# BLUE GRASS ELEMENTARY KINDERGARTEN ENROLLMENT (2022 – 2023) Packets WILL NOT be accepted until ALL information and forms are completed PLEASE PRINT ALL INFORMATION ACCURATELY

BIRTHDATE (5 years old) ON/OR BEFORE AUGUST 15, 2017

\_\_\_\_\_NEW STUDENT ENROLLMENT FORM (3 pages)

\_\_\_\_STUDENT MEDICAL PROFILE

KINDERGARTEN PERSONAL DATA QUESTIONNAIRE (2 pages)

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF IMMUNIZATION

COPY OF STATE CERTIFIED BIRTH CERTIFICATE WITH CERTIFIED STATE NUMBER

VERIFIED PROOF OF RESIDENCE FOR IN ZONE (utility: gas, water, or electric – lease

### agreement/contract)

SPECIAL SUPPORT SERVICES (every student must have this form on file)

\_\_\_\_\_TENNESSEE PARENT OCCUPATIONAL SURVEY (every student must have this form on file)

\_\_\_\_\_HOME LANGUAGE SURVEY (every student must have this form on file)

\_\_\_\_CAR RIDER TRANSPORTATION SIGN-UP

\_\_\_\_PTO WELCOME WAGON

PTO NEW STUDENT YARD SIGN PERMISSION

Summer office hours will be posted on the front door and on the electronic sign in front of the school.

If you have any questions, please call Blue Grass Elementary:

865 539-7864

	KNOX COUNTY SCHOOLS	FOR OFFICE USE ONLY
	NEW STUDENT ENROLLMENT	Student ID
	NEW STUDENT ENROLLMENT	Homeroom
		School
Enrollment Date:	Grade	Bus Number
Last Name	First Name	Middle Name
Student PIN Number:		Gender: 🗌 Female 🗌 Male
Date of Birth:		Ethnicity: Hispanic Non-Hispanic
Birthplace / City:		Race: (check all that apply)
Birth County:		
Birth State		American Indian
Birth Country:		Pacific Islander
Mother's Maiden Name:		U White
	Military D	ependent:       Reserve       National Guard         f applicable)       Active Military
Related Students attending any Knox	County Schools (in same household) Please include Last Name,	First Name, and Birthdate
	[	
Relationship:	Relationship:	
Address:	Address:	
*Primary Phone #:	*Primary Phone #:	
Work #:	Work #:	
Other #:	Other #:	
*Cell:		
Primary E-mail:		
Alternate E-mail:	Alternate E-mail:	
*This is the telephone number that receives a	automated telephone calls.	
Notes (Individuals other than parent/	guardian who may pick up the child.)	
Name	Phone Numbers	

CI-276 (2/22)

Please complete the back of this form.

Student	Name:					
	Last Name	First Nar	ne			Middle Name
Alerts	(non-medical spec	ial instructions)				
School	History					
Pre-scho	ools attended (if kind	ergarten student):				
	Las	t school attended:				
		Address:				
	Other					
				-		
Is this st	udent currently unde	r suspension / expulsion from another school	I? 🗌	Yes		No
Has this	student previously r	eceived Special Education services?		Yes		No
Has this	student previously r	eceived services under Section 504?		Yes		No
Is this stu	udent currently recei	ving Special Education services?		Yes		No
Is this stu	udent currently recei	ving services under Section 504?		Yes		No
lf YES, li	st program(s):					
Does the	e student stay in ar	y of the following places at night? Check	k any tha	at apply	<i>ı</i> :	
🗆 ho	me/apartment owne	d or rented by the parent(s)/guardian(s)				
🗆 in i	a shelter					
🗖 in a	a motel / hotel					
🗆 in a	a car					
at at	a campsite					
🗆 in a	another location that	is not appropriate for people (e.g., an aband	oned bui	lding, n	o ele	ctricity or running water)
🗆 ter	nporarily with more t	han one family in a house, mobile home or a	partment	(becau	se th	ne family does not have a place of its own)
□ oth	ner (in an arrangeme	nt that is not fixed, regular and adequate and	l is not de	escribed	d by t	the other choices)
Form cor	mpleted by					Date

Relationship to the student \_

List additional contacts on the following page.

