

NORTHSHORE ELEMENTARY  
ENROLLMENT CHECKLIST 2020-2021

**KINDERGARTEN PARENT CHECKLIST**

Your child must be 5 yrs. old on or before August 15, 2020 to enter Kindergarten.

**#1 New Student Enrollment**

**#2 Personal Data Questionnaire**

**#3 Home Language Survey**

**#4 Proof of Residence Form and Documentation**- We must have proof of residency in our school zone (Utility bill, deed/lease agreement, notarized statement if you live with someone and your name is not on the lease/deed).

**#5 Tennessee Parent Occupational Survey**

**#6 Special Services Form (Required Signature)** - This is a required form for everyone. Your signature is verification that you have been notified that Special Education Services are available through Knox County Schools and how to obtain them.

**#7 Student Medical Profile**

**#8 Student Media Release Form**

**\*\*\* Proof of Birth** - We must have acceptable verification of birth date (Birth Certificate, Passport, Immigration Documentation, Decree of Adoption,) and no one form of documentation is required or preferred over another.

**\*\*\* Tennessee Cert. of Immunization** - completed and signed by a health provider. You may get this form from your child's physician or the Health Department. If you are moving from out of state, your physician or the health department will transfer the immunizations to a Tennessee form for you. Your child will not be admitted to class until we have the completed Tennessee School Immunization Certificate. This is a State Law.

**\*\*\*Proof of Physical** - A physical exam must have been completed within the past year (12 month period) prior to the first day of school. The proof of physical can be from any area.

Does your child have?      IEP    504    Open S-Team

**\*\*RETURN ENCLOSED ENVELOPE ADDRESSED TO STUDENT WITH 2 STAMPS\*\***

#1

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.

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

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



#3

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

**Questions for Parents/Guardians**

<p>1. What is the first language this child learned to speak?</p>	<p>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"/></p>
<p>2. What language does this child speak most often outside of school?</p>	<p>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?</p>
<p>3. What language do people usually speak in this child's home?</p>	
<p>Parent/Guardian Signature: X</p>	<p>Today's Date: <u>  /  /20  </u> (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.

#3

#4

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

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 \_\_\_\_\_



## 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.

<b>Student State ID:</b>	<b>Enrollment Date:</b>	<b>District ID:</b>
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#6

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

#6

#7

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 \_\_\_\_\_



#8

## 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)

---

(signature)

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