

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.

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 _____

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: _____

**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.*

Contact: _____
Relationship: _____
Address: _____

*Primary Phone #: _____
Emergency #: _____
Employer: _____
Work #: _____
Other #: _____
*Cell: _____
Primary E-mail: _____
Alternate E-mail: _____

FORT SANDERS SCHOOL **CLINIC & TEACHER EMERGENCY CARD**

Student's Name (Please Print) _____

Special Medical Condition, if any _____

Medications Given at School, if any _____

Parent/Guardian Names _____

Address _____

Parent/Guardian Cell Phone Number _____

Parent/Guardian Cell Phone Number _____

Relative, Neighbor or friend to call if unable to contact parents:

Name _____ Phone _____

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

This information will be used by the school nurse to provide care for your child.

CI-277 (6/20)

KNOX COUNTY SCHOOLS

PERSONAL DATA QUESTIONNAIRE

Dear Parents:

Children spend only a small portion of their time each day at school, the rest of the time is spent at home with Mother, Father, brothers, sisters and friends. Knowing what a child is like at home, and knowing what a child's home is like is important to teachers if they are to understand and teach your child as an individual. Help us to work with your child in the best possible way, take the time to carefully think about and answer the questions on this form.

1. Child's full name _____ Sex _____
First Middle Last

The name by which your child wants to be called _____

2. Place of birth: City _____ County _____ State _____

Birthdate _____ Birth Certificate Number _____
Month Day Year

3. Home and Family: Address _____

How long have you and your child lived at the present address? _____

Does your child have a room of his own? _____ Shares room with _____

4. Father's name _____ Birth Date _____
First Middle Last Month Day Year

Present occupation: (Please be specific - if a salesman, salesman of what, for who)

What type of activities does the father and child do together? _____

5. Mother's name _____ Birth Date _____
First Middle Last Month Day Year

Present occupation: _____

What type of activities does the mother and child do together? _____

Child lives with: Both parents Mother Father Other (Circle)

6. Please list names and birthdates of other children in the family (list in order of birth, from oldest to youngest.)
(Put a check mark if not living with the family.)

Name Sex Birthdate At what school, in what grade?

7. When both parents are away from home, who cares for the child? (Like a relative, a friend, a sitter, and so on.)

8. Is anyone other than mother and father living regularly in the home? _____

9. **School Experiences:** Please list any schools your child has attended before entering this school; tell how much time was spent at the schools (hours a day, days a week); and the dates your child attended these schools.

School

Time attended

Dates attended

What was your child's attitudes toward these schools? _____

What other group experiences has the child had outside the home? _____

10. Briefly tell us what **kinds** of things the different family members usually do when they are together with this child

Father and child _____

Mother and child _____

Brothers/sisters and child _____

Entire family together: _____

11. List as many of your child's favorite play materials, activities or interests as you can: _____

12. What situations most often lead to problems with your child? _____

How do you handle these problems, and how do you feel the school should handle these problems? _____

13. Is there anything which you could tell us about your child which would help his teacher in understanding how he thinks and behaves? Please be as complete as possible; the more we know about your child, the more we can teach him and help him. (For extra space, attach an additional sheet.)

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

DATE

Knox County Schools
PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

School student is 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. Past Due bills or Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

☐ Deed/Lease/Rental Agreement

☐ Internal Revenue Service W-2

☐ Verification of Social Services

☐ Other _____

☐ Utility Bill (Electric)

If proof of residence is provided by a notarized document from the homeowner or person responsible for lease/rent or providing housing, please list the person's name and address. Also, a copy of owner's utility (etc.) bill is required.

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 residence changes, I will notify the school within two weeks.

Signature of Parent / Guardian

Date _____

School official's signature _____

Date _____

Guidance: Proof of Residence



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: _____

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.)**



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) <u> </u> / <u> </u> / <u> </u>	Date first enrolled in ANY U.S. school (grades K-12) <u> </u> / <u> </u> / <u> </u>	
Date first entered the United States <u> </u> / <u> </u> / <u> </u>	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 <u> </u> / <u> </u> / <u> </u> 20 <u> </u>	Name of Former School and Town _____	Last Grade attended _____
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Questions for Parents/Guardians

1. What is the first language the student 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 the student speak most often outside of school?	If yes, what year did this student 1 st 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 is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
Parent/Guardian Signature: X _____	Today's Date: <u> </u> / <u> </u> / <u> </u> 20 <u> </u> (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.



