

Fort Sanders Educational Development Center

Welcome to Camp Fort Sanders



2021-2022

Important Names and Numbers to Remember at The Fort:

Shelli Eberle, PRINCIPAL, shelli.eberle@knoxschools.org

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Our phone number is: 865-594-5035

Our Fax number is: 865-594-5038

Our school Address:

501 S. 21st Street

Knoxville, TN 37916

KNOX COUNTY SCHOOLS NEW STUDENT ENROLLMENT

FOR OFFICE USE ONLY	
Student ID	
Homeroom	
Year	
School	
Bus Number	

Enrollment Date: _____

Student Name _____

Last Name
First Name
Middle Name
Grade

Social Security (optional) or
Student PIN Number: _____

Date of Birth: _____

Birthplace / City: _____

Birth County: _____

Birth State: _____

Birth Country: _____

Citizenship: _____

Mother's Maiden Name: _____

Sex: ☐ Female ☐ Male

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: (check all that apply)

☐ Asian

☐ Black

☐ American Indian

☐ Pacific Islander

☐ White

What is the first language this child learned to speak? _____ US Entry Date _____

What language does this child speak most often outside of school? _____ US School Entry Date _____

What language do people usually speak in this child's home? _____

Alerts (non-medical special instructions) _____

Please list all guardians individually. If the student has more than two guardians, then 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

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.

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"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<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"/>	<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"/>		<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"/>		<input type="checkbox"/>	Crohn's Disease	<input type="checkbox"/>		Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Swallowing problems
<input type="checkbox"/>	<input type="checkbox"/>	Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystic fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	Tracheotomy
		____ Bee stings			<input type="checkbox"/>	Diabetes	<input type="checkbox"/>		Muscular dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Brain Syndrome
		____ Food: _____			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Spina bifida	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic spinal injury
		____ Latex			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Urinary problems
		____ Requires Epi-pen (please provide school)			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic problems	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity to light			
					<input type="checkbox"/>		<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 _____

KNOX COUNTY SCHOOLS

PERSONAL DATA QUESTIONNAIRE

Dear Parents:

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

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

The name by which your child wants to be called _____

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

Birthdate _____ Birth Certificate Number _____
 Month Day Year

3. **Home and Family:** Address _____

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

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

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

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

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

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

Present occupation _____

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

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

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

Name Sex Birthdate At what school, in what grade?

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

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

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

School

Time attended

Dates attended

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

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

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

Father and child: _____

Mother and child: _____

Brothers/sisters and child: _____

Entire family together: _____

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

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

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

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

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

DATE

KNOX COUNTY SCHOOLS

PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

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 _____



KNOX COUNTY SCHOOLS

Home Language Survey

The Tennessee Department of Education requires *all* schools to identify the language of every student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only **ONE TIME** at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

Student Information

First Name _____	Middle Name _____	Last Name _____	M <input type="checkbox"/> F <input type="checkbox"/> Gender
Country of Birth _____	Date of Birth (mm/dd/yyyy) <u> </u> / <u> </u> / <u> </u>	Date first enrolled in ANY U.S. school (grades K-12) <u> </u> / <u> </u> / <u> </u>	
Date first entered the United States <u> </u> / <u> </u> / <u> </u>	THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS. This information gives us insight into the knowledge and skills your child is bringing to our schools. This information may enable the district to receive additional federal funding to provide support for your child		

School Information

Enrollment Date in New School <u> </u> / <u> </u> / <u>20</u>	Name of Former School and Town _____	Last Grade attended _____
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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"/>
2. What language does this child speak most often outside of school?	If yes, what year did this student 1 st qualify for ELL? Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language?
3. What language do people usually speak in this child's home?	_____
Parent/Guardian Signature: X _____	_____ Today's Date: <u> </u> / <u> </u> / <u>20</u> (mm/dd/yyyy)

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.

Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date _____ Parent/Guardian First & Last Name _____

Student First Name _____ Student Last Name _____

School Name _____ Student Grade _____

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- ☐ No
- ☐ Yes. Check all that apply and list the total number of months worked:



☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

Total Months Worked: _____



☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

Total Months Worked: _____

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

- ☐ No
- ☐ Yes. How long have you resided in your current address?

_____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone Number _____ Best Day of Week & Time of Day to Call _____

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID: _____ Enrollment Date: _____ District ID: _____



Knox County Schools Student Media Release Form

I, as the parent/guardian of _____, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.

Name of child's school:

Parent/legal guardian:

(print)

(signature)

Date: _____

KNOX COUNTY SCHOOLS
ANDREW JOHNSON BUILDING



To: Parents and/or Guardians of Students Who Are Entering or Withdrawing From Knox County Schools

From: Student Support Services

Re: Special Education Services Available Through Knox County Schools

Knox County Schools provides a full continuum of services for students who qualify for special education under the Individuals with Disabilities Education Improvement Act (IDEIA '04).

If you feel your child might require Special Education or other services and want Knox County Schools to provide those services, contact the school to which your child is zoned _____ or call Student Support Services at 594-1540.

If records are available for review or other information that the school might need in order to determine appropriate services for your child, please sign and return a release of information form available at your school so that we may review those records and plan services, if needed.

Thank you for your assistance in this matter.

Student Name

Parent/Guardian Signature

Date Signed

**(Please return a signed copy of this form to the school
and retain a copy for your files.)**



KNOX COUNTY SCHOOLS CLOTHING CENTER PTA

1000 North Central Avenue, Ste. 7

Knoxville, TN 37917

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

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

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

WHAT PARENTS SHOULD DO IF THEIR CHILD NEEDS ASSISTANCE:

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

POLICIES YOU SHOULD KNOW:

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

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



ESCUELAS DEL CONDADO DE KNOX ROPA CENTRO PTA

1000 North Central Avenue, Ste 7
Knoxville, TN 37917

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

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

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

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

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

POLÍTICAS QUE USTED DEBE SABER:

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

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

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

Student's Name (Please Print) _____

Special Medical Condition, if any _____

Medications Given at School, if any _____

Parent/Guardian Names _____

Address _____

Parent/Guardian Cell Phone Number _____

Parent/Guardian Cell Phone Number _____

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

Name _____ Phone _____

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

FOR SCHOOL USE ONLY: Student Name _____

Teacher _____ School Year _____

Date	Time	Complaint	Care