

BARTON HIGH SCHOOL

P.O. BOX 97 | BARTON, AR | 72312 | 870-572-7294 | FAX: 870-572-4716

WWW.BARTONSD.ORG

CHRIS GOODIN, PRINCIPAL
YANCEY STEPHENS, DEAN OF STUDENTS
MONIQUE MILLER, COUNSELOR



Enrollment Checklist

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

The following documents are required for enrollment. It is the responsibility of the parent/legal guardian to provide these documents. These may not be obtained from a previously attended school:

- Completed Enrollment Form
- Immunization/Shot Record
- Copy of the student's social security card
- Copy of the student's birth certificate
- A recent copy of TWO utility bills reflecting a service address within the Barton-Lexa School District (ex. Electric Bill, Water Bill, Gas Bill)

Note: Driver's licenses, bank statements, notarized letters, rental agreements and notes from parents or others do not establish residence and will not be accepted. You must provide two utility bills reflecting a service address in the Barton-Lexa School District in the name of the student's legal guardian. The student being enrolled must reside within the district boundaries with the legal guardian.

For grades K-6, please return forms to Kim Williams, Elementary Counselor. Mrs. Williams may be reached at 870-572-7294 ext. 2104.

For grades 7-12, please return forms to Monique Miller, High School Counselor. Mrs. Miller may be reached at 870-572-7294 ext. 4723.

Note: Your child will not be enrolled on the same day the enrollment materials are submitted to the district. You will be notified when the enrollment information has been verified and all necessary documents have been received.

For Office Use Only:

Enrollment: Approved Not Approved

Comments:

Principal/Superintendent Signature

Date

First Name: _____ Middle Name: _____ Last Name: _____

SSN: _____ - _____ - _____ Gender: **M** or **F** Birthdate: _____ Grade: _____ Age: _____

Ethnicity (check one):	Primary Race (check one):	Additional Race:
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White

Language Spoken at Home: _____

Legal Residence (911 Address):

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address:

Address: _____ City: _____ State: _____ Zip: _____

Living With (check all that apply):

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Father & Stepmother | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Mother & Stepfather | <input type="checkbox"/> Institution |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Other Legal Guardian | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Grandparents | | |

Are you living with another family: _____

Father's Name: _____ Cell/Home Phone: _____ Work Phone: _____

Email: _____ Employer: _____

Mother's Name: _____ Cell/Home Phone: _____ Work Phone: _____

Email: _____ Employer: _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____ Work Phone: _____

Method of Transportation (check all that apply): Bus (Bus # _____) Parent/Guardian/Walker

Birth Certificate #: _____ City of Birth: _____ State of Birth: _____

Has the student been expelled/suspended from school or are there proceedings pending in any other district?

- Yes No

If yes, explain: _____

Has the student been retained? Yes No

Does the student receive special services? Yes No

If yes, describe: _____

Current Grade Level: _____ Previous Grade Level: _____

Name of the last school the student attended: _____

Name of sibling(s) and grade level:

Does the student have a nickname or does the student prefer to be called by their middle name:

Pre-School Participation:

- ABC
- Early Childhood
- Headstart
- 21st Century
- Private Pre-School
- Public Pre-School
- Not Applicable

Medical Information:

Does the student have any allergies: _____

Does the student wear glasses or contact lenses? _____

Does the student have asthma? _____

Today's Date: _____