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?

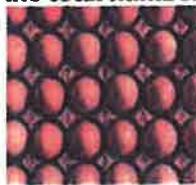
☐ No

☐ 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 in 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: _____

Encuesta Ocupacional de Tennessee

Para mejor servir a sus hijos, nuestro distrito escolar le gustaría identificar a estudiantes quienes pueden calificar para programas educacionales adicionales, como tutoría, materiales escolares, almuerzo gratis o a precio reducido, campamentos de verano y otros servicios. **La información que proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese este formulario a la escuela.

Fecha _____ Nombre del Padre/Guardian _____

Primer Nombre de Estudiante _____ Apellido de Estudiante _____

Escuela _____ Grado _____

1 ¿Durante los últimos tres años usted o alguien en su familia ha trabajado temporalmente o por temporadas en los siguientes trabajos en los Estados Unidos?

☐ No

☐ **SI. Marque todas las que apliquen y enumere el numero de meses trabajados:**



☐ **Trabajo de campo/Agricultura**
(sembrar, plantar, pizar, cosechar, empaçar, s
ortear vegetales, frutas, algodón, etc.)

Total de meses trabajado: _____



☐ **Procesamiento/Empaque de alimentos y
carnes** (vegetales y carne de res, pollo, cerdo, etc)

Total de meses trabajado: _____



☐ **Lecheria/Ganaderia** (Ordeñar,
alimentar, acorralar)

Total de meses trabajado: _____



☐ **Vivero/Invernadero** (sembrar, cultivar,
plantar flores, plantas)

Total de meses trabajado: _____



☐ **Trabajo Forestal** (sembrar, plantar, cultivar,
cosechar arboles; paisajista no incluido)

Total de meses trabajado: _____



☐ **Pesca/Procesamiento de Pescado**
(sortear, empaçar, pescado o mariscos)

Total de meses trabajado: _____

2. En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado?

☐ No

☐ **SI. Cuanto tiempo lleva en su actual dirección?**

_____ Años _____ Meses _____ Semanas

Si respondio "si" a las preguntas, porfavor llenar las siguientes preguntas.

Domicilio _____ Apt # _____

Cuidad _____ Estado _____ Codigo Postal _____

Numero de Telefono _____ Mejor día de la semana y hora para llamar _____

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
Andrew Johnson Building



Dear Parent/Guardian:

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

Pre-School requirements:

- DTaP or DT
- Hepatitis B (HBV)
- Poliomyelitis (IPV or OPV)
- H.influenzae (HiB)
- Varicella (Chickenpox)
- Measles Mumps Rubella (MMR)
- Pneumococcal (PCV)
- Hepatitis A

Kindergarten requirements:

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

Seventh grade requirements:

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

New student requirement:

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

For additional information, please contact the Knox County Health Department at (865) 215-5150 or Knox County Schools Health Services at (865) 594-3643.



KNOX COUNTY SCHOOLS CLOTHING CENTER PTA

1000 North Central Avenue, Ste. 7
Knoxville, TN 37917

Phone: 594-3791 Website: www.clothingcenterpta.org

The Knox County Schools Clothing Center PTA offers a unique service to the students enrolled in our Knox County public schools. From the first clothing drive in 1931 to present day, the purpose of the Clothing Center has been to provide clothing assistance for students who have a financial need and have been declared eligible by their school. United Way, Knox County Government, PTAs, PTSAs and individuals help the Center to provide clothing students need to attend school regularly. Improved self-esteem, which leads to improved educational readiness, is only one plus of this service for children.

Referrals come from your child's Principal, School Secretary, School Counselor, or Social Worker. The Federal Free and Reduced Meal Program guidelines are used as a basis for determining eligibility. The final determination is **based on the need of the child**. Each child served by the Center receives an allotment of new items, including jeans/bottoms, shirts, socks and underwear, and a number of gently-used items. The number of new items is based on the dress code of the school the student attends, and the used items are determined by availability. The Center is not always able to provide new and/or used items for students enrolled in schools with stricter/uniform dress codes.

