



Middle School

# NEW STUDENT ENROLLMENT PACKET

## For Students Coming From:

- ★ Out of State
- ★ Surrounding County
- ★ Private or Homeschool
- ★ Out of Country

Enrollment forms are available in Arabic, English, Persian, Kirundi, Russian, Spanish, Swahili, Ukrainian. If English is not your first language, please contact the KCS Welcome Center at 865-594-1760 for translation services & processing.

Please have the New Student Enrollment Packet completed before you arrive to Enroll your student. Allow 30 minutes to process your Registration. School Tours are not available at this time.

## Farragut Middle School

200 West End Avenue

Knoxville, TN 37934

Phone: 865-966-9756

Fax: 865-671-7048

Registrar Email:

[jennifer.sonnenschein@knoxschools.org](mailto:jennifer.sonnenschein@knoxschools.org)

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Student Last Name^

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Student First Name^

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Grade^

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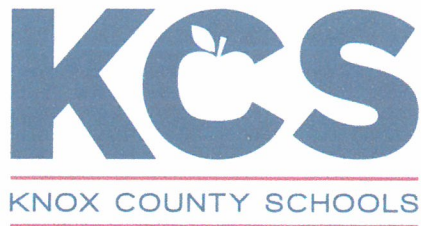
Requested Starting Date^

## To Enroll your student, all documents must be provide at the time of registration:

- New Student Enrollment Packet
- Proof of Birth  
(Birth Certificate, Passport or Adoption Papers)
- Proof of Residency  
(Current Utility Bill, Lease or Mortgage)
- TN Immunization Form  
(Out-of-State forms can be converted at Knox County Health Dept 865-215-5150)
- Student Physical  
(Dated within 12 months prior to Enrollment; due within 30 days)
- Custody/Guardianship Papers\*

## For proper Placement, please provide:

- Recent Report Card or Grades
- IEP\*
- 504 Service Plan\*
- ESL/ELL Services\*
- Psychoeducational Reports\*  
\*if applicable



## Guardianship Confirmation Form

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Student Name^

1. What is your relationship to the student?

Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Foster Parent \_\_\_\_\_

2. If you are the parent, are you legally married to the child's other birth-parent?

\_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Never Married \_\_\_\_ Not Applicable

3. Is this child subject to a Parenting Plan or Custody Order?

Yes \_\_\_\_ *(a copy is required to be submitted to the school)*

Copy Submitted \_\_\_\_

No \_\_\_\_

4. Are there any Legal Protection Orders in place?

Yes \_\_\_\_ *(a copy is required to be submitted to the school)*

Copy Submitted \_\_\_\_

No \_\_\_\_

5. Are you sharing your current residence with someone? (Grandparents, in-laws, etc.?)

Yes \_\_\_\_ No \_\_\_\_

6. Is your current residence: Temporary \_\_\_\_ or Permanent \_\_\_\_?

**Parent /guardian of the student named above declares the above information correct.**

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Print Parent/Guardian Name^

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Parent/Guardian Signature^

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Date^

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

**Gender:**  Female  Male

Date of Birth: \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic

Birthplace / City: \_\_\_\_\_

**Race:** (check all that apply)

Birth County: \_\_\_\_\_

Asian

Birth State \_\_\_\_\_

Black

Birth Country: \_\_\_\_\_

American Indian

Pacific Islander

White

Mother's Maiden Name: \_\_\_\_\_

**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.**

<p>Main Contact: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>*Primary Phone #: _____</p> <p>Emergency #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Other #: _____</p> <p>*Cell: _____</p> <p>Primary E-mail: _____</p> <p>Alternate E-mail: _____</p>	<p>Contact: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>*Primary Phone #: _____</p> <p>Emergency #: _____</p> <p>Employer: _____</p> <p>Work #: _____</p> <p>Other #: _____</p> <p>*Cell: _____</p> <p>Primary E-mail: _____</p> <p>Alternate E-mail: _____</p>
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*\*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.**

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 \* see form on back

\*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 \_\_\_\_\_

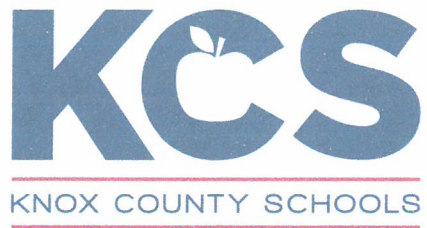
Address of Renter/Owner \_\_\_\_\_

**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 \_\_\_\_\_



**\* Proof of Residence for Knox County Schools**

I, \_\_\_\_\_, hereby declare that the family of  
Print Homeowner Name^  
\_\_\_\_\_ is presently living with me at  
Print Student's Name^  
\_\_\_\_\_ until further notice.  
Address^

**The Student's Family Includes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Homeowner^

\_\_\_\_\_  
Date^

**TO BE COMPLETED BY NOTARY PUBLIC**

State of Tennessee, County of Knox.

Subscribed and Sworn to before me, a Notary Public, this \_\_\_\_ day of \_\_\_\_\_ month, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public^  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seal of Notary Public^

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"/> |
| 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"/> |
| Asthma/reactive<br>airway disease                |                          | Cerebral palsy           |                          | Heart defects            |                          | Stomach problems            |                          |
| ____ Requires inhaler<br>(Please provide school) |                          | <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia               |                          | Swallowing problems         |                          |
| <input type="checkbox"/>                         | <input type="checkbox"/> | Cystic fibrosis          |                          | <input type="checkbox"/> | <input type="checkbox"/> | Tracheotomy                 |                          |
| Allergies:                                       |                          | Diabetes                 |                          | Muscular dystrophy       |                          | Traumatic Brain<br>Syndrome |                          |
| ____ Bee stings                                  |                          |                          |                          | Spina bifida             |                          | Traumatic spinal injury     |                          |
| ____ Food: _____                                 |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | Urinary problems            |                          |
| ____ Latex                                       |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                |                          |
| ____ Requires Epi-pen (please provide school)    |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                             |                          |
|  |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                             |                          |
|  |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                             |                          |
|  |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                             |                          |

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 \_\_\_\_\_

\* This form must be signed by all parents, regardless of whether your Student needs Special Ed Services.

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 Farragut Middle 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)





## 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  Gender F

Country of Birth \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Date first enrolled in ANY U.S. school (grades K-12) \_\_\_\_\_

\_\_\_\_\_  
 Date first entered the United States

**THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.**  
 This information gives us insight into the knowledge and skills your child is bringing to our schools.  
 This information may enable the district to receive additional federal funding to provide support for your child

### School Information

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

### Questions for Parents/Guardians

<b>1. What is the first language the student learned to speak?</b>	<b>Has this child ever received ELL (ESL) classes in another school?</b> Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/> <b>If yes, what year did this student 1<sup>st</sup> qualify for ELL?</b>
<b>2. What language does the student speak most often outside of school?</b>	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>If yes, what language?</b>
<b>3. What language is most often spoken to the student at home?</b>	<b>What is your preferred language for receiving emails and communications from KCS?</b>
<b>Parent/Guardian Signature:</b>  X	_____ / _____ /20 _____ <b>Today's Date:</b> (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** \_\_\_\_\_

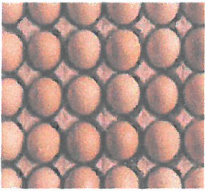
**School Name** \_\_\_\_\_ **Student Grade** \_\_\_\_\_

**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 at your current address?  
 \_\_\_\_\_ Years      \_\_\_\_\_ Months      \_\_\_\_\_ Weeks

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

**Home Street Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Best Day of Week & Time of Day to Call** \_\_\_\_\_

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

<b>Student State ID:</b> _____	<b>Enrollment Date:</b> _____	<b>District ID:</b> _____
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## Knox County Schools Student Media Release Form

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

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

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

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

Name of child's school:

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Parent/legal guardian:

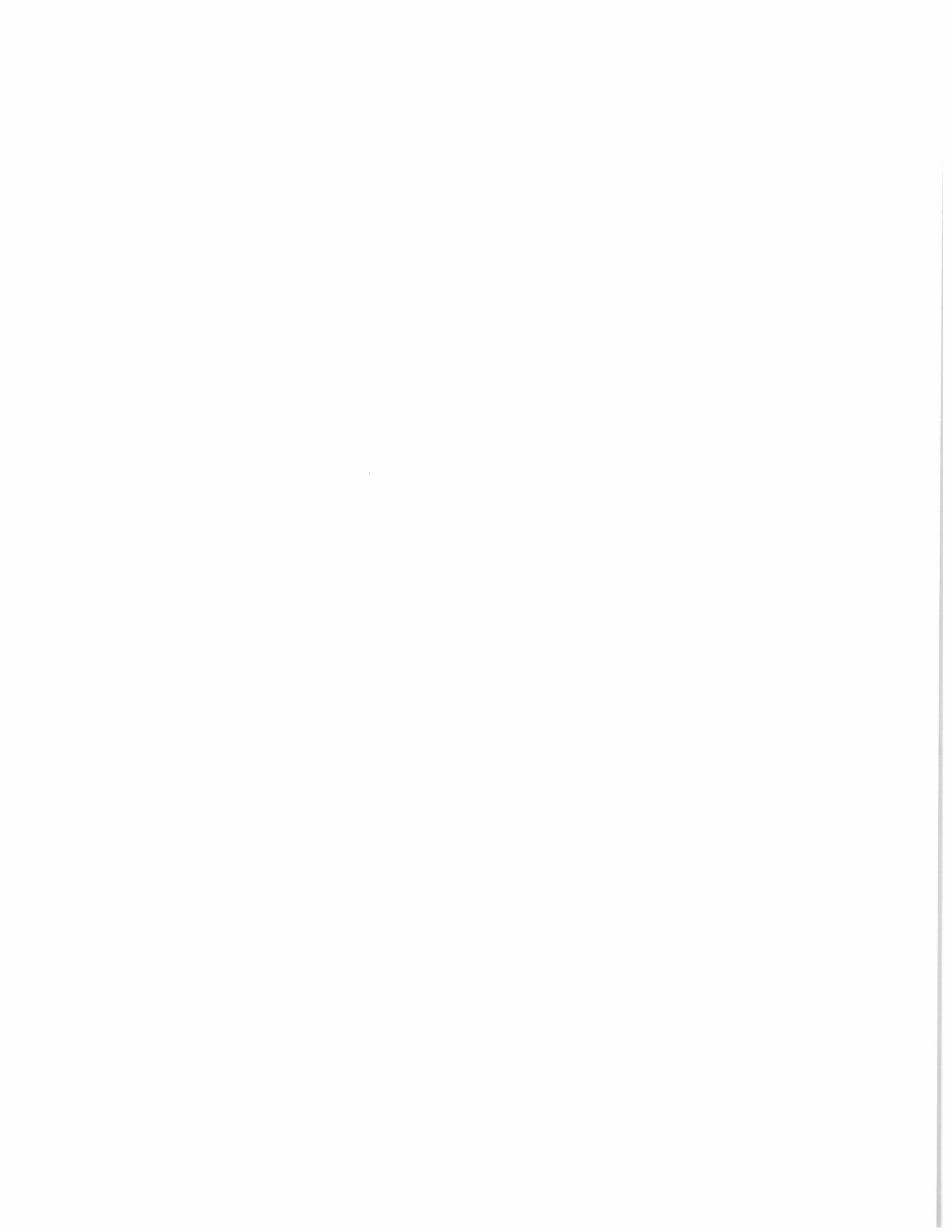
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(print)

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(signature)

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





# STUDENT SCHEDULE FORM, SY 24/25

Student Name<sup>^</sup>

Grade<sup>^</sup>

First Day<sup>^</sup>

## ACADEMIC PLACEMENT

*A Standard Class Schedule is generated for all students, unless documentation that supports a change is provided*

### **A Standard Class Schedule**

This schedule is the expected curriculum for the grade placement and is generated for all students

### **Special Education Services or 504 currently in place** (documentation required)

\_\_\_ Current 504 Attached

\_\_\_ Current IEP Attached

\_\_\_ Psychoeducational Report Attached

### **Honors/ or Advanced Classes currently enrolled** (documentation required)

\_\_\_ Math \_\_\_ English \_\_\_ Science \_\_\_ Social Studies \_\_\_ Spanish 1

\_\_\_ Report Card Attached

\_\_\_ Current Schedule Attached

\_\_\_ Standardized Test Scores Attached

## ONE (1) MUSIC CLASS

*Please select one (1) Class below. Availability is based on staffing and student interest level.*

- Vocal Music** Singing as a group & an introduction to Reading Music
- Band** Various Levels of playing Trombone, Baritone, Tuba, French Horn, Trumpet, Clarinet, Flute, Percussion, Saxophone
- Orchestra** Various Levels of playing Bass, Cello, Viola, Violin
- Additional Related Arts Rotation: General Music** Studying the history, culture & societal aspects of music-making