#### Student Guardians (Continued)

	First Name	Middle Name
Contact:	Contact:	
Relationship:	Relationship:	
Address:	Address:	
Primary Phone #:	*Primary Phone #	
Emergency #:		
Employer:		
Work #:		
Other #:		
*Cell:		
Primary E-mail:		
Alternate E-mail:		
This is the telephone number that receives automa	ated telephone calls.	
This is the telephone number that receives automa	ated telephone calls.	
This is the telephone number that receives automa Contact: Relationship:	ated telephone calls. Contact: Relationship:	
This is the telephone number that receives automa	ated telephone calls. Contact: Relationship:	
Contact: Relationship: Address:	ated telephone calls.  Contact: Relationship: Address:	
Contact:	ated telephone calls.  Contact:  Relationship:  Address:  *Primary Phone #:	
Contact:	ated telephone calls.  Contact: Relationship: Address:  *Primary Phone #: Emergency #:	
Contact:	ated telephone calls.  Contact: Relationship: Address: Address: *Primary Phone #: Emergency #: Employer:	
Contact:	ated telephone calls.  Contact: Relationship: Address: Address: *Primary Phone #: Emergency #: Employer: Work #:	
Contact:	ated telephone calls.  Contact: Relationship: Address: Address: *Primary Phone #: Emergency #: Employer: Work #: Other #:	
Contact:	ated telephone calls.         Contact:         Relationship:         Address:         Address:         *Primary Phone #:         Emergency #:         Employer:         Work #:         Other #:         *Cell:	

\*This is the telephone number that receives automated telephone calls.

# KNOX COUNTY SCHOOLS

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

Student's Name:		(F	-irst)		(Middle)
Grade: Home	room:				
					No. If yes, please explain:
Does the student require a dail	y medica	I procedure performed	d by a schoo	ol nurse? If so explain:	
What medications, if any, does	the stud	ent take?			
Does the student seem to have	e vi <mark>sion</mark> , l	hearing or speech prol	blems?	_YesNo. If yes, pl	ease explain:
The student has a history of (C	heck any	/ that apply): C= Curre	ent P= Pasi		
P P	C P		CP		CP
		ADD/ADHD		Down's Syndrome	□ □ Shunts/hydrocephalus
Amputation(s)		Celiac disease		"G" / "J" feeding tubes	Skin problems
] 🗆 Asthma/reactive		Cerebral palsy		Heart defects	□ □ Stomach problems
airway disease		Crohn's Disease		Hemophilia	Swallowing problems
Requires inhaler (Please provide school)		Cystic fibrosis		Migraine headache	□ □ Tracheotomy
] 🗆 Allergies:		Diabetes		Muscular dystrophy	Traumatic Brain
Bee stings				Spina bifida	Syndrome
Food:				Orthonord	Traumatic spinal injury
Latex				Orthopedic problems	Urinary problems
Requires Epi-pen (pl	ease pro	vide school)		Sensitivity to light Seizure disorder	Other:
If any are checked above	e, please	explain:			
is important for teachers and p	rincipals	to have your child's s	pecial medi	cal information so that an	y emergency can be handled
opropriately. Summarize any s	pecial me	edical conditions:			
pes your child require any spec	cial dieta	ry accommodations? _	If y	you answered yes and yo	u want your child to eat at school
ease obtain and have your chil	d's docto	or fill out the dietary ac	commodati	ons form.	
orm completed by:					

# 

Child's Name:

Dear Parents, Please take a few minutes to answer the questions below. This will help us to get to know your child better. Thank you!

I. Please list the names and ages of your child's brothers and sisters.

2. Has your child had preschool or play-group experience?

3. Does your child have any health concerns or allergies?

Turn over please.

4. Does your child have any special interests?

5. Is your child afraid of anything?

# 6. What skills has your child acquired?

\_\_\_ can say full name

- \_\_\_ knows address
- \_\_\_ can tie shoes
- \_\_\_ counts to...(how many)
- \_\_\_ can print full name
- \_\_\_ knows phone number
- \_\_\_ knows the name of colors
- \_\_\_ recognizes numbers to 10

