ELEMENTARY REGISTRATION

2021-2022
To register, parents must provide the following:

1. Documentation of student’s date of birth including one of the following:
   - Copy of birth certificate
   - Passport showing student’s date of birth
   - United States military identification showing student’s date of birth
   - Previous school records showing student’s date of birth
2. Copy of social security card
3. Official up-to-date shot records
4. Proof of residency which **must include current personal property assessment and one of the following**:
   - Current utility bill (gas, water, or electric bill)
   - Current rent receipt
   - Current lease agreement
   - Dated contract for the purchase of home
   - Dated contract for closing on construction of a new home.

Registration is not complete and student will not be enrolled until all information is provided.
**Office Use Only**

Student ID #
Grade
School
Bus#
Homeroom

---

# BRYANT PUBLIC SCHOOLS

# Enrollment Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Social Security Number</th>
<th>Is student a twin?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>City</th>
<th>Zip</th>
<th>Primary Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous School</th>
<th>Name of Previous School</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Asian/PI</th>
<th>Black</th>
<th>Hawaiian/Pacific</th>
<th>Native American/Alaskan Native</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity Hispanic/Latino</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel Code</th>
<th>Bus</th>
<th>Drives Self</th>
<th>Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Is this student currently under suspension or expulsion from any school or are there procedures in progress pertaining to suspension or expulsion of your child? 

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Does the student take medication at school? 

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Was the previous school providing special services? (mark all that apply) 

<table>
<thead>
<tr>
<th>Speech</th>
<th>504</th>
<th>Special Education</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student resides with 

<table>
<thead>
<tr>
<th>Both Parents</th>
<th>Mother Only</th>
<th>Father Only</th>
<th>Grandparent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother &amp; Stepfather</th>
<th>Father &amp; Stepmother</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

If other, please explain: 

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Parent/Guardian Name</th>
<th>Home/Cell Number</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you need an interpreter? 

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Secondary Parent/Guardian Name</th>
<th>Home/Cell Number</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you need an interpreter? 

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

The person(s) listed below has permission to check my child out of school (list name and number) 

1. 
2. 
3. 
4. 

Is this student a military dependent? 

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, please indicate status below: 

<table>
<thead>
<tr>
<th>Army</th>
<th>Active Duty</th>
<th>Reserves</th>
<th>Coast Guard</th>
<th>Active Duty</th>
<th>Reserves</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Navy</th>
<th>Active Duty</th>
<th>Reserves</th>
<th>Army National Guard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Air Force</th>
<th>Active Duty</th>
<th>Reserves</th>
<th>Air Force National Guard</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Marines</th>
<th>Active Duty</th>
<th>Reserves</th>
<th>Parents Multiple Branch</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Parent/Guardian Signature ___________________________ Date ___________________________

---

Dr. Karen C. Walters, Superintendent

200 Northwest Fourth Street, Bryant, AR 72022
Phone: (501) 847-5600
Fax: (501) 847-5695

www.bryantschools.org

Rev. 3/2018
The Home Language Usage Survey is completed by all students initially enrolling in Arkansas schools.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School:</th>
<th>Student State ID #:</th>
<th>Gender:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Parent/Guardian Signature:</th>
</tr>
</thead>
</table>

### Right to Translation and Interpretation Services
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? __________________________

### Eligibility for Language Development Support
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? __________________________

### Prior Education
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. **This form is not used to identify students’ legal immigration status.**

7. Where was your child born? __________________________

8. When did your child first attend a school in the United States (the 50 states, DC)? (Kindergarten – 12th grade) __________________________

   Month   Day   Year

9. Has your child attended a school in Puerto Rico? ________

Thank you for providing the information needed on the Home Language Usage 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](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.

This work, “Arkansas Department of Education (ADE), Home Language Survey”, is a derivative of “OSPI Home Language Survey” by OSPI, used under [CC BY](https://creativecommons.org/licenses/by/3.0/). “Arkansas Department of Education (ADE), Home Language Survey” is licensed under [CC BY](https://creativecommons.org/licenses/by/3.0) by the English Learners Unit of the Arkansas Department of Education.
RESIDENCY FORM

Your answers will help determine if the child/youth meets eligibility requirements for services under the McKinney-Vento Act.

List all of your children birth through age 21.

<table>
<thead>
<tr>
<th>Name of Child/Youth</th>
<th>School/Program</th>
<th>Age</th>
<th>Grade/ Early Childhood Level</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Parent/Guardian ________________________________

Address _______________________________________

City___________________________________________

Zip Code ___________________________ Phone Number: ___________________

Please choose which of the following situations the child or youth currently lives in (you can choose more than one):

_____ House or apartment with parent or guardian
_____ Motel, car, or campsite
_____ Shelter or other temporary housing
_____ With friends or family members (other than or in addition to parent/guardian)
_____ Living in inadequate housing (no heat, no water, mold infested, etc.)

If you are living in shared housing, please check all of the following reasons that apply:

_____ Loss of housing
_____ Economic situation
_____Temporarily waiting for house or apartment
_____ Provide care for a family member
_____ Living with boyfriend/girlfriend
_____ Loss of employment
_____ Parent/Guardian is deployed
_____ Other (Please explain)

Are you a child or youth living apart from your parents or guardians?

Yes ___ No ___
Housing and Educational Rights
Students without fixed, regular, and adequate nighttime residences have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extracurricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at ________________, or the State Coordinator at 501-683-5428.

Arkansas law provides that anyone who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine of up to $1,000 (Ark. Code Ann. § 6-18-202(f)).

By signing below, I acknowledge that I have received and understand the above rights.

______________________________  Date
Signature of Parent/Guardian/Unattached Youth

______________________________  Date
Signature of McKinney-Vento Liaison
Services for McKinney-Vento Identified Students

Student: ____________________________
School: ____________________________
Grade ____________________________

Please check the services needed or desired:

<table>
<thead>
<tr>
<th>Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Early Head Start or Head Start</td>
<td></td>
</tr>
<tr>
<td>__ Transportation to the school of origin</td>
<td></td>
</tr>
<tr>
<td>__ Clothing/Uniform</td>
<td></td>
</tr>
<tr>
<td>__ School supplies</td>
<td></td>
</tr>
<tr>
<td>__ Counseling</td>
<td></td>
</tr>
<tr>
<td>__ Medical/dental referral</td>
<td></td>
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<tr>
<td>__ Vision referral</td>
<td></td>
</tr>
<tr>
<td>__ Medicaid/DSHS services - food stamps</td>
<td></td>
</tr>
<tr>
<td>__ Preschool Enrollment records</td>
<td></td>
</tr>
<tr>
<td>__ Missing enrollment records</td>
<td></td>
</tr>
<tr>
<td>__ Birth certificate</td>
<td></td>
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<tr>
<td>__ Immunization/medical records</td>
<td></td>
</tr>
<tr>
<td>__ Tutoring</td>
<td></td>
</tr>
<tr>
<td>__ After-school programs</td>
<td></td>
</tr>
<tr>
<td>__ Teen Center</td>
<td></td>
</tr>
<tr>
<td>__ Mentoring</td>
<td></td>
</tr>
<tr>
<td>__ Special Education</td>
<td></td>
</tr>
<tr>
<td>__ Gifted/talented</td>
<td></td>
</tr>
<tr>
<td>__ Vocational/technical</td>
<td></td>
</tr>
<tr>
<td>__ Community resource</td>
<td></td>
</tr>
<tr>
<td>__ Prior academic records</td>
<td></td>
</tr>
<tr>
<td>__ LEP/Bilingual program</td>
<td></td>
</tr>
<tr>
<td>__ Guardianship issues</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Parent/Guardian/Unattached Youth ........................................ Date

Signature of McKinney-Vento Liaison ......................................................... Date
BRYANT PUBLIC SCHOOLS
Transfer Policy

Student Name

Date of Birth
Month/Day/Year

Grade

It is the desire of Bryant Public Schools to have every child attend the school to which they are assigned according to their current residence. However, due to the unpredictable increase in enrollment, it is sometimes necessary to transfer students to another school within our district in order to stay in compliance with the Arkansas state laws governing classroom size. Please consider this your notification of our transfer policy.

If an overage occurs, students will first be transferred on a voluntary basis. If necessary, students will be transferred based on the date and time of enrollment. If there is a vacancy during the school year, your child will have the opportunity to transfer back to their zoned school.

Parent/Guardian Signature

Date
**BRYANT PUBLIC SCHOOLS**

**Medical History**

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
<th>Month/Day/Year</th>
</tr>
</thead>
</table>

*Life Threatening implies respiratory distress or need of emergency care*

### Allergies

- **Foods/Nuts**
  - □ Life Threatening*
  - □ Severe
  - □ Mild
  - □ Age of last reaction ____________

- **Insects**
  - □ Life Threatening*
  - □ Severe
  - □ Mild
  - □ Age of last reaction ____________

- **Medications**
  - □ Life Threatening*
  - □ Severe
  - □ Mild
  - □ Age of last reaction ____________

- **Other**
  - □ Life Threatening*
  - □ Severe
  - □ Mild
  - □ Age of last reaction ____________

- **Seasonal Hay Fever**
  - □ Has Medication at School
  - □ Medication may cause drowsiness

Describe reaction __________________________________________________________________________________________________

### Asthma

- □ Life Threatening*
  - □ Severe
  - □ Mild

- □ Manages Own Care

**Induced by:**

- □ Cold Weather
  - □ Exercise
  - □ Stress

- □ Respiratory Infection Brings on Asthma Attack

- □ Takes Medication - Name of Medication _____________________________________________________________________________
  - □ Medication may cause drowsiness

### Heart Condition

- □ Murmur

- □ Has Pacemaker

- □ Activities Restricted

- □ Activities NOT Restricted

- □ Under Medical Care

Other Conditions ___________________________________________________________________________________________________

### Eyes

- □ Problem With:
  - □ Right Eye
  - □ Left Eye
  - □ Both Eyes

- □ Wