

**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: \_\_\_\_\_

**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

Citizenship: \_\_\_\_\_

Pacific Islander

White

Mother's Maiden Name: \_\_\_\_\_

**Military Dependent:**  Reserve  National Guard

*(if applicable)*  Active Military

What is the first language this child learned to speak? \_\_\_\_\_

What language does this child speak most often outside of school? \_\_\_\_\_ US Entry Date \_\_\_\_\_

What language do people usually speak in this child's home? \_\_\_\_\_ US School Entry Date \_\_\_\_\_

**Related Students attending any Knox County Schools** (in same household) -- Please include Last Name, First Name, and Birthdate


**Please list all 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 \_\_\_\_\_

## Student Guardians (Continued)

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\*Primary Phone #: \_\_\_\_\_  
Emergency #: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Other #: \_\_\_\_\_  
\*Cell: \_\_\_\_\_  
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