7. What are your expectations for kindergarten?

8. Is there anything else that you would like to tell me about your child?

9. What is the best way to communicate with you? Please include phone numbers or e-mail addresses.

10. Would you be interested in helping in the classroom? Is there a particular day and time that is best for you?

## CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first nam	ie, middle)		Birthdate (n	nm/dd/yy)	Section 1a. Re	religious exe	A REAL PROPERTY AND A REAL		zation sel	ected by
Parent/Guardian Name (Last name	first name, middl	e)			1b. Health Exa	mination D	Docume	ntation	(if requi	ired)
		-,			This child has	been examir	ned:	MM	/ DD / YY	r
Phone (please include area code x	xx-xxx-xxxx)						-			
Address					Certified by (S		mp)	-		
					1c. Check if ne	eeded		0.245		
City		State	Zip Code		Dental Screen					
Unless specifically exempted by instructions for this form and exp website (https://www.tn.gov/health/or	planation of requir	ements are in	"TDH Summary	of Immunizatio	on Rules- Certificate	Instructions"	at the Ter	nnessee De	epartment o	of Health
VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY			Diagnosed (X)	+Serology (X)	History (X)	Medical Exemption (X)
Section 2a. R	equired V	accines f	for Schoo	ol or Chi	Id Care Atte	endance	e (Date	s Requ	uired)	
Hib							1	15 A.Y.	1223	-
Child Care Only (<5 years) Pneumococcal (PCV)							7			
Child Care Only (<5 years) DTP, DTap, DT, Td		-			1	×				
Poliomyelitis										
Hepatitis B Check here if 11-15 years 2-dose schedule used										
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011	~									
Measles										
Mumps										
Rubella										
Varicella										
Tdap Booster 7th Grade Entry Only		×							and a	
S	ection 2b.	Recomn	nended V	accines	(Documenta	tion Optio	onal)			
Rotavirus									No.	
Influenza										
Meningococcal ACWY			_							
HPV								12		
Section 3. Provider Ass				blank)	Section 4. (Require (MD, DO, PA, Adva					
A) Temporary Cert Expiration date one month al	ter date next catch-u	p immunization is								
B) Up to Date for C Only if requirements incompl				ye						
C) Complete for Cl Fulfills all requirements for ch			lears of ane							
D) Complete K-6th		or pro-ry under 5 y	ours or aye.							
Fulfills requirements, Kinderg E) Complete 7th G	enantition of the second se								MM DD	YYYY
Fulfills requirements, 7th gra	de or higher				Certified by (Signa	iture/Stamp) o	r TennliS		Date of	Issue
*If age 4 years and fulfills requirements for Pre-School and Kingergarten, check BOTH Boxes C and D.										

PH-4103 (Rev. 1/18)