WHAT PARENTS SHOULD DO IF THEIR CHILD NEEDS ASSISTANCE:

1. Talk with the secretary, school counselor, or social worker in each school you have a child attending and request a Clothing Card for the Clothing Center. Your child/children must be enrolled in a Knox County Public School.
2. Obtain a Clothing Card from each school. You must have a card before calling the Center for an appointment.
3. Call the Clothing Center for an appointment according to instructions found on the Clothing Card.
4. Bring Clothing Card(s) and some form of identification to your appointment in order to receive clothing.

POLICIES YOU SHOULD KNOW:

- Your child/children may be seen once per semester, and you **must** get a new Clothing Card each time.
- You **must** call to set up an appointment to be served. **Clients are seen by appointment only.**
- Appointments are set in one week blocks, one week at a time. Each child is set for a 20 minute appointment (for example: 3 children would be allotted 60 minutes).
- You **must** have some form of identification to pick up clothing.
- If you cannot make your scheduled appointment, you **must** call at least 24 hours in advance to reschedule. This allows staff the opportunity to work in another child.
- If you miss your appointment and do not contact the Center, you may not reschedule for 30 days.

If you would like to help the Center continue this unique service for our students, you should know that donations of clothing and/or money are tax deductible. For the last several years, the Center has served over 2,000 students and distributed over 55,000 articles of clothing. Your support is greatly appreciated, and your donation will indeed benefit a child. For more information call the Clothing Center at 594-3791 or visit our website at www.clothingcenterpta.org.



ESCUELAS DEL CONDADO DE KNOX ROPA CENTRO PTA

1000 North Central Avenue, Ste 7
Knoxville, TN 37917

Teléfono: (865) 594-3791 sitio web: www.clothingcenterpta.org

Knox County escuelas ropa centro PTA ofrece un servicio único a los alumnos matriculados en nuestras escuelas públicas de Condado de Knox. Desde la primera unidad de ropa en 1931 a la actualidad, el propósito del centro de ropa ha sido asistencia ropa para estudiantes que tienen necesidad financiera y han sido declarados elegibles por su escuela. United Way, gobierno del Condado de Knox, PTAs, PTSAs e individuos ayudar al centro de ropa los estudiantes deben asistir a la escuela regularmente. Mejor autoestima, que conduce a una mayor preparación educativa, sirve sólo un plus de este servicio para los niños.

Referencias provienen de su hijo Principal, Secretaria de la escuela, consejero escolar o Trabajador Social. Las directrices federales gratis y reducido programa de comida se utilizan como base para determinar la elegibilidad. La determinación final es **basado en la necesidad del niño**. Cada niño atendido por el centro recibe una asignación de nuevos elementos, incluyendo los fondos de los pantalones vaqueros, camisas, calcetines y ropa interior y un número de artículos ligeramente usados. El número de nuevos artículos se basa en el código de vestimenta de la escuela asiste el estudiante y los elementos utilizados se determinan por la disponibilidad. El centro no siempre es capaz de proporcionar artículos nuevos o usados para los estudiantes inscritos en las escuelas con códigos de vestimenta más estrictos/uniforme.

LO QUE LOS PADRES DEBEN HACER SI SU HIJO NECESITA ASISTENCIA:

1. Hable con el Secretario, consejero escolar o trabajador social en cada escuela a que tiene un hijo asistiendo y solicitar una tarjeta de ropa para el centro de la ropa. Su hijo debe estar inscrito en una escuela pública del Condado de Knox.
2. Obtener una tarjeta de la ropa de cada escuela. Debe tener una tarjeta antes de llamar al centro para hacer una cita.
3. Llame al centro de la ropa para una cita según instrucciones que se encuentran en la tarjeta de la ropa.
4. Traer ropa tarjetas y alguna forma de identificación a su cita para recibir la ropa.

