

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

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.*

**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): C= Current P= Past

C P	C P	C P	C P
<input type="checkbox"/> <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> <input type="checkbox"/> Shunts/hydrocephalus
<input type="checkbox"/> Amputation(s)	<input type="checkbox"/> <input type="checkbox"/> Celiac disease	<input type="checkbox"/> <input type="checkbox"/> "G" / "J" feeding tubes	<input type="checkbox"/> <input type="checkbox"/> Skin problems
<input type="checkbox"/> <input type="checkbox"/> Asthma/reactive airway disease	<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> <input type="checkbox"/> Heart defects	<input type="checkbox"/> <input type="checkbox"/> Stomach problems
____ Requires inhaler (Please provide school)	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> <input type="checkbox"/> Swallowing problems
	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> <input type="checkbox"/> Migraine headache	<input type="checkbox"/> <input type="checkbox"/> Tracheotomy
<input type="checkbox"/> <input type="checkbox"/> Allergies:	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular dystrophy	<input type="checkbox"/> <input type="checkbox"/> Traumatic Brain Syndrome
____ Bee stings		<input type="checkbox"/> Spina bifida	<input type="checkbox"/> <input type="checkbox"/> Traumatic spinal injury
____ Food: _____		<input type="checkbox"/> <input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> <input type="checkbox"/> Urinary problems
____ Latex		<input type="checkbox"/> <input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> <input type="checkbox"/> Other: _____
____ Requires Epi-pen (please provide school)		<input type="checkbox"/> <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 your child require any special dietary accommodations? \_\_\_\_ If you answered yes and you want your child to eat at school please obtain and have your child's doctor fill out the dietary accommodations form.

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the student \_\_\_\_\_

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!

1. 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?
  
  
  
  
  
  
  
  
  
  
4. Does your child have any special interests?
  
  
  
  
  
  
  
  
  
  
5. Is your child afraid of anything?



Turn over please.



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 name, middle)

Birthdate (mm/dd/yy)

Parent/Guardian Name (Last name, first name, middle)

Phone (please include area code xxx-xxx-xxxx)

Address

City

State

Zip Code

## Section 1a. Religious Exemption

☐ Check here if religious exemption to immunization selected by parent/guardian

## 1b. Health Examination Documentation (if required)

☐ This child has been examined: MM / DD / YY

Certified by (Signature/Stamp)

## 1c. Check if needed

☐ Dental Screening

☐ Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "TDH Summary of Immunization Rules, Certificate Instructions" at the Tennessee Department of Health website (<https://www.tn.gov/health/codep/immunization-program/ip/immunization-requirements.html>) and on the Tennessee Immunization Information System ([tennesseeiis.gov](https://tennesseeiis.gov)).

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	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)
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## Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)

Hib Child Care Only (<5 years)										
Pneumococcal (PCV) Child Care Only (<5 years)										
DTP, DTap, DT, Td										
Poliomyelitis										
<input type="checkbox"/> 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										

## Section 2b. Recommended Vaccines (Documentation Optional)

Rotavirus										
Influenza										
Meningococcal ACWY										
HPV										

## Section 3. Provider Assessment (select one\*, not valid if blank)

- ☐ A) Temporary Certificate - Expires MM / DD / YYYY  
Expiration date one month after date next catch-up immunization is due.
- ☐ B) Up to Date for Child Care Entry and <18 Months of Age  
Only if requirements incomplete, but up to date for age. Expires at 19 months of age.
- ☐ C) Complete for Child Care / Pre-School\*  
Fulfills all requirements for child care / pre-school or pre-K under 5 years of age.
- ☐ D) Complete K-6th Grade\*  
Fulfills requirements, Kindergarten through 6th grade.
- ☐ E) Complete 7th Grade or Higher  
Fulfills requirements, 7th grade or higher

\*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

## Section 4. (Required) Name, Address, Phone of Qualified Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

Certified by (Signature/Stamp) or TennIIS

MM | DD | YYYY

Date of Issue



# Vaccine Requirements for Attending Child Care Facilities, Pre-Schools and Schools in Tennessee\*

## Recommended Schedule of Required Doses for Attendance in Child Care / Pre-School / Pre-K and School For Children Who Started Immunizations Before Age 7 Years\*\*\*

\*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 Kindergarten (5 years) include doses indicated for 4-6 years.

\*\*Certificates marked "Up to Date for Child Care Entry and <18 Months of Age" expire at 19 months of age. Parent/Guardian must provide an up-to-date certificate indicating "Complete for Child Care/ Pre-school" by or before 19 months of age.

\*\*\*For children starting immunizations at age 7 years or older, refer to the CDC/ACIP catch-up schedule available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

\*\*\*\*Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

Required Vaccines with footnote numbers in [ ]	2 Months of Age	4 Months of Age	6 Months of Age	12-15 Month of Age	16-18* Month of Age	4-6 Yrs.* (School Entry)	Total Doses Required**** For Assessment of Complete For School Attendance on Immunization Certificate
[1] Hib HbOC or	1	2	3	4			N/A for school (See Footnote [1])
[1] Hib PRP-T or	1	2	3	4			N/A for school (See Footnote [1])
[1] Hib PRP-OMP	1	2	3	3			N/A for school (See Footnote [1])
[2] PCV	1	2	3	4			N/A for school (See Footnote [2])
[3] DTP, DTaP, DT	1	2	3	4	5		5 or 4 (See Footnote [3])
[4] Polio	1	2		3	4		5, 4 or 3 (See Footnote [4])
[5] Hepatitis B	1	2		3			3 (See Footnote [5])
[6] Hepatitis A				1	2		2 (See Footnote [6])
[7] MMR				1	2		2 (See Footnote [7])
[8] Varicella				1	2		2 (See Footnote [8])
[9] Tdap							1 (7th grade only)

### Minimum Ages For Initial Immunization And Minimum Intervals Between Doses

Vaccine	Minimum Age For First Dose	Minimum interval from dose 1 to 2	Minimum interval from dose 2 to 3	Minimum interval from dose 3 to 4	Minimum interval from dose 4 to 5
[1] Hib (Primary Series) HbOC & PRP-T	6 weeks	28 Days	28 Days	See Footnote [1]	N/A
[2] PCV	6 weeks	28 Days	28 Days	See Footnote [2]	N/A
[3] DTP/DTaP (DT)	6 weeks	28 Days	28 Days	6 months	See Footnote [3]
[4] Polio	6 weeks	28 Days	28 Days	See Footnote [4]	See Footnote [4]
[5] Hepatitis B	birth	28 Days	See Footnote [5]	N/A	N/A
[6] Hepatitis A	12 months	6 months		N/A	N/A
[7] MMR	12 months	28 Days	N/A	N/A	N/A
[8] Varicella	12 months	3 months [8]	N/A	N/A	N/A
[9] Tdap	See Footnote [9]				

Do not restart any series, no matter how long since the previous dose. Doses given up to 4 days before the minimum age or the minimum interval may be counted as valid.

Two different live vaccines must be given on the same day or spaced at least 28 days apart. The 4-day "grace period" does not apply to the 28-day interval between live vaccines not administered at the same visit.

**For purposes of vaccine spacing:** For intervals less than 4 months, 28 days = one "month" (1 month=4 weeks=28 days). For intervals of 4 months or longer, a "month" is a "calendar month." Ex. Six months from January 1 is July 1.

### Footnotes

- 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 requirements, whether 3rd or 4th, should be given at least 2 months after the previous dose and not before 12 months of age. One dose is sufficient to meet requirements if it is given at age 15 months or later. Hib is required for children younger than 5 years attending child care facilities. Hib is not required for kindergarten or higher grades and is not indicated for children who have reached the 5th birthday. If given on schedule, PRP-T and HbOC have a 3 dose primary series and a booster after age 12 months. PRP-OMP has a 2-dose primary schedule and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used.
- 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 months of age for all children aged 24-59 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 additional guidance.
- 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 after the 4th birthday. If the 4th dose was on or after the 4th birthday, the 5th dose is not needed. The 4th dose should be administered a minimum of 6 months after the 3rd dose. However, the 4th dose does not need to be repeated if administered  $\geq 4$  months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- 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 should be given on or after the 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 is necessary.
- 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. Proof of two doses, at least 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 may be given as soon as 28 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 dose is recommended 3 or 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.



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)



## 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 & Last Name \_\_\_\_\_

Student First Name \_\_\_\_\_

Student Last Name \_\_\_\_\_






School Name \_\_\_\_\_

Student Grade \_\_\_\_\_

**1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.**

\_\_\_\_ NO

\_\_\_\_ YES. Check all that apply:

<b>Agriculture/Field Work:</b> planting, picking, sorting crops, soil preparation, irrigation, fumigation  <input type="checkbox"/>	<b>Processing &amp; Packaging:</b> fruit, vegetables, chicken, pork, beef, eggs, etc.  <input type="checkbox"/>	<b>Dairy/Cattle Raising:</b> feeding, milking, rounding up.  <input type="checkbox"/>
<b>Nursery/Greenhouse:</b> planting, potting, pruning, watering, harvesting  <input type="checkbox"/>	<b>Forestry:</b> soil preparation, planting, cutting trees; does not include landscaping.  <input type="checkbox"/>	<b>Other:</b> Any other agriculture or fishing work, please list here: _____ _____

**2. In the past 3 years, has your family moved to another state, city, school district, and/or county?**

\_\_\_\_ NO

\_\_\_\_ YES. My family has moved within the past 3 years. Indicate how long ago below.

\_\_\_\_\_ Years

\_\_\_\_\_ Months

\_\_\_\_\_ Weeks

**If you answered "Yes" to question 1, please complete the information below.**

**A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.**

Home Street Address \_\_\_\_\_

Apt # \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Language \_\_\_\_\_

Email Address \_\_\_\_\_

Best Day of Week and Time to Call \_\_\_\_\_

**For School Use Only:** Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through [tn.msedd.com](mailto:tn.msedd.com). If you have any questions, email the TN MEP ID&R Team: [idr@tn-mep.net](mailto:idr@tn-mep.net)

Student State ID: \_\_\_\_\_

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

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 <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>	<b>THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.</b> 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>20</u>	Name of Former School and Town _____	Last Grade attended _____
---	--------------------------------------	---------------------------

#### Questions for Parents/Guardians

1. What is the first language this child learned to speak?	Has this child ever received ELL (ESL) classes in another school?  Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/>  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? Y <input type="checkbox"/> N <input type="checkbox"/>  If yes, what language?
3. What language do people usually speak in this child's home?	_____
Parent/Guardian Signature:  X _____	_____  <u>    </u> / <u>    </u> / <u>20</u> 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: \_\_\_\_\_

# **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.

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

\_\_\_\_ Kindergarten    \_\_\_\_ 1<sup>st</sup>    \_\_\_\_ 2<sup>nd</sup>    \_\_\_\_ 3<sup>rd</sup>    \_\_\_\_ 4<sup>th</sup>    \_\_\_\_ 5<sup>th</sup>

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.

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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](mailto:bluegrassptopresident@gmail.com)