

FREQUENTLY ASKED QUESTIONS

West High School hours are 8:00-3:45. **Summer hours are Wednesdays ONLY 9am-12pm.**

West High Website: knoxschools.org/wesths (Student handbook is available here). Then there is **Westhighschoolptso** on Facebook to get more school information, ask questions etc.. Knox County Schools started using the **PARENT SQUARE** to send messages for everything! Go to Knox County Schools parent square and scan the mobile QR code once child is enrolled.

FRESHMAN ORIENTATION : Tuesday, AUGUST 5TH 9AM-12

ASPEN family portal for parents/guardians ONLY – to keep up with your child's grades, attendance and email teachers. This will be set up in AFTER your child has been registered and you will be sent an email from Knox County with log in and password.

Lunch Application – www.lingconnect.com.

Check out procedures – **NO CHECK OUTS AFTER 3PM!** Must have a photo ID and be on the students pick up list. **NO PHONE CALLS/EMAILS/FAX DISMISSALS ALLOWED!** If a student needs to leave early for an appointment, they must turn a note into front office from parent/guardian with a phone number, **no later than 8:30am to be verified**, they can sign out and leave after confirmed.

Parking Permit – We have **LIMITED** parking spaces. First come first serve for **SENIORS and JUNIORS ONLY in AUGUST**. You must have a **COMPLETED** parking application which you can get on West HS website or from front office. Also, a **VALID** Driver License and copy of car insurance. If a student who has a parking permit gets sick, they must go to **NURSE's** office and she will call a parent for permission to leave. **YOU ARE ONLY ALLOWED 3 a SCHOOL YEAR!** Otherwise, someone will need to come sign them out.

Learners Permit – Student must be 15 yrs old. They need to be passing more than half their classes and attendance/tardies must be in good standing. Students may go to front office to **request SF1010 for permit BEFORE you go for test. MUST give 24 hours to do.** If student qualifies, they will be given a form to take to the DMV. **THIS IS A MUST HAVE** and is only good for 30 days.

PTSO – Join our PTSO! Go to Knox County Schools WEST HS website, Families top tab, click on West High PTSO or forms are in front offices.

WEST HIGH

NEW STUDENT ENROLLMENT CHECKLIST

*** Before we can enroll a student in our school and create a schedule, we will need to receive the COMPLETED registration packet with requested documentation and all records from previous schools ***

REQUIRED FOR ALL STUDENTS

- STUDENT REGISTRATION PACKET - Completed and signed by parent/guardian.
- PROOF OF ADDRESS - Proof of address needed: a RECENT utility bill, (NOT a FINAL NOTICE), or signed lease/deed agreement in Custodial Parents name. If they are living with someone and do not have proof, you must let us know and we will give you a form to get filled out with person you are living with and the above proof of address to be notarize. (BUT YOU MUST HAVE THIS FORM.) Social Workers/Principals will make home visits occasionally to verify this information.
- TRANSFER GRANTED: If you are NOT zoned for West and are on a TRANSFER, you need to bring your TRANSFER LETTER and completed registration packet.
- PROOF OF CUSTODY - Notarized letters are NOT accepted. All custody papers must be signed, dated and stamped by Court/Judge. This includes Petitions for Guardianship, signed Guardianship papers, and Power of Attorney MUST be also turned into us.
- BIRTH CERTIFICATE - Copy of Front and back
- IMMUNIZATION RECORD - If you are coming from out of state, you need an OFFICIAL KNOX COUNTY TN form from Physician Office or Health Dept. (Health Dept 140 Dameron Ave. Knoxville, TN 37917)
- PHYSICAL EXAM - A current physical must be on file WITHIN 30 DAYS of a new students first day of school whether you play sports or not.
- WITHDRAWAL FORM - From previous school (completed with current grades)
- TRANSCRIPTS & TEST SCORES - Unofficial copy of grades/test scores (Official Records will be requested after all paperwork has been completed and turned in to school).
- SPECIAL EDUCATION SERVICES - If student has had an IEP or 504 we MUST have a copy of most CURRENT documentation before we can enroll the student. A meeting maybe necessary before enrollment.

** Should you have any questions, feel free to contact Kim Iglehart, Registrar at kim.iglehart@knoxschools.org

**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

Student cell # _____

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.

NAME Main Contact: _____
 Relationship: _____
 Address: _____

 *Primary Phone #: _____
 Emergency #: _____
 Employer: _____
 Work #: _____
 Other #: _____
 *Cell: _____
 Primary E-mail: _____
 Alternate E-mail: _____

NAME 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.

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 _____



Students Name: _____

What is your relationship to the student?

Biological Parent Legal Guardian Foster Parent

For Parents enrolling students, what is the marriage status of the student's BIOLOGICAL parents? Married Separated Divorced Widowed Never Married

Is the student subject to a parenting plan or court order? Yes No

** If YES – copy of the parenting plan must be submitted to the school.

Date copy submitted _____

Are there any protection orders in place? Yes No Date copy submitted _____

Do you currently reside in the WEST HIGH SCHOOL zone? Yes No

Proof of resident provided:

Current Utility Statement

Lease/ Deed Statement (can not accept mortgage statement)



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)	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. <small>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</small>			

School Information

Enrollment Date in New School	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"/> If yes, what year did this student 1 st 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	Today's Date: <u> </u> / <u> </u> /20 <small>(mm/dd/yyyy)</small>

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** _____

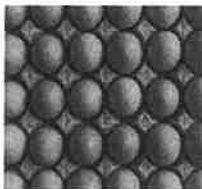
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- 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: _____
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Knox County Schools

Guidelines for Acceptable Use of Electronic Media

Use of Electronic Media in the Knox County Schools constitutes the acceptance of these guidelines and the user's assent to abide by the terms of use stated herein.