POLÍTICAS QUE USTED DEBE SABER:

- Su hijo puede verse una vez por semestre y usted **debe** obtener una nueva tarjeta de ropa cada vez.
- Usted **debe** llamar para programar una cita para ser servido. **Clientes se ven sólo con cita previa.**
- Citas se encuentran en bloques de una semana, una semana en un momento. Cada niño está preparado para una cita de 20 minutos (por ejemplo: 3 niños se repartirán 60 minutos).
- Usted **debe** tener alguna forma de identificación para recoger ropa.
- Si usted no puede hacer su cita, usted **debe** llamar al menos 24 horas de anticipación para reprogramar. Esto permite al personal la oportunidad de trabajar en otro niño.

Si desea que el centro Ayude a continuar con este servicio único para nuestros estudiantes, usted debe saber que las donaciones de ropa o dinero son deducibles de impuestos. En los últimos años, el centro ha servido más de 2.000 estudiantes y distribuido más de 55.000 artículos de la ropa. Su ayuda es muy apreciada y su donación beneficiará de hecho un niño. Para más información llame al centro de la ropa al (865) 594-3791.

2022-2023 Knox County Schools Calendar

August 1 (Monday)	First Day for Teachers – In-service (Building)
August 2 (Tuesday)	In-service Day (PreK-12 System-wide)
August 3 (Wednesday)	Administrative Day (Teacher Workday)
August 4 (Thursday)	In-service Day (1/2 day – School-based); Administrative Day (1/2 day – Teacher Workday)
	Orientation for 6 th and 9 th graders
August 5 (Friday)	Administrative Day (Teacher Workday)
August 8 (Monday)	First Day for Students (1/2 day for students)
August 17 (Wednesday)	Early Release Day for Students
September 5 (Monday)	Labor Day – Holiday
September 7 (Wednesday)	End 4½-weeks Grading Period (22 days)
September 17 (Saturday)	Constitution Day
September 21 (Wednesday)	Early Release Day for Students
October 7 (Friday)	End First 9-weeks Grading Period (44 days)
October 10-14 (Monday – Friday)	Fall Break
November 8 (Tuesday)	In-service Day (PreK-12 System-wide) (Student Holiday)
November 16 (Wednesday)	End 4½-weeks Grading Period (22 days); Early Release Day for Students
November 23-25 (Wednesday-Friday)	Thanksgiving Holidays
December 21 (Wednesday)	½ day for Students
	End Second 9-weeks Grading Period (44 days)
	End First Semester (88 days)
December 22 – January 5 (11 days)	Winter Holidays
January 6 (Friday)	In-service Day (1/2 day – School-based); Administrative Day (1/2 day – Teacher Workday) (Student Holiday)
January 9 (Monday)	First Day for Students after Winter Holidays
January 16 (Monday)	Martin Luther King, Jr. Day – Holiday
January 25 (Wednesday)	Early Release Day for Students
February 8 (Wednesday)	End 4½-weeks Grading Period (22 days)
February 15 (Wednesday)	Early Release Day for Students
February 20 (Monday)	In-service (PreK-12 System-wide)
March 10 (Friday)	End First 9-weeks Grading Period (Third 9-weeks Grading Period) (43 days)
March 13-17 (Monday-Friday)	Spring Break
March 22 (Wednesday)	Early Release Day for Students
April 7 (Friday)	Holiday
April 10 (Monday)	In-service (Building) (Student Holiday)
April 21 (Friday)	End 4½-weeks Grading Period (23 days)
May 24 (Wednesday)	Last Day for Students (1/2 day for students)
	End Fourth 9-weeks Grading Period (46 days)
	End Second Semester (89 days)
May 25 (Thursday)	Administrative Day (Teacher Workday) – Last Day for Teachers
June 19 (Monday)	Juneteenth

Calendar Summary:

180 Instructional Days*
 4 Scheduled Administrative Days
 2 Unscheduled In-service Days
 1 Unscheduled Parent-Teacher Contact Hours
 6 Scheduled In-service Days
 6 Early Release Days for Students
 10 Vacation Days

* In accordance with TCA 49-6-3004: 177 student instructional days plus three (3) due to the daily seven-hour schedule.

Early Release Day Dismissal Times: Elementary – 12:30 PM; Secondary – 1:30 PM

Under this calendar the Knox County Schools may cancel up to ~~ten~~(10) **eight (8)** instructional days due to inclement weather before any makeup days will be required.