

|   |  |  |
|---|--|--|
| Student ID: _____   | <b>Magnolia School District</b>                  | Student State ID: _____  |
| Grade Enrolling: _____  |  |  |
| <b>ENROLLMENT FORM</b>  |  |  |
| <b>STUDENT INFORMATION</b>  |  |  |
| LAST NAME: _____  | FIRST NAME: _____                                | MIDDLE NAME: _____   |
| Gender:    Female    Male   | Birthdate: _____                                 | Student's Preferred Name: _____  |
| SSN: _____  | Medicaid # _____                                 | Hispanic/Latino Ethnicity:    Yes    No  |
| <b>RACE:</b> Please answer the following in accordance with standards issued by the U.S. Department of Education  |  |  |
| <b>PRIMARY RACE:</b> (Please select only one.)<br><input type="radio"/> American Indian or Alaska Native<br><input type="radio"/> Asian<br><input type="radio"/> Black or African American<br><input type="radio"/> Native Hawaiian or Other Pacific Islander<br><input type="radio"/> White or Caucasian |  | <b>ADDITIONAL RACES</b> (Check all that apply)<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White or Caucasian |
| <b>Student Physical/911 Address</b><br><br>Address: _____<br>City: _____<br>State: _____ Zip Code: _____  |  | <b>Student Mailing Address</b><br><input type="checkbox"/> Student Mailing Address is the same as the Physical/911 Address<br>Address: _____<br>City: _____<br>State: _____ Zip Code: _____  |
| <b>Transportation for School</b><br><input type="radio"/> Bus <input type="radio"/> Drives Self<br><input type="radio"/> Parent/Guardian (includes walkers, child care vans, etc)   |  | Bus Pick Up Address: (if different from Physical/911)<br>_____<br>Bus Drop Off Address: (if different from Physical/911)<br>_____  |
| <b>Previous Schools</b>   |  |  |
| <b>Pre-School Participation:</b> (Check Most Recent)  |  |  |
| <input type="radio"/> A - Arkansas Better Chance  | <input type="radio"/> H - Headstart              | <input type="radio"/> P - Private Pre-School   |
| <input type="radio"/> E - Even Start  | <input type="radio"/> O - Other                  | <input type="radio"/> Public School  |
| <input type="radio"/> EC - Early Childhood SPED   | <input type="radio"/> C - 21st Century Community | <input type="radio"/> NA - Not Applicable  |
| <b>Dates Attended</b>   | <b>Name of School (s)</b>                        | <b>City</b>  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Previously enrolled in Magnolia School District?    Yes    No    Date: _____ Grade(s) _____   |  |  |
| <b>Education History</b>  |  |  |
| Has your student ever received service from or been involved in: (Check all that apply)   |  |  |
| <input type="radio"/> Special Education   | <input type="radio"/> IEP                        | <input type="radio"/> Counseling   |
| <input type="radio"/> Additional Services   | <input type="radio"/> 504 Plan                   | <input type="radio"/> English 2nd Language   |
| <input type="radio"/> Math intervention   | <input type="radio"/> Gifted & Talented Program  | <input type="radio"/> Speech Therapy   |
| <input type="radio"/> Behavior Managing   | <input type="radio"/> Reading Intervention       |  |
| <input type="radio"/> Other: _____  |  |  |
| <input type="radio"/> Yes   | <input type="radio"/> No                         | Is this child currently expelled from another school?  |
| <input type="radio"/> Yes   | <input type="radio"/> No                         | Is this child currently under expulsion proceedings at another school?   |
| <input type="radio"/> Yes   | <input type="radio"/> No                         | Is this child a resident of another school district attending under school choice?   |

## Parent and Emergency Contact Information

|                            |                       |                            |                      |  |                    |        |                      |
|----------------------------|-----------------------|----------------------------|----------------------|--|--------------------|--------|----------------------|
| Primary<br>Parent/Guardian | <input type="radio"/> | Lives with Student         | Last Name:           |  | First Name:        |        |                      |
|                            | <input type="radio"/> | Student's Legal Guardian   | Relation to Student: |  | Email Address:     |        | Place of Employment: |
|                            | <input type="radio"/> | Caretaker                  | Home Address:        |  | City:              | State: | Zip Code:            |
|                            | <input type="radio"/> | Foster Parent/ Host Parent | Mailing Address:     |  | City:              | State: | Zip Code:            |
|                            | <input type="radio"/> |                            | Cell Phone:<br>( )   |  | Work Phone:<br>( ) |        | Home Phone:<br>( )   |

  

|                       |                       |                            |                      |  |                    |        |                      |
|-----------------------|-----------------------|----------------------------|----------------------|--|--------------------|--------|----------------------|
| Parent/Guardian Other | <input type="radio"/> | Lives with Student         | Last Name:           |  | First Name:        |        |                      |
|                       | <input type="radio"/> | Student's Legal Guardian   | Relation to Student: |  | Email Address:     |        | Place of Employment: |
|                       | <input type="radio"/> | Caretaker                  | Home Address:        |  | City:              | State: | Zip Code:            |
|                       | <input type="radio"/> | Foster Parent/ Host Parent | Mailing Address:     |  | City:              | State: | Zip Code:            |
|                       | <input type="radio"/> |                            | Cell Phone:<br>( )   |  | Work Phone:<br>( ) |        | Home Phone:<br>( )   |

If Foster parents, provide placing agency: \_\_\_\_\_ County: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

|  |                      |  |                    |        |                                    |
|--|----------------------|--|--------------------|--------|------------------------------------|
| <b>Local Emergency Contact</b><br>(Not a Parent/Guardian)  | Last Name:           |  | First Name:        |        |                                    |
| In case of illness/injury or other emergency, when household cannot be contacted, I authorize Magnolia schools to call and /or release my child to the following | Relation to Student: |  | Cell Phone:<br>( ) |        | Home Phone: ( )<br>Work Phone: ( ) |
|  | Home Address:        |  | City:              | State: | Zip Code:                          |

  

|  |                      |  |                    |        |                                    |
|--|----------------------|--|--------------------|--------|------------------------------------|
| <b>Additional Emergency Contact</b><br>(Not a Parent/Guardian)   | Last Name:           |  | First Name:        |        |                                    |
| In case of illness/injury or other emergency, when household cannot be contacted, I authorize Magnolia schools to call and /or release my child to the following | Relation to Student: |  | Cell Phone:<br>( ) |        | Home Phone: ( )<br>Work Phone: ( ) |
|  | Home Address:        |  | City:              | State: | Zip Code:                          |

Is the child a dependent of an active or reserve member of a branch of the United States Armed Forces? ☐ Yes ☐ No

Name of the Military Member: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Active: ☐ Yes ☐ No Reserve: ☐ Yes ☐ No

## Siblings

Complete this section only if applicable. Include ONLY siblings who are currently in Grades PK-12 in the Magnolia School District.

**Is this student a twin (or triplet, quadruplet, etc.)?** ☐ Yes ☐ No

|               | Sibling 1 | Sibling 2 | Sibling 3 | Sibling 4 |
|---------------|-----------|-----------|-----------|-----------|
| Full Name     |           |           |           |           |
| Lives with    |           |           |           |           |
| Current Grade |           |           |           |           |
| Birthdate     |           |           |           |           |

While not required, I give Magnolia School District employees permission to address my student by the preferred name listed on the front page. A.C.A. § 6-1-108

☐ Yes ☐ No Signature of Parent/Guardian: \_\_\_\_\_

I certify that the above information is true and accurate and all questions have been answered to the best of my knowledge.

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