RDA-N/A

Image: International state         Image: International state <th< th=""><th>Required Vaccines with footnote numbers in [ ] [1] Hib HbOC or [1] Hib PRP-T or</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></th<>	Required Vaccines with footnote numbers in [ ] [1] Hib HbOC or [1] Hib PRP-T or							
Here Construction         1         2         3         4         Monte reductions (free free monte) (free f	[1] Hib HbOC or [1] Hib PRP-T or				16-18** Month of Age	and all the	Required**** For omplete For School nunization Certificate	These requirements were established in accordance with the current Recommended Childhood and Catch-up Immunization Schedules, United States (cdc.gov/vaccines/schedules/hcp/child-adolescent.html). Tennessee requirements for Kindenarian (kasars) include Access indicated for 4.6 wasars).
Interpletion         1         2         3         4         MARK stendel (See Feromes (D))         4         Concluster interpletion (See Enhance (D))         <	[1] Hib PRP-T or	ALEY ADART FOR	2				(See Footnote [1])	Mindergeneri (o years) induare auses inducated for the years.
Diff         Diff <thdif< th="">         Diff         Diff         D</thdif<>			2			N/A for school	(See Footnote [1])	**Certificates marked "Up to Date for Child Care Entry and <18 Months of Age" expire
Op/O         Display         Display         Complexity		4	2	3		N/A for school	(See Footnote [1])	at 19 months of age. Parent/Guardian must provide an up-to-date certificate indicating
Discretation         1         2 <t< td=""><td>_</td><td></td><td>2</td><td></td><td></td><td>N/A for school</td><td>(See Footnote [2])</td><td>"Complete for Child Care/ Pre-school" by or before 19 months of age.</td></t<>	_		2			N/A for school	(See Footnote [2])	"Complete for Child Care/ Pre-school" by or before 19 months of age.
Image:         Image:<			2 2	3	4	5 or 4 (See	Footnote [3])	***Ear shildran station immunizations of and 7 was a state to the CDC/ACID
Image:         Image:<			7 0	0 0	4	3 (See Fr	e rootnote [4]) potnote [5])	catch-up schedule available at:
Microlity         I		-		,	1 2	2 (See Fo	ootnote [6])	https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html
Variation         Image				+	2	2 (See Fo	ootnote [7])	
Nacion         Minimum Ages For Initial Immunization And Minimum Intervals Edevean Dosas           Vacion         Finance interval         Minimum Intervals         Minimum Intervals         Display to the service, connective or more the project dose           Vacion         Finance interval         Minimum Intervals         Minimum Intervals         Display to the service, connective or more the project dose           Minimum Intervals         Minimum Intervals         Minimum Intervals         Display to the service, connective or more the project dose           Minimum Intervals         Elements         Minimum Intervals         Display to the service or applay to the serv	[8] Varicella [9] Tdap			-	2	2 (See Fo 1 (7th g	ootnote [8]) rade only)	****Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.
Vacine         Minimum interval         On one desite         Display         Minimum interval         On one desite         Display         Section on the periods does           Minimum interval         Fire Dose         Immodes         10         An one desite         20 byse         Section on the periods does         An one desite         20 byse         Section on the periods does         An one desite         20 byse         Section on the periods         An one desite         20 byse         Section on the periods         An one desite         20 byse         Section on the periods         An one desite         20 byse         Section on the periods         An one desite         20 byse         Section on the periods         An one desite         20 byse         Section on the periods         An one desite         An				Minimum Ag		mmunization An	d Minimum Inter	vals Between Doses
Itele (Primary Series)         Ser Footnote [2]         N/A         N/A           PRP-OMD         6 weeks         28 Days         28 Days         28 Days         See Footnote [2]         N/A	Vaccine	Minimum Age First Dose		Minimum interval from dose 1 to 2	Minimum interva from dose 2 to 3		Minimum interval from dose 4 to 5	Do not restart any series, no matter how long since the previous dose. Doses given up to 4 down before the minimum one on the minimum interval merches constants on units
HBOCK         Rept-right         Conserts         28 Days         28 Days         See Foomole [1]         NiA         NiA           PCV         6 weeks         28 Days         See Foomole [2]         WiA         NiA           PCV         6 weeks         28 Days         28 Days         28 Days         See Foomole [3]         WiA         NiA           PCV         6 weeks         28 Days         28 Days         28 Days         See Foomole [3]         WiA         NiA           Hepatitis A         12 months         6 months         28 Days         28 Days         NiA         NiA         NiA         NiA           MiR         12 months         6 months         3 months [8]         NiA         NiA         NiA         NiA         NiA           MiR         21 months of age. One does at 12 months         6 months         NiA	-							וט 4 עמאס טפוטופ גוופ וווווווווווווו מטפ טו גוופ ווווווווווווווווווווווווווווו
