



# Kindergarten Registration

Child must be 5 on or before August 1st.

## Required Documents

- ☐ Proof of Residency (*Electric or water bill*)
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Updated Shot Record
- ☐ Physical (*Last year or this year Physical*)



# Westside Consolidated School District

## Westside Elementary School Enrollment Form

Phone: (870) 935-7501

Fax: (870) 932-9832

### GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
BIRTHDATE:	GENDER: Female Male	GRADE:
NICKNAME:	SSN:	HISPANIC/LATINO ETHNICITY: YES NO

**RACE:** Please answer the following in accordance with standards issued by the US Department of Education.

#### PRIMARY RACE (Please select only ONE)

- ☐ **American Indian of Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)
- ☐ **Asian** (A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ **White** (A person having origins in any of the original peoples of Europe, Middle East or North Africa)

#### ADDITIONAL RACES (check all that apply):

☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Other Pacific Islander

Student Physical/911 Address		Student Mailing Address
Address: _____	If Physical/911 address is the same please write same in the Mailing Address.	Address: _____
City: _____		City: _____
State: _____ Zipcode: _____		State: _____ Zipcode: _____

### PARENT/GUARDIAN CONTACT INFORMATION

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zipcode: _____	State: _____ Zipcode: _____
Email: _____	Email: _____
Home Phone: _____ Cell: _____	Home Phone: _____ Cell: _____
Work Phone: _____ Alert: _____	Work Phone: _____ Alert: _____
*Alert Phone is used by the district's automated phone message system.	*Alert Phone is used by the district's automated phone message system.
Employer: _____	Employer: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.	<input type="checkbox"/> Student Primarily Resides with this Guardian.

#### Pre-School Participation: (Circle One)

A - Arkansas Better Chance	H - Headstart	O - Other
E - Even Start	NA - Not Applicable	P - Private Pre-School
EC - Early Childhood	C - 21st Century Learning Center	PS - Public School Pre-School

Is this Child a dependent of an active or reserve member of a branch of the United States Armed Services? Yes NO

<input type="checkbox"/> Active Duty - US Army	<input type="checkbox"/> Active Duty - US Air Force	<input type="checkbox"/> Active Duty - US Navy	<input type="checkbox"/> Active Duty - US Marines
<input type="checkbox"/> Active Duty - US Coast Guard	<input type="checkbox"/> Reserves - US Army	<input type="checkbox"/> Reserves - US Air Force	<input type="checkbox"/> Reserves - US Navy
<input type="checkbox"/> Reserves - US Marines	<input type="checkbox"/> National Guard - US Army	<input type="checkbox"/> National Guard - US Air Force	<input type="checkbox"/> Parents serve in multiple branches

Is this Student a twin (or triplet, quadruplet, etc.)? Yes No

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



# Pick Up List

STUDENT'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

Student ID: 16020 \_\_\_\_\_ Teacher: \_\_\_\_\_  
(Office Only)

## Parent/Guardian:

\* \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

\* \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

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1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

4. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

5. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

# Car Rider Tag Form

Dear Parents,

For the safety of your children, walking up to the pick-up loading areas is not allowed. Walking up or checking your child(ren) out in the office to avoid the car lines will not be allowed on a daily basis.

**Filling out this form will give you a car rider visor tag to put in your front window of your vehicle. Please fill out and turn in ONLY ONE form per family. That way you can be put into the proper lane and only one car tag with your children's names on it. If you have a visor tag from the previous school year, you can re-use that sign as long as you are not adding/deleting a student and still in the current lineup.**

We have two lanes: the outer lane comes by the front porch is called the **RED LINE**. The inner lane that comes by the little building (Pavilion) in the parking lot, is called the **BLACK LINE**.

The **BLACK LINE** is for 2nd, 3rd and 4" graders and their Kindergarten and 1" grade siblings, they will go outside to the Pavilion and you will drive up there to get them.

**RED LINE** is for Kindergarten and 1st grade students or for those who have siblings at the Middle School. These students will be waiting in the school hallway, you will drive up to the Porch and pick them up there.

STUDENT

GRADE

TEACHER

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How many visor tags will you need? \_\_\_\_\_

**\*One Per Family, add Elementary sibling.**



**Arkansas Department of Education (ADE)  
Home Language Usage Survey**

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

<b>Student Name:</b>		<b>Grade:</b>	<b>Date:</b>
<b>School:</b>		<b>Gender:</b>	<b>Date of Birth:</b>
Parent/Guardian Name:		Parent/Guardian Signature:	
<b>Right to Translation and Interpretation Services</b> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand.  1. a) In what language do you prefer to receive written communication from the school? _____ b) In what language would you prefer to communicate with school staff when speaking? _____		
<b>Eligibility for Language Development Support</b> Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language(s) is (are) spoken in your home? _____ 3. What language did your child learn first? _____ 4. What language does your child use most often at home? _____ 5. What language does your family speak most often at home? _____ 6. What language do adults speak most often with each other at home? _____		
<b>Prior Education</b> Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <b>This form is not used to identify students' immigration status.</b>	7. Where was your child born? _____  8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12 <sup>th</sup> grade) _____ Month          Day          Year		

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



**Note to district:** This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

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