

CEDAR BLUFF ELEMENTARY SCHOOL NEW STUDENT REGISTRATION

This is the beginning of your child's permanent school record. Please take the time to complete *all forms* correctly and legibly.

Please bring the following with the completed registration packet:

- **Acceptable verification of birth (official State Birth Certificate or Passport).**
- **Social Security card (not mandatory...we can assign a student PIN #).**
- **Tennessee Certificate of Immunization (from your physician or health department).**
- **Proof of a Physical Exam (within the last 12 months).**
- **Proof that you live in the Cedar Bluff School zone (utility bill or purchase/lease agreement. If you live with someone and your name is NOT on the lease, we need a notarized statement with THEIR utility bill or purchase/lease agreement).**

***Please note only *complete* registration packets, with all of the above items included, will be accepted.**

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.*

IMPORTANT NOTICE REGARDING CUSTODY/GUARDIANSHIP

Privacy of student records mandate that school staff can only communicate with a custodial parent or a legal guardian of a student enrolled in Knox County Schools. Also, only the legal parent/guardian can give permission for the child to participate in school related activities. **The parent/guardian must present proof of custody/guardianship upon enrollment.**

If not biological parents, custody/guardianship documents must be filed through the court and signed by a judge. In cases of divorce, custody of minor child(ren) is normally spelled out in the divorce decree. If parents are switching custodial parents and the divorce was granted in Knox County, then an amended custody order has to be approved by the judge who presides over the divorce. In other cases custody is awarded by judges/referees to someone other than the parents for various reasons.

According to Tennessee Code Annotated 34-2-103, "Creation of guardianship of the person of a minor.--(a) The judges of the probate and juvenile courts of the state shall have concurrent power to appoint guardians of the persons of minors...Such petitions shall be filed and such letters of guardianship shall be granted in the county in which the minor resides." Any adult residing in Knox County may apply for guardianship/custody of a minor through Knox County Juvenile Court on Division Street. **Knox County Schools cannot accept a notarized statement or power of attorney as proof of guardianship/custody.**

If custody/guardianship documents are pending court action, the parent/guardian must obtain approval from the Supervisor of Student Transfers to enroll the child in school. Guardianship petitions will be looked at on an individual basis. If the child is coming from another part of the country, the parent/guardian will be given written permission to enroll the child on temporary basis, usually sixty (60) days in the zoned school. The parent/guardian is asked to keep the school and Supervisor of Transfers office informed as to when the court date is scheduled. Petitions from, one Knox County resident to another Knox County residence will not be approved until signed by the judge unless there are extenuating circumstances in the case.

The parent/guardian must provide a copy of the Order Appointing Guardianship/Custody to Supervisor of Student Transfer office and to the school. The Order is provided to the parent/legal guardian by the court after the court hearing and the judge/referee has signed the Order.

Cedar Bluff Elementary School

705 N. Cedar Bluff Rd.

Knoxville, TN 37923

Phone (865) 539-7721

Fax (865) 539-8667

Guardianship Confirmation Form

Student Name: _____ **Date:** _____
(please print)

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 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)
_____ (date copy submitted)
NO _____
4. Are there any Protection Orders in place?
YES _____ (A copy is required to be submitted to the school)
_____ (date copy submitted)
NO _____

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

Signature of Parent/Guardian

Date

(Notice regarding custody/guardianship found on opposite side of this form.)



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

<p>1. What is the first language this child learned to speak?</p>	<p>Has this child ever received ELL (ESL) classes in another school?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/></p>
<p>2. What language does this child speak most often outside of school?</p>	<p>If yes, what year did this student 1st qualify for ELL?</p> <p>Will you require an interpreter/translator at Parent-Teacher meetings?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>If yes, what language?</p>
<p>3. What language do people usually speak in this child's home?</p>	
<p>Parent/Guardian Signature:</p> <p>X _____</p>	<p style="text-align: center;">_____ / _____ /20 Today's Date: (mm/dd/yyyy)</p>

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.

This information will be used by the school nurse to provide care for your child.

Student's name _____
(LAST) (FIRST) (MIDDLE)

Did the student require medical care/hospitalization at birth or at any other time?

Yes No If "Yes," 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," 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"/> Amputation(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"/> Traumatic spinal injury |
| <input type="checkbox"/> Latex | | <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> Urinary problems |
| <input type="checkbox"/> Requires Epi-pen | | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Seizure disorder | |

If any are checked, 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," explain: _____

Family physician: _____ Telephone: _____

Form completed by _____ Date _____

Relationship to the student _____

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

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?
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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

FAX

CEDAR BLUFF ELEMENTARY SCHOOL

705 N. Cedar Bluff Rd.

Knoxville, TN 37923

Date: _____ Fax # _____

To: _____

Attention: Records

From: Records/Enrollment Secretary

Cedar Bluff Elementary Fax #: (865) 539-8667

Telephone #: (865) 539-7721

Email: pam.williams@knoxschools.org

of Pages: 1 (including cover)

PLEASE SEND RECORDS FOR: _____

Grade: _____ including academic grades and level of instruction, test data, attendance, immunization and health records, psychological and any other records you may have on file. Birthdate: _____.