First-own         Constrain         Constrain <thconstrain< th=""> <thconstrain< th=""> <thc< td=""><td>HbOC &amp; PRP-T</td><td>6 weeks</td><td></td><td>28 Days</td><td>28 Days</td><td>See Footnote [1]</td><td>N/A</td><td>The second second second and the second s</td></thc<></thconstrain<></thconstrain<>	HbOC & PRP-T	6 weeks		28 Days	28 Days	See Footnote [1]	N/A	The second second second and the second s
DTP/DTaP (DT)         6 weeks         28 Days         28 Days         28 Days         58e Footnote [3]         5ee Footnote [3]         5ee Footnote [3]         58e Footnote [3]         N/A         N/A<	_	6 weeks		28 Davs	28 Davs	See Footnote [2]	N/A	I we different live vaccines must be given on the same day of spaced at least 28 days about. The 4-day "orace period" does not apply to the 28-day interval between live
Hepatitis         Controle         See Footnote [4]         See Footnote [4]         See Footnote [4]         NuA           Hepatitis         12         months         28.0 bays         NuA	1 1	6 weeks		28 Days	28 Days	6 months	See Footnote [3]	vaccines not administered at the same visit.
Hepetilis         1         0		6 weeks		28 Days		See Footnote [4]	See Footnote [4]	
WMM         12 months         28 Days         N/A         <		12 month	S	6 months		VIN	Y/N	For purposes of vaccine spacing: For intervals less than 4 months -28 days = one
Varicella         12 months         3 months [8]         N/A         N/A           Tdap         See Footnote [9]         3 months [8]         N/A         N/A         N/A           Toap         See Footnote [9]         3 months [8]         N/A         N/A         N/A           Footnotes         See Footnote [9]         3 months of age or ended         N/A         N/A         N/A           The number of doses of Hib depends on age at 1st dose and brand of vaccine given. The last dose in the series necessary to meet requirer a 4th doses primary schedule         R/A         N/A           indicate 12 months of age. One dose is sufficient to meet requirerent if it is given at age 15 months of age require a 4th dose should be adom schedule. The final doses on age at 1st dose. Children who receive 3 doses before 12 months of age require a 4th dose and not before 1. The number of doses in the PCV series depends on age at 1st dose. The dose 17 et and bose is not nectore the 4th birthday and at least 6 months after the previous dose and not before 1. The final dose or after the 4th birthday and at least 6 months after the 2A weeks after the 2A dose of a age require a 4th dose was on or after the 4th birthday and at least 6 months after the 2A dose if 4 doses 4th birthday. The final dose of the polio vaccine series must be at least 4 months after the 4th birthday and at least 6 months after the 2A dose if 4 doses 4th birthday. The 3rd dose of ne polio vaccine must be at least 4 months after the 4th birthday and at least 6 months after the 2A weeks of age 4th birthday. The 3rd dose of ne polio vaccine must be at least 4 months after the 4th birthday and at least 6 months after the 2A week	- Anna	12 month	2 5	28 Days	N/A	N/A	N/A	"month" (1 month=4 weeks=28 days). For intervals of 4 months or longer, a "month" is
Tdap         Tese Footnote [9]           Footnotes         See Footnote [9]         Footnotes           The number of cases of Hb depends on age at stiftistic more trequirements if it is given to taken: yourd the stiftistic muther state for providers are responsible for this more than yourd to account of the stiftistic muther state of the stiftistic muther state of the stiftistic muther state state and the stiftistic muther state of the stiftistic muther state state and the stiftistic muther state state and is not indicated for children work have reached the Sh birthes, H (previous of accounts) and the state and the stiftistic muther state state and the stiftistic muther state state and the stiftistic muther state state and the state state and the state state state and the state and the state and the state and th		12 month	S	3 months [8]	N/A	N/A	N/A	a "calendar month." Ex: Six months from January 1 is July 1.
Footnots The number of does of Hib depends on age at 1st does and brand of vaccine given. The last does in the series necessary to meet requirements, whether 3rd or 4th, should be given at least 2 month and not before and is not indicate affection to mere reaching if it is given on schedule. PRP-T and HbOC have a 3 does primary series and a booster after age 12 midnegrater or in the PC varies depends on age at 1st does. Onliden who have nearched the Shi hintday. The on schedule. PRP-T and HbOC have a 3 does primary series and a booster after 12 mondergrater and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used. The minimum interval between the 4th and 5th doess is 6 months: does child who who resive 3 does predire at All does after the previous does and not before 12 months of age. Consult the Carch Up schedule for addit addito does or after the 4th hintday. The 5th does is not does aloud be given at seast 5 months with typically is given at age 15-18 months. One does of DTPIDT aPIDT must be on or 4th does was on or after the 4th hintday. The 5th does is not due to acceed. The 4th birtday and at least 6 months after the previous does. If 4 doess are administered before the 4th birtday, a 5th does shou works after does of the polio vaccine series must be given on a fater the 4th birtday and at least 6 months after the 24 doess are administered before the 4th birthday. If the 3rd does of the polio vaccine series must be given on after the 4th birthday and at least 6 months after the 2does. A does is required after at a does after does after the 4th birthday if and does of the 7th does of a the 7th and 5th does after the 4th birthday, a 5th does series and does of the polio vaccine series must be and at least 6 months after the 2d does. If the 3rd does given is not valid for all criteria, a 4th does the birthday. If the 3rd does of maptites A vaccine is not required after the 2d does. If 4 doess are administered before the 4th birthd	_	See Footnot	e [9]					