## FOUR (4) RELATED ARTS CLASSES, ROTATED QUARTERLY

*Selections are subject to change based on staffing and student interest level.*

*Three (3) Required Electives:*

**Computer Science** Increase opportunities & exposure to digital citizenship, etiquette & potential careers

**Health** Learning skills on making healthy choices & maintaining fitness for life

**PE** Staying active and participating in team & individual sports and games

*One (1) Additional Electives: rank your order of preference (1st, 2nd, 3rd choice)*

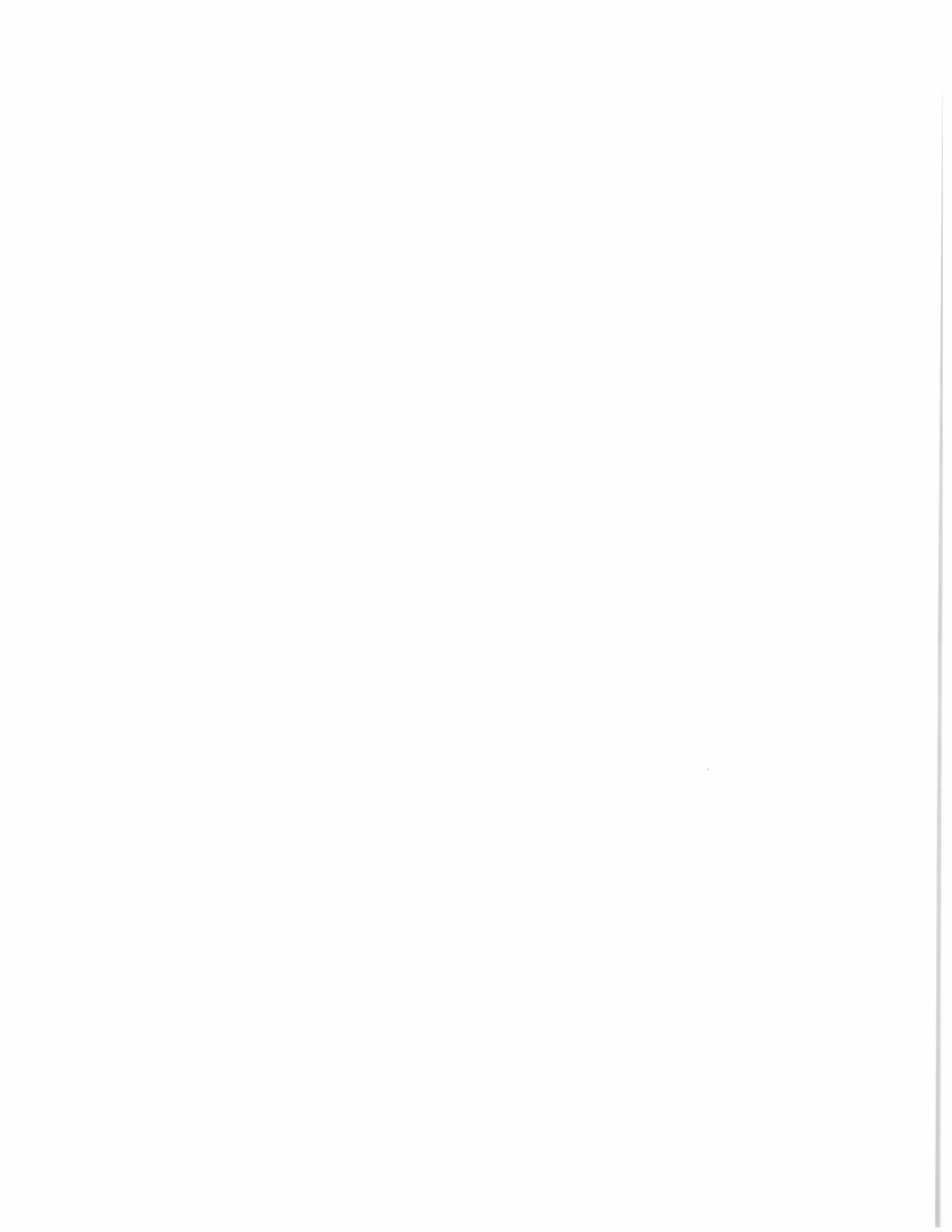
\_\_\_ **Art** Exploring the elements & principles of art in drawing, painting, printmaking, 3-D art & ceramics