Thank you.

I hereby give my permission for release of all information requested above.

Parent/Guardian

****Please note: parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673)**



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.

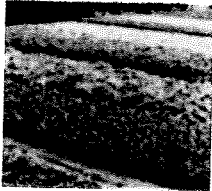
Today's Date _____ Parent/Guardian First & Last Name _____

Student First Name _____ Student Last Name _____

School Name _____ Student Grade _____

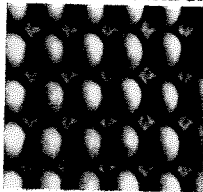
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- 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: _____



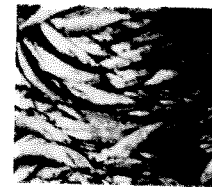
Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

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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2019-2020 Knox County Schools Calendar

July 29 (Monday)	First Day for Teachers – In-service (Building)
July 30 (Tuesday)	In-service Day (PreK-12 System-wide)
July 31 (Wednesday)	Administrative Day (Teacher Work Day)
August 1 (Thursday)	Administrative Day (Teacher Work Day)
August 2 (Friday)	In-service Day (1/2 day--School-based); Administrative Day (1/2 day--Teacher Work Day)
August 5 (Monday)	First Day for Students (1/2 day for students)
August 27 (Tuesday)	In-service (Building) (Student Holiday)
September 2 (Monday)	Labor Day – Holiday
September 5 (Thursday)	End 4½-weeks Grading Period
September 17 (Tuesday)	Constitution Day (Students in school)
October 4 (Friday)	End First 9-weeks Grading Period (43 days)
October 7-11 (Monday-Friday)	Fall Break
November 5 (Tuesday)	In-service Day (PreK-12 System-wide) (Student Holiday)
November 14 (Thursday)	End 4½-weeks Grading Period
November 27-29 (Wednesday-Friday)	Thanksgiving Holidays
December 20 (Friday)	1/2 day for students
	End Second 9-weeks Grading Period (46 days)
	End First Semester (89 days)
December 23 – January 3 (10 days)	Winter Holidays
January 6 (Monday)	In-service Day (1/2 day--School-based); Administrative Day (1/2 day--Teacher Work Day); (Student Holiday)
January 7 (Tuesday)	First Day for Students after Winter Holidays
January 20 (Monday)	Martin Luther King, Jr. Day – Holiday
February 7 (Friday)	End 4½-weeks Grading Period
February 17 (Monday)	In-service Day (PreK-12 System-wide) (Student Holiday)
March 3 (Tuesday)	Holiday
March 13 (Friday)	End First 9-weeks Grading Period (Third 9-weeks Grading Period) (46 days)
March 16-20 (Monday-Friday)	Spring Break
April 10 (Friday)	Holiday
April 13 (Monday)	Holiday
April 22 (Wednesday)	End 4½-weeks Grading Period
May 21 (Thursday)	Last Day for Students (1/2 day for students)
	End Second 9-weeks Grading Period (Fourth 9-weeks Grading Period) (42 days)
	End Second Semester (88 days)
May 22 (Friday)	Administrative Day (Teacher Work Day) – Last Day for Teachers

Calendar Summary

177	Instructional Days (excludes days earned through extended hours)
4	Scheduled Administrative Days
2	Unscheduled In-service Days
1	Unscheduled Parent-Teacher Contact Hours (formerly Teacher-Parent Conference Day)
6	Scheduled In-service Days
10	Vacation Days
200	Days Total

Under this calendar the Knox County Schools may cancel up to ten (10) instructional days due to inclement weather before any makeup days will be required.

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.

OPT IN

Parent/ Legal Guardian Consent Form

For many years, the Knox County Schools has utilized an automated parent notification system to quickly and efficiently notify parents of important school and district information- important information such as school closures/ delays, security alerts, absence notifications, cafeteria balances, upcoming school activities and more.

Recent updates to the Telephone Consumer Protection Act (TCPA) will require school systems and organizations across the nation to potentially modify the ways in which it contacts consumers via their mobile device.

In the Knox County Schools, updates to the TCPA law will now require all parents to “opt in” to receive automated communications on their mobile device- this means parents must provide written permission to receive automated calls and SMS text messages on their mobile device(s). An exception to this updated law is if the call or text is for emergency purposes, in which consent is not required. Additionally, revisions to the law do not require a parent to “opt in” to receive non-automated calls directly from a principal, teacher or other staff member.

Parents can take action now through the SchoolMessenger InfoCenter. Simply go to schoolmessenger.com/start - create an account by clicking “Sign Up” on the top right menu and use the email address that you have provided the school. Parents or legal guardians can choose how to be contacted based on the category of message (from emergencies to school activities) and provide contact permission. There is also a SchoolMessenger InfoCenter app that can be used directly from your mobile device. *If you provide consent through the online SchoolMessenger InfoCenter, you do not need to fill out this consent form.*