicella **(2 doses or history of disease)**

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: \_\_\_\_\_

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 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.*

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

# Halls Middle School

**Jessica Strickland**  
Executive Principal

4317 E. Emory Road  
Knoxville, Tennessee 37938  
Telephone(865) 922-7494 - Fax (865) 925-7493  
www.knoxschools.org/hallsms

**Bob Thomas**  
Superintendent

**Joy Sherrod**  
Grade Level Administrator

Serving others  
and Striving  
for greatness

**Nick Walsh**  
Grade Level Administrator

**Tom Poisal**  
Grade Level Administrator

## Guardianship Confirmation Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian 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 parent?  
 Married  Separated  Divorced  Never Married

3. Is this child subject to a parenting plan or any court orders?  
 Yes (A copy of these documents are required to be submitted to the school)  
 No

4. Are there any orders of protection in place?  
 Yes (A copy of these documents are required to be submitted to the school)  
 No

5. Are you sharing your current residence with someone? (grandparents, friend, in-laws, etc)  
 Yes  
 No

6. Is your current residence temporary \_\_\_\_\_ or permanent \_\_\_\_\_?

I, \_\_\_\_\_ the parent/guardian of the student named above declare that the above information is correct.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

All In



No Excuses

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<br>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"/> Traumatic spinal injury  |
| <input type="checkbox"/> Latex                             |  | <input type="checkbox"/> Orthopedic problems     | <input type="checkbox"/> Urinary problems         |
| <input type="checkbox"/> Requires Epi-pen                  |  | <input type="checkbox"/> Sensitivity to light    | <input type="checkbox"/> Other: _____             |
|  |  | <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 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:

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Parent/legal guardian:

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(print)

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(signature)

Date: \_\_\_\_\_

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



# Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive **free** educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

STUDENT FIRST NAME:	STUDENT LAST NAME:	DATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		

1) In the past three years, have your children moved to another city, state, and/or country?

Yes       No

2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?

Yes       No

a. If yes, please circle all that apply:



**Processing & Packing**  
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



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



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



**Nursery/Greenhouse**  
(planting, potting, pruning, watering, etc.)



**Forestry**  
(soil preparation, planting, growing, cutting trees, etc.)



**Fishing/Fish Processing**  
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue. Otherwise, your form is complete.

3) How long have you been in this county in Tennessee?

WEEKS:	MONTHS:	YEARS:
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HOME ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		

**For school use only:** If questions 1 and 2 are "yes," please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

School District:	Student State ID:	Enrollment Date:
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# 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  Gender F

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 \_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Name of Former School and Town \_\_\_\_\_ Last Grade attended \_\_\_\_\_

Questions for Parents/Guardians	
1. What is the first language this child 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"/>
2. What language does this child speak most often outside of school?	If yes, what year did this student 1 <sup>st</sup> qualify for ELL? 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 do people usually speak in this child's home?	
Parent/Guardian Signature:  X _____	Today's Date: _____ / ____ / 20____ (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.