The number of doese of Hib depends on age at 14 close and brand of vaccine and the strate shores more required for children younger than 5 years and an other and the strate shore at the ast 5 months of age. One doese is utilicient to meet requirements if it is given at age 15 months or later. Hib is required for children younger and and in oritindicant (a proventing) if at the one shore of the strate and so conster after 32 months and so check in the strate and so check in the strate and so check in the strate and so conster after 412 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used. The final does should be given at least 3 close shore of closes in the PCV series adered on the formation. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used. The final does should be given at least 8 weeks after the previous does and not before 12 months of age. Consult the card acting at the minimum interval between the 4th birthday. If each acting at the previous does in the other as a start and the strate does 3. Total does of dipribrie and telamus bootids should be administered a minimum of 6 months after the 3rd does in on valit the the start does of the polio vaccine steres must be given at least 6 months after the previous does. If does are addined for adting the start and does of the polio vaccine steres must be at least 4 months after does 13 months after the 2rd does in on valit the start does of negatives at a start and a start and accound be administered before the 4th birthday. If addoes edited and at the advect at the and start and a start and a start accels as a start and a start and accels at a start and and and a start and and and a start and	Footnotes							
The number of doses in the PCV series depends on age at 1st dose. Children who receive 3 doses before 12 months of age require a 4th dose after the 1st birthday. One dose is required after 12 m addits the minimum of 6 months with any incomplete schedule. The final dose should be given at least 8 weeks after the previous dose and not before 12 months of age. Consult the Catch Up schedule for addit the minimum intervale build by incomplete schedule. The final dose is monthes with any incomplete schedule. The final dose is monthes with any incomplete schedule. The final dose is monthes with any incomplete schedule. The final dose is more deed. The 4th dose should be admistered a minimum of 6 months after the 3rd dose. However, the 4th dose should be admistered a minimum of 6 months after the 3rd dose. However, the 4th dose should be admistered a minimum of 6 months after the 3rd dose. If the 4th dose should be admistered a minimum of 6 months after the 3rd dose. If the 4th dose should the admistered a minimum of 6 months after the 3rd dose. If the 4th dose should the admistered a minimum of 6 months after the 3rd dose. If the 4th dose should the schedule for the 4th birthday, a 5th dose should the birthday and at least 6 months after the 2nd dose. If the 3rd dose is not needed. The 3th dose should the admistered before the 4th birthday, a 5th dose should the admistered before the 4th birthday at a test start at a start a	Control Brits Store	b depends on a of age. One dos les and is not in a booster after	ge at 1st d e is suffici dicated for 12 months	lose and brand of ent to meet requir r children who hav s. Providers are re		ast dose in the series ne tt age 15 months or later thday. If given on sche ig that the child meets th	cessary to meet require r. Hib is required for chil dule, PRP-T and HbOC re appropriate schedule	ments, whether 3rd or 4th, should be given at least 2 months after the previous dose dren younger than 5 years attending child care facilities. Hib is not required for have a 3 dose primary series and a booster after age 12 months. PRP-OMP has a 2- for the brand used.
The minimum interval between the 4th and 5th doses is 6 months: dose 4 may be given as early as 12 months, but typically is given at age 15-18 months. One dose of DTP/DTaP/DT must be on or a 4th dose was on or after the 5th doses is not needed. The 4th dose should not exceed 6 before the 7th birthday. The firth dose. However, the 4th dose of a phtheria and tetamus toxoids should not exceed 6 before the 7th birthday and at least 6 months after dose 3. Total doses of an all PV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose. If 4 doses are administered before the 4th birthday, a 5th dose shou 4th birthday. If the 3rd dose of an all PV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose. If 4 doses are administered before the 4th birthday, a 5th dose shou 4th birthday. If the 3rd dose of hepatitis B vaccine must be at least 4 months after the 4th birthday and at least 6 months after the 2nd dose. If 4 doses is not needed. The 3rd dose of an all PV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose. If 4 doses is not needed. The 3rd dose of nepatitis A vaccine must be at least 4 months after the 