

**KNOX COUNTY SCHOOLS  
NEW STUDENT ENROLLMENT**

FOR OFFICE USE ONLY	
Student ID	
Home/Cell	
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.

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



## Ball Camp Elementary School

9801 Middlebrook Pike  
Knoxville, Tennessee 37931  
Telephone (865) 539-7888  
Fax (865) 539-3042

Sarah Brengle  
Principal

Beki Jones  
Assistant Principal

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

Date \_\_\_\_\_

### GUARDIANSHIP CONFIRMATION FORM

1. What is your relationship to the student? Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Foster Parent \_\_\_\_\_

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

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_

3. Is this child subject to a parenting plan or court order?

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

☐ Copy submitted

No \_\_\_\_\_

(staff will check & write date given)

4. Are there any protection orders in place?

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

☐ Copy submitted

No \_\_\_\_\_

(staff will check & write date given)

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

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

6. Is your current residence Temporary \_\_\_\_\_ OR Permanent \_\_\_\_\_?

I, \_\_\_\_\_, 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			
First Name	Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> 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		
Enrollment Date in New School	Name of Former School and Town	Last Grade attended

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 <sup>st</sup> 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: (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.



Department of  
Education

## Tennessee Parent Occupational Survey

Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential.

Today's Date

Parent/Guardian First & Last Name

Student First Name

Student Last Name








School Name

Student Grade

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

☐ NO

☐ YES. Check all that apply:

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

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 [tnmep@doe.org](mailto:tnmep@doe.org). If you have any questions, email the TN MEP ID&R Team: [tnmep@doe.org](mailto:tnmep@doe.org)

Student State ID:

Enrollment Date:

District ID:

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: \_\_\_\_\_

**Permission to Photograph  
Ball Camp Elementary**

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

For each media outlet, please indicate YES or NO for permission for your child to be included in photographs, news stories, publications, etc.

Please Circle:

School Newsletter

YES

NO

Yearbook

YES

NO

Media (Newspapers, Television)

YES

NO

Social Media (BCE Twitter, Facebook, website)

YES

NO

Parent/Guardian Signature: \_\_\_\_\_

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



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