I. Statement of Affirmation

The Internet is a global electronic highway connecting millions of computers and individuals in the fields of education, business, government, the military and a variety of other organizations. This communication information network is being used in schools to educate, inform, and expand resources in much the same way as periodicals, videos, and computer software programs are used.

Knox County Schools' users will participate in projects using the Internet in a directed manner to support curriculum and research activities. They may participate in distance learning programs, ask questions of and consult with experts, communicate with other users, and locate materials to meet educational needs. Users will also be able to access a variety of information including news resources, electronic discussion groups, information databases, the holdings of libraries worldwide, and electronic mail.

The State of Tennessee and the Knox County Board of Education believe that the benefits of having access to the Internet are invaluable for both educators and students. Among the vast resources on the Internet are some materials that are not suitable for viewing in a school environment. It is not appropriate to locate material that is illegal, defamatory, or offensive. Such conduct will lead to the immediate loss of Internet access and may lead to other disciplinary actions.

Users are expected to understand and abide by the guidelines and behaviors set forth by the Knox County Board of Education in its *Guidelines for Acceptable Use of Electronic Media*. The Board makes no warranty, expressed or implied, regarding the use of the Internet. The Board shall accept no liability or legal responsibility for any damage which may arise from the use of the Internet in violation of these guidelines.

II. Rights and Responsibilities of Users

All use of the Internet must be in support of education and research and be consistent with the mission statement of Knox County Schools. For educational purposes, users have specific rights and responsibilities which include, but are not limited to the following.

Users can

- examine and use interactive electronic formats.
- examine a broad range of opinions, ideas, and information in the educational process.
- locate, use and exchange information on the Internet.
- retain ownership of their own intellectual works as users of the Internet, consistent with the policies of the Knox County Board of Education.

Users cannot

- use the network for personal commercial or for-profit purposes.
- participate in harassment, discriminatory remarks, or other inappropriate behaviors.
- use the network to access obscene or pornographic material.
- use the network for any illegal activity, including violation of copyright or other contracts.
- damage computer(s), computer systems or computer networks.
- invade the privacy of other network users.
- gain unauthorized access to computer networks, resources or materials.

III. Network Etiquette

Network users are expected to abide by accepted rules of network etiquette. These rules include but are not limited to the following.

- Do not reveal your own personal address or phone number or those of other students or colleagues.
- Be polite. Use appropriate language. Do not become abusive in your messages to others. Never use a computer to harm other people. Show consideration and respect for others at all times.
- Do not use a computer to steal. Do not copy software for which you have not paid, use computer resources without authorization, or plagiarize the intellectual property of others.
- Be mindful of the rights of other network users. Do not violate the privacy of other users.
- Do not use the network in any way that would disrupt its operation or that would interfere with another user's computer work.
- Abide by the policies and procedures of each network accessed.
- Keep your password private.
- Be careful when using sarcasm and humor. Without face-to-face communication, a joke may be viewed as criticism.
- Focus on one subject per message.
- Make your subject line as descriptive, yet as short, as possible.
- Keep paragraphs and messages short and to the point.
- Cite all quotes, references, and sources.
- When including a signature at the end of e-mail messages, limit it to four lines.
- Use capital letters only to highlight a word or identify titles or headings. Using all capitals for an entire message has the same effect as verbally shouting.
- Always think about the social consequences of what you do on the network.



Knox County Schools Technology Device Agreement

School Name: WEST HIGH SCHOOL

Date: _____

Agreement between the Knox County Schools and:

_____ Name of Parent or Guardian _____ Name of Student _____

Phone:

Address:

Student, initial each line:

- _____ I have read, understand, and will follow the "Technology Device Procedures and Expectations" document (Appendix A attached).
- _____ I accept responsibility for using the technology device at school and outside of school hours.
- _____ I understand that this technology device may be collected and inspected.
- _____ I agree to keep this technology device in my possession at all times. I will not give or lend it.
- _____ I will return the technology device to the school whenever I am asked to do so by school personnel.
- _____ I will carry the technology device in the provided protective covering to minimize the chances of damage.
- _____ I will not use the technology device, in or out of school, for inappropriate or unlawful purposes in accordance with KCS Board Policy.
- _____ I understand that if this technology device is lost or stolen, I will immediately notify school administration.
- _____ I understand that my parents/guardians and I are responsible for costs associated with loss, damages, or theft of the technology device.
- _____ I agree to return the technology device, charger, and protective covering in good working condition to school at the conclusion of the school year or if I leave the school.
- _____ I agree to bring the technology device charged to class every day.
- _____ I understand that failure to comply with any of the guidelines and policies may result in suspension of use of the technology device.

Parent or Guardian Signature

Student Signature



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

From: Student Supports

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 (2/22)

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
____ Requires inhaler
(Please provide school) | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> <input type="checkbox"/> Heart defects | <input type="checkbox"/> <input type="checkbox"/> Stomach problems |
| | <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:
____ Bee stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> <input type="checkbox"/> Traumatic Brain
Syndrome |
| ____ Food: _____ | | <input type="checkbox"/> Spina bifida | <input type="checkbox"/> <input type="checkbox"/> Traumatic spinal injury |
| ____ Latex | | <input type="checkbox"/> <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> <input type="checkbox"/> Urinary problems |
| ____ Requires Epi-pen (please provide school) | | <input type="checkbox"/> <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> <input type="checkbox"/> Other: _____ |
| | | <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: _____