\_\_\_ **Career** Awareness, exploration & advising on various career paths

\_\_\_ **Exploratory Spanish** Introduction to the language & exploration of the culture

## ADDITIONAL NOTES

*Please list anything else you would like to communicate to your Student's School Counselor.*





## Official Request for Student Records

### Farragut Middle School

200 West End Avenue

Knoxville, TN 37934

Phone: 865-966-9756

Fax: 865-671-7048

Registrar Email:

[jennifer.sonnenschein@knoxschools.org](mailto:jennifer.sonnenschein@knoxschools.org)

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Student Name^

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Grade^

---

Enrollment Date^

**The above Student has enrolled at Farragut Middle School in Knoxville, TN.**

#### Please forward the following Records:

- **TN Student PIN\*:** \_\_\_\_\_  
(\*for TN students only^)
- Birth Certificate Copy
- Immunizations Copy
- Academic Transcripts
- Standardized Test Scores
- Current Schedule
- Current Grades
- Attendance Records
- Conduct Records
- Home Language Survey - ESL/ELL
- Language Proficiency Scores - ESL/ELL
- Documentation of Exiting ESL/ELL
- 504 Service Plan if Applicable
- IEP if Applicable
- Psychoeducational Reports if Applicable

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Parent/Guardian Signature^

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Printed Name^

---

Today's Date^

---

Previous School Name^

---

County^

---

City^

State^

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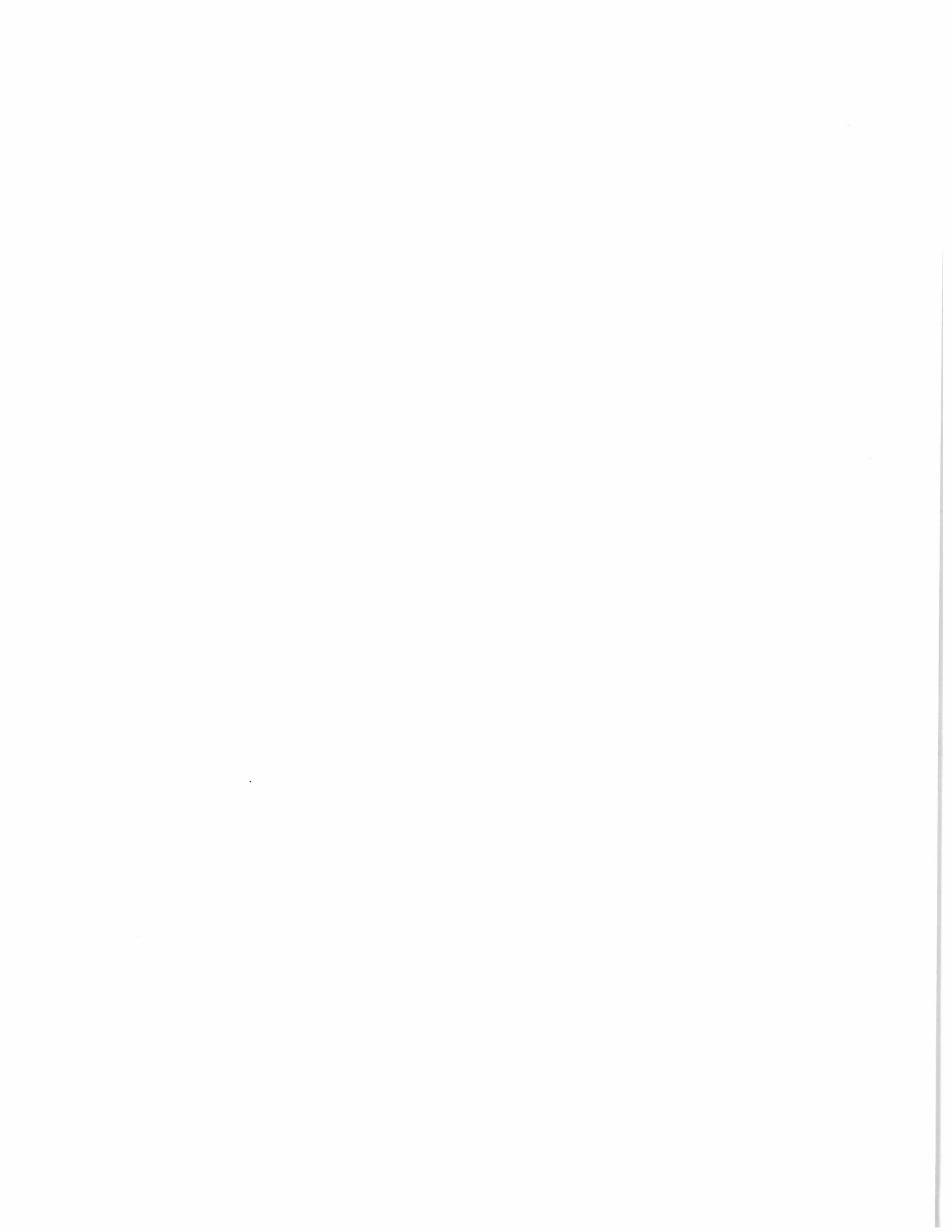
Phone^

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Fax^

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Email^





**\*\*\*Please Keep this Welcome FAQ for your Reference\*\*\*  
This will explain the Enrollment Process & Next Steps at FMS**

## **WELCOME FAQ: “I Enrolled my Student. Now what’s next?”**

We are happy to have you part of the Farragut Admirals Family. Once your Registration is fully complete, you can look forward to the following things. This FAQ will help answer many of your questions.

### **What is ASPEN and why is it important?**

ASPEN is the database the Knox County Schools (KCS) use for Student records. Login information for the ASPEN Parent Portal will be emailed to you by the KCS Help Desk. This will give you access to your Students assignments, grades and report cards. To contact the KCS Help Desk for assistance with your ASPEN Parent Portal, go to [knoxschools.org](http://knoxschools.org) > *Families > Aspen Family Portal Support*

### **How do I register for a Chromebook and pay for optional Device Insurance?**

A link will be emailed to you in August of each school year for your Chromebook. You will need your KCS Student Number (S# found in ASPEN) to complete the online form. (\*\*PLEASE NOTE\*\* you must put an “S” in front of your Student Number when you complete the Device Agreement.) The Cost for Optional KCS Device Insurance is \$20/student/school year. (\*\*PLEASE NOTE\*\* you have only 10 days after Registration to purchase Chromebook Insurance.) You can sign the Agreement and pay for Insurance by going to [knoxschools.org/farragutms](http://knoxschools.org/farragutms) > *1:1 Device Information*

### **How will I receive School Notifications?**

Knox County Schools uses ParentSquare for school communication. You can download the free mobile [app for iOS or Android](#) or use the desktop version at [parentsquare.com](http://parentsquare.com). ParentSquare will allow you to:

- Receive messages from the school via email, text or app notification
- Choose to receive information as it comes or all at once with a daily digest at 6pm
- Communicate in your preferred language
- Comment on school postings to engage with your school community
- Direct message teachers, staff and other parents
- Participate in group messages
- Sign up for parent-teacher conferences
- Send sign forms & permission slips, sign up to volunteer and more

### **How can I pay my School Fees?**

Class Fees will be (1) sent home with your Student, (2) emailed to you, and (3) posted on your SchoolCash account. Please send in your fee money to your Student’s Homeroom teacher. If you are not able to pay, please contact the FMS Office to discuss your situation. You will also receive a link for SchoolCash if you prefer to pay online, or you can set up your account at [knoxschools.org](http://knoxschools.org) > *Families > Need to Know > SchoolCash*

### **How can I pay for School Lunches?**

KCS Nutrition Department accepts online payments through Linq Connect [linqconnect.com](http://linqconnect.com) Please visit the LINQ Connect FAQ page for info on creating an account, adding money or making a payment, setting

spending limits, reviewing meal purchase transactions, receiving “low balance” notifications, and applying for Free or Reduced-price meals. [knoxschools.org](http://knoxschools.org) > [Students](#)> [Nutrition](#)

## What is my Student’s Schedule? What School Supplies should I buy?

Your new student will receive a paper copy of their Schedule on their first day of attendance at FMS. All student schedules and grades will be posted on our school’s database, ASPEN. The FMS website will list suggested School Supplies for each “Pod” (teams of Students organized by colors.) Your Student’s First Period Class will indicate their Pod. To access the Farragut Middle School website, go to [knoxschools.org/farragutms](http://knoxschools.org/farragutms)

## What are FMS School Hours? Is Bus Transportation provided?

The School Hours for FMS is 8:30am-3:30pm Monday-Friday. Doors open at 7:30am; students may not be in the building or on campus unsupervised after 4pm. KCS provides free bus transportation to your child's school. The only exception is for students who live within the Parent Responsibility Zone (PRZ). To find the Bus Stop closest to your home go to [knoxschools.org](http://knoxschools.org) > [Families](#) > [Bus Stop Locator](#)

## What Sports and Clubs do you offer?

There are lots of ways to get connected at FMS. Listen for announcements and look for fliers at school.

- **FMS School Sponsored Sports:** Cheerleading, Basketball, Dance, Track & Field.
- **FMS Clubs:** Admiral Crew, All Pro Dads, Artisans, Board Games, Book Club, Chess, Choir, Creative Writing, Embroidery, Fellowship of Christian Athletes, 4-H, Gene’s Team, Guitar, Internationals, Karaoke, MathCounts, Math Olympiad, National Honor Society, Pets, Pokemon, Project U, Teens 4 Christ, Watercolor Club, and more!
- **Middle School Community Sports:** Baseball, Football, Golf-Boys, Lacrosse-Girls, Soccer-Boys, Swim & Dive, Tennis

## Who can I contact for Student support?

Each Grade has a School Counselor and a Principal to support Students academically as well as socially. You may contact your School Counselor regarding direct services (such as instruction, appraisal, advice, schedules, counseling) as well as available indirect support services (such as consultation, collaboration and referrals.)

- |                       |             |  |
|-----------------------|-------------|--|
| ● FMS Head Principal  | Mr. Adams   | <a href="mailto:gregory.adams@knoxschools.org">gregory.adams@knoxschools.org</a>       |
| ● 6th Grade Counselor | Ms. Partin  | <a href="mailto:brooke.partin@knoxschools.org">brooke.partin@knoxschools.org</a>       |
| ● 6th Grade Principal | Ms. Schult  | <a href="mailto:marie.schult@knoxschools.org">marie.schult@knoxschools.org</a>         |
| ● 7th Grade Counselor | Ms. Ragan   | <a href="mailto:mercedes.ragan@knoxschools.org">mercedes.ragan@knoxschools.org</a>     |
| ● 7th Grade Principal | Mr. White   | <a href="mailto:brandon.white@knoxschools.org">brandon.white@knoxschools.org</a>       |
| ● 8th Grade Counselor | Ms. Wright  | <a href="mailto:melissa.wright2@knoxschools.org">melissa.wright2@knoxschools.org</a>   |
| ● 8th Grade Principal | Ms. Hamlett | <a href="mailto:kimberly.hamlett@knoxschools.org">kimberly.hamlett@knoxschools.org</a> |

## How can I make my Student’s First Week a success?

Please ensure your child is set up for success by being well-rested, prepared for classes and on-time every day. If your child occasionally forgets something, you can drop off an item at the Drop-Off Table at the Front Office up until 9:30a. If you need to pick up your child early from school, Early Dismissal must be done prior to 3:00p and you must show an ID to sign them out. If you have any additional questions, please check the FMS website, email your School Counselor or contact our Main Office at [865-966-9756](tel:865-966-9756).

## Welcome to the Farragut Admirals Family!

Jennifer Sonnenschein, FMS Registrar phone: [865-966-9756](tel:865-966-9756) fax: [865-671-7048](tel:865-671-7048)  
[jennifer.sonnenschein@knoxschools.org](mailto:jennifer.sonnenschein@knoxschools.org)



## KCS offers Free & Reduced Lunches

At school there's always a meal ready to be served! An easy way to impact your child's learning is to ensure good meals. Good Nutrition helps students show up at school prepared to learn. Because improvements in nutrition make students healthier, students are likely to have fewer absences and attend class more frequently.

This quick and easy process lets us know if your child is eligible for free or reduced price meals. The information you submit is confidential and only used to determine eligibility for this program

### **Apply Online**

To apply, go to [www.linqconnect.com](http://www.linqconnect.com) This interactive site will lead you through the process to apply for free & reduced breakfasts and lunches. *Please note:* When adding students to your account or applying for free/reduced-price meals, users will be prompted to select their school district. After typing in "knox" in the search bar, please choose "Knox County Schools (Knoxville, Tennessee)" from the options that appear.

### **Apply on Paper**

If you are unable to access this site, please request a paper Application (in English or Spanish) from your School Office. Your application can be mailed to KCS Nutrition Dept, Attn: Mona Underwood, P.O. Box 2188, Knoxville, TN 37901