4th birthday and at least 6 months after the 2nd dose. If the 3rd dose given is not valid for all criteria, a 4th dose shou 4th birthday. If the 3rd dose of hepatitis A vaccine is rout required for all children in child care aged 18 months or greater. The recommended schedule is for two doses, 6 to 18 months apart, beginning at one year of age. 6 months apart, is required for findergarten entry. Hepatitis A vaccine is not required for entry in older school grades. The school grades. The water dose 1. The WRR requirement is 2 doses of meatles vaccine, 2 doses of mumps vaccine, in combination or separately. Dose 2 of MRR is routinely given at 4-6 years, but may agre dose 1. The varicella requirement is 2 doses of maths apart, beginning at one year of age. The varied as after dose 1. Coses		PCV series de y incomplete so	pends on checking	age at 1st dose. C he final dose shou	hildren who receive Id be given at least 8	3 doses before 12 mont weeks after the previou	hs of age require a 4th us dose and not before	lose after the 1st birthday. One dose is required after 12 months of age for all children 2 months of age. Consult the Catch Up schedule for additional guidance.
The final dose of the polio vaccine series must be given on or after the 4th birthday and at least 6 months after the previous dose. If 4 doses are administered before the 4th birthday, a 5th dose shou 4th birthday. If the 3rd dose of an all IPV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose, a 4th dose is not needed. The 3rd valid dose of hepatitis B vaccine must be at least 4 months after dose 1 and 2 months after dose 2 and not before 24 weeks of age. If the 3rd dose given is not valid for all criteria, a 4th dose 0 months apart, is required for findergarten entry. Hepatitis A vaccine is not required for entry in older school grades. The recommended schedule is for two doses, 6 to 18 months apart, beginning at one year of age. If the MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine, in combination or separately. Dose 2 of MMR is routinely given at 4-6 years, but may days after dose 1. The wart for a florent in cDC guidance, the second dose is acceptable if given at least 4 weeks after the first dose, routinely at age 4-6 years; in keeping with CDC guidance, the second dose is acceptable if given at least 4 weeks after the first dose. The grade. The second dose months after the first dose, routinely at age entry. Tdap meets the requirement if given any time after the 7th birthday. If Tdap is needed, it may be given regardless of interval since last Td.	3.6 3.8 0.5 -14	een the 4th and e 4th birthday, tl doses of diphth	I 5th doses he 5th dos eria and te	s is 6 months: dos e is not needed. T etanus toxoids sho	e 4 may be given as he 4th dose should I uld not exceed 6 bef	early as 12 months, but be administered a minim ore the 7th birthday.	typically is given at age num of 6 months after th	15-18 months. One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 3rd dose. However, the 4th dose does not need to be repeated if administered $\ge$ 4
The 3rd valid dose of hepatitis B vaccine must be at least 4 months after dose 1 and 2 months after dose 2 and not before 24 weeks of age. If the 3rd dose given is not valid for all criteria, a 4th dos One dose of hepatitis A vaccine is required for all children in child care aged 18 months or greater. The recommended schedule is for two doses, 6 to 18 months apart, beginning at one year of age. 6 months apart, is required for Kindergarten entry. Hepatitis A vaccine is not required for entry in older school grades. The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine, in combination or separately. Dose 2 of MMR is routinely given at 4-6 years, but ma days after dose 1. The varicella requirement is for 2 doses of varicella vaccine or history of disease for all students entering Kindergarten, and new entrants into a Tennessee school in any other grade. The second dos more months after the first dose, routinely at age 4-6 years; in keeping with CDC guidance, the second dose is acceptable if given at least 4 weeks after the first dose. A single dose of Tdap is required for 7th grade entry. Tdap meets the requirement if given any time after the 7th birthday. If Tdap is needed, it may be given regardless of interval since last Td.		vaccine series n	r all OPV s	ven on or after the eries is given on o	4th birthday and at I r after the 4th birthd	east 6 months after the pay and at least 6 months	previous dose. If 4 dose s after the 2nd dose, a 4	s are administered before the 4th birthday, a 5th dose should be given on or after the th dose is not needed.
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10 10 10 10 10 10 10 10 10 10 10 10 10 1	1.11.1	doses of measl	les vaccine	e, 2 doses of mum	ps vaccine and 2 do	ses of rubella vaccine, ir	n combination or separa	tely. Dose 2 of MMR is routinely given at 4-6 years, but may be given as soon as 28
		s for 2 doses of dose, routinely	varicella v at age 4-6	accine or history or years; in keeping	of disease for all stud with CDC guidance,	ents entering Kindergar the second dose is acce	ten, and new entrants ir eptable if given at least	to a Tennessee school in any other grade. The second dose is recommended 3 or t weeks after the first dose.
		quired for 7th gr	ade entry.	Tdap meets the n	equirement if given a	iny time after the 7th birt	thday. If Tdap is needed	it may be given regardless of interval since last Td.

PH-4103 (Rev. 1/18)

RDA-N/A

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 Parent Occupational Survey**



Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential.

Today's Date		Parent/Guardian First	t & Last Nam	ne
Student First Name		Student Last Name		
School Name		Student Grade		
1. Have you or an in of the United States NO YES. Check all	, in the past 3 years?	ber performed any agricultur Check all that apply.	e or fishing jo	obs temporarily or seasonally, in any pa
Agriculture/Field Wo sorting crops, soil pre fumigation		Processing & Packaging: fro vegetables, chicken, pork, be		Dairy/Cattle Raising: feeding, milking, rounding up.
110		······································	<b>~ %</b> _	
Nursery/Greenhous pruning, watering, ha		Forestry: soil preparation, pla cutting trees; does not include landscaping.		<b>Other:</b> Any other agriculture or fishing work, please list here:
-70				
	s, has your family mo	oved to another state, city, sc	hool district,	and/or county?
NO YES. My famil	y has moved within t	the past 3 years. Indicate how	long ago be	low.
	Years	Months		Weeks
		ase complete the information am will follow up with your fa		y if you qualify for free services.
lome Street Address		Apt	#	
Sity		Zip	Code	
elephone Number		Lan	guage	
mail Address		Bes	t Day of Wee	ek and Time to Call
		s with a "YES" response to Questio estions, email the TN MEP ID&R Te		rict migrant liaison for them to submit to the ID&F
Student State ID:	.com. Il you nave any qui	Enrollment Date:	ann. <u>runwin=me</u>	District ID:



#### 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
Counting of Disk		/	
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in	ANY U.S. school (grades K-12)
1 1	THIS FORM IS NOT USE	D TO IDENTIFY STUDENT'S IMMIGRA	TION STATUS.
Date first entered the United States	This information gives us insi	ght into the knowledge and skills your child is	bringing to our schools.
	This information may enable	the district to receive additional federal fundir	ig to provide support for your child
chool Information	and the second second		and the second

/ /20 Enrollment Date in New School

Name of Former School and Town

Last Grade attended

Questi	ons for Parents/Guardians	
1.	What is the first language this child leaned to speak?	Has this child ever received ELL (ESL) classes in another school?
		Y N I don't know.
		If yes, what year did this student 1 <sup>st</sup> qualify for ELL?
2.	What language does this child speak most often outside of school?	Will you require an interpreter/translator at Parent-Teacher meetings?
		If yes, what language?
3.	What language do people usually speak in this child's home?	
Parent/G	uardian Signature:	
x		/ /20 Today's Date: (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.

# Blue Grass 2022-2023 Car Rider Transportation Sign-up



My child's grade for 2022-2023 school year\_

\_\_\_\_\_Yes, my child will be a car rider for the 2022-2023 school year and will need a tag number.

My child has an older sibling already at BlueGrass with Car tag number \_\_\_\_\_. Older Sibling's name\_\_\_\_\_.

\_No, my child will not be a car rider and will not need a car tag number

Child's name:	
Parent/Guardian Name:	
Parent/Guardian Signature:	
Parent/Guardian Email:	
Parent/Guardian Contact Number:	1

# BLUE GRASS WELCOME WAGON CONTACT PERMISSION FORM

Welcome to Blue Grass Elementary School! A member of our PTO Welcome Wagon would love the opportunity to welcome you to our close-knit community and answer any questions you may have about our school. To better serve you, please complete the form below. Thank you!

\_\_\_\_\_ Our family is new to Blue Grass and would like a member of the PTO Welcome Wagon to contact us.

\_\_\_\_\_ Our family is not new to Blue Grass, but we would still like a member of the PTO Welcome Wagon to contact us.

Please complete the following if you checked either line above:

Parent(s) / Guardian(s) Name(s): Please PRINT.

Grades your child / children will be in at Blue Grass for the 2022-23 school year (please check all that apply):

 $\underline{\qquad} Kindergarten \underline{\qquad} 1^{st} \underline{\qquad} 2^{nd} \underline{\qquad} 3^{rd} \underline{\qquad} 4^{th} \underline{\qquad} 5^{th}$ 

I prefer to be contacted by:

\_\_\_\_\_ Phone (please list phone number) \_\_\_\_\_\_

\_\_\_\_ Email (please list email address) \_\_\_\_\_

\_\_\_\_\_ I do not wish to be contacted by a Welcome Wagon member at this time.

Signature

Date



Shea Bane PTO President bluegrassptopresident@gmail.com The Blue Grass Elementary PTO would like to welcome your student to our wonderful school! We will be placing welcome signs in the front yards of our new students the week before school starts.

The signs will be placed ONLY with parent permission. Please complete the form below and return it with your registration folder.

Student name	Grade
Parent name	
Home Address	
Subdivision (if one)	
Email	

Parent (guardian) Signature

By signing this form, I give permission to the BGE PTO to place a welcome sign in my front yard. Questions?

Email bluegrassptopresident@gmail.com