



Mill Creek Elementary School - Registration Information

Please complete each form in this Registration Packet:

1. New Student Enrollment (front and back)
2. Proof of Residence for School Enrollment (utility bill, water bill, or lease)
3. Tennessee Parent Occupational Survey (This form is required by the State of Tennessee)
4. Guardianship Confirmation Form
5. Tennessee Parent Occupational Survey
6. Home Language Survey
7. Student Medical Profile
8. Special Education Form (This form is to ensure you understand that Knox County has services available in the event your child needs them.)
9. Student Media Release
10. Envelope (Please address with student's name and mailing address.)

Required Documents:

1. Birth Certificate (Bring Original State Certified Copy - child must be Age 5 by August 15)
2. State of Tennessee Immunization Record (Complete K-6th grade)
3. Proof of Physical (Dated within 12 months prior to entering a Knox County Schools)
4. Legal Documents (if applicable)
5. Proof of Residence (Recent utility bill or current lease/rental agreement in the parent or guardian's name. If you are living with someone, a notarized letter AND their proof of residence are required)
6. Parent/Guardian Driver's License

What happens next?

Our office will be open on Wednesday 9am -12pm, over the summer, to bring in any missing registration information.

**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.

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 _____








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:

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation  <input type="checkbox"/>	Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.  <input type="checkbox"/>	Dairy/Cattle Raising: feeding, milking, rounding up.  <input type="checkbox"/>
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting  <input type="checkbox"/>	Forestry: soil preparation, planting, cutting trees; does not include landscaping.  <input type="checkbox"/>	Other: 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. If you have any questions, email the TN MEP ID&R Team: ion@tn-mep.net

Student State ID:	Enrollment Date:	District ID:
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Mill Creek Elementary School
10521 Coward Mill Road
Knoxville, TN 37931
Dr. Sunny Scheafnocker – Principal
Kristi Whited – Assistant Principal
www.knoxschools.org/millcreekes

GUARDIANSHIP CONFIRMATION FORM

Student Name _____ Date _____

1. What is your relationship to the student? Parent Guardian Foster Parent
2. If you are the parent, what is your status in regards to your child's other parent?
 Married Separated Divorced *Never Married Deceased
*If never married please provide Certified Long Birth Certificate with Fathers acknowledgement (if applicable)
3. Is this child subject to a parenting plan or court order? Yes No
4. Are there any protection orders in place?
 Yes (a copy is required to be submitted to the school)
 No
5. Are you sharing your current residence with someone? (grandparents, in-laws, etc.)
 Yes No
6. Is your current residence Temporary or Permanent?

Copy Submitted Date: _____ Staff Initials: _____
Copy Submitted Date: _____ Staff Initials: _____

I, _____ (print name), the parent/guardian of the student named above; declare the above information is correct.

Signature of Parent/Guardian

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

			M <input type="checkbox"/> F <input type="checkbox"/> Gender
First Name	Middle Name	Last Name	
	/ /	/ /	Date first enrolled in ANY U.S. school (grades K-12)
Country of Birth	Date of Birth (mm/dd/yyyy)		
/ /	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		
Date first entered the United States			

School Information

/ /20		Last Grade attended
Enrollment Date in New School	Name of Former School and Town	

Questions for Parents/Guardians

1. What is the first language the student learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/> If yes, what year did this student 1 st qualify for ELL?
2. What language does the student 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 is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
Parent/Guardian Signature: X	Today's Date: / /20 (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.

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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADD/ADHD | | ADD/ADHD | | Down's Syndrome | | Shunts/hydrocephalus | |
| <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amputation(s) | | Celiac disease | | "G" / "J" feeding tubes | | Skin problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma/reactive | | Cerebral palsy | | Heart defects | | Stomach problems | |
| airway disease | | <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia | | Swallowing problems | |
| ____ Requires inhaler | | Crohn's Disease | | <input type="checkbox"/> | <input type="checkbox"/> | Tracheotomy | |
| (Please provide school) | | <input type="checkbox"/> | <input type="checkbox"/> | Migraine headache | | Traumatic Brain Syndrome | |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | | Muscular dystrophy | | Traumatic spinal injury | |
| Allergies: | | | | Spina bifida | | Urinary problems | |
| ____ Bee stings | | | | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | |
| ____ Food: _____ | | | | Orthopedic problems | | | |
| ____ Latex | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ____ Requires Epi-pen (please provide school) | | | | Sensitivity to light | | | |
| | | | | <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
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



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: _____



HEALTH SERVICES
ENROLLMENT REQUIREMENTS
PARENT LETTER

Dear Parent:

Every student who enters the Knox County School System for the first time or who is reentering after being in another school system must provide the school with the following information:

Students entering school Pre-school – Grade 12 for the first time must provide:

Proof of up-to-date immunizations and a physical examination on a Tennessee School Immunization Certificate completed by a medical provider. The form may be obtained from a medical provider or the Health Department.

Students who will be entering school must provide proof of a physical exam completed by a medical provider. Students entering pre-school or kindergarten must have a physical exam that has been completed within the past year (12-month period) prior to entering school.

Physical examinations contained in records from students transferring from other school systems may be accepted if state guidelines are met.

Students/parents may contact the immunization clinic at the Health Department (215-5000) any weekday to obtain information regarding immunization certificates.

No student will be enrolled or allowed to attend school without a completed Tennessee School Immunization Certificate.

For further information or questions, you may call Health Services at 594-3735.

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 _____

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/cedep/immunization-program/immunization-requirements.html>) and on the Tennessee Immunization Information System (tnis.tn.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 (Y/N)	Serology (Y/N)	Hepatitis (Y/N)	Medicine Event(s) (Y/N)
Section 2a. Required Vaccines for School / Child Care Attendance (Dates Required)										
Hib <small>Child Care Only (<5 years)</small>										
Pneumococcal (PCV) <small>Child Care Only (<5 years)</small>										
DTP, DTap, DT, Td										
Poliomyelitis										
<input type="checkbox"/> Hepatitis B <small>Check here if 1:1:1:5 years 2-dose schedule used</small>										
Hepatitis A <small>Child Care Effective 7/2010 Kindergarten Effective 7/2011</small>										
Measles										
Mumps										
Rubella										
Varicella										
Tdap Booster <small>7th Grade Entry Only</small>										
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
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 18 months of age
 - C) Complete for Child Care / Pre-School*
Fulfills all requirements for child care, pre-school or pre-6 under 6 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
- * 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 TENNIS _____ Date of Issue _____