

KNOX COUNTY SCHOOLS
ANDREW JOHNSON BUILDING



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.

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

Social Security (optional) OR 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.

Student Guardians (Continued)

Student Name: _____
Last Name First Name Middle Name

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.*

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.*

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

Tennessee Parent Occupational Survey

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

Today's Date

Parent/Guardian First & Last Name

Student First Name

Student Last Name

School Name

Student Grade

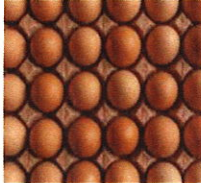
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

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



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

Total Months Worked: _____



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

Total Months Worked: _____



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

Total Months Worked: _____



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

Total Months Worked: _____



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

Total Months Worked: _____



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

Total Months Worked: _____

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

- No
- Yes. **How long have you resided in your current address?**
 _____ Years _____ Months _____ Weeks

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

Home Street Address

Apt #

City

State

Zip Code

Telephone Number

Best Day of Week & Time of Day to Call

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

Student State ID:

Enrollment Date:

District ID:

KNOX COUNTY SCHOOLS

PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

School student(s) zoned to attend _____

Parent / Guardian Name _____ Phone _____

Current Address _____ Zip _____

Former Address _____ Zip _____

In order to verify residency within the attendance zone of the requested school, **one current document** as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

Deed/Lease/Rental Agreement

Utility Bill

Notarized Statement

If proof of residence is provided by a notarized statement from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner _____ Phone _____

Address of Renter/Owner _____

WARNING: *Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.*

I, _____ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school within two weeks.

Signature of Parent / Guardian _____ Date _____

School Official's Signature _____ Date _____



Knox County Schools Student Media Release Form

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

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

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

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

Name of child's school:

Parent/legal guardian:

(print)

(signature)

Date: _____

KNOX COUNTY SCHOOLS
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):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Shunts/hydrocephalus |
| <input type="checkbox"/> Amputator(s) | <input type="checkbox"/> Celiac disease | <input type="checkbox"/> "G" / "J" feeding tubes | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Asthma/reactive
airway disease | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Heart defects | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Requires inhaler | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Swallowing problems |
| <input type="checkbox"/> Allergies: | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Migraine headache | <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> Bee stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Traumatic Brain Syndrome |
| <input type="checkbox"/> Food: _____ | <input type="checkbox"/> Spina bifida | <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> Traumatic spinal injury |
| <input type="checkbox"/> Latex | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Urinary problems | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Requires Epi-pen | <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 the student get along well with other people?

____ Yes ____ No. If no, please explain: _____

Family physician: _____ Telephone: _____

Form completed by: _____ Date: _____

Relationship to the student _____

CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle)

Birthdate (mm/dd/yyyy)

Parent/Guardian Name (Last name, first name)

Phone (please include area code xxx-xxx-xxxx)

Address

City, State, Zip Code

Check here if religious exemption to immunization selected by parent/guardian

Health Examination Documentation (If required)

This child has been examined: MM / DD / YY

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 "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

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	Total Doses	Diagnosed (Y/N)	Serology (Y/N)	History (Y/N)	Medical Exemption (X)
Required Vaccines for School or Child Care Attendance											
Hib Child Care Only (<5 years)											
Pneumococcal (PCV) Child Care Only (<5 years)											
DTP, DTaP, DT, Td											
Poliomyelitis											
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used											
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011											
Measles											
Mumps											
Rubella											
Varicella											
Tdap Booster 7 th Grade Entry Only											
Recommended Vaccines (Documentation Optional)											
Rotavirus											
Influenza											
Meningococcal											
HPV											

SAMPLE

This section must be completed by provider (select one*)

A) Temporary - Expiration Date MM / DD / YYYY
Expiration one month after date next catch-up immunization is due.

B) Child Care Up to Date
Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.

C) Child Care / Pre-School / Pre-K Complete*
Fulfills requirements for child care / pre-school <5 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.

*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department:

Certified By (Signature/Stamp) _____ Date of Issue _____

EAST KNOX COUNTY ELEMENTARY SCHOOL GUARDIANSHIP CONFIRMATION FORM

1. What is your relationship to the child? Parent _____ Guardian _____ Foster _____
2. Is this child subject to a parenting plan or court order?
Yes _____ (please provide paperwork) No _____
3. Are there any protection orders in place? Yes _____ (please provide copy) No _____
4. Are you sharing this residence with someone? Yes _____ No _____
5. Is this current residence Temporary _____ Permanent _____

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
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)



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	<b style="background-color: yellow;">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
-------------------------------	--------------------------------	---------------------

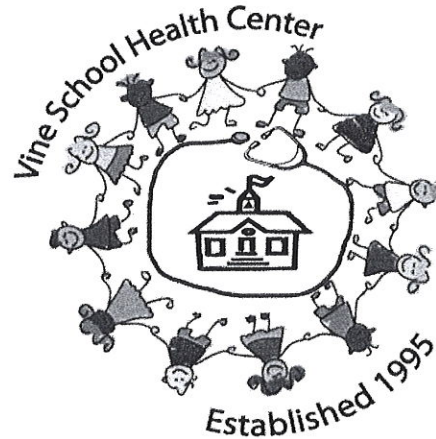
Questions for Parents/Guardians	
1. What is the first language this child learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/> If yes, what year did this student 1 st qualify for 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> / /20 </u> <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.

Need a Kindergarten physical?

SERVICES AVAILABLE:

- Kindergarten Physical
- School Entry Physical
- Vaccines/Shots
- Sports Participation Physical
- Yearly Well Child Exams
- Care for Minor Illnesses and Injury
- Counseling Services
- Case Management Services
- Educational Services



Appointments are available at our center or your child's elementary school!

For appointment at our center: call (865) 594-5078. For appointments at your child's school: contact the school nurse to schedule an appointment. In addition, our clinic will be open this summer from 8:30-3:30pm.

VINE SCHOOL HEALTH CENTER

220 Langland Street Knoxville, TN 37915

PHONE: (865) 594-5078

The Vine School Health Center is a school-based physical and mental health center located behind the Vine Middle Magnet School in Knoxville. The Vine School Health Center is a joint collaboration between Knox County School System and University of Tennessee College of Nursing.

Our mission is to provide comprehensive care to improve the overall physical, mental, and educational health for children living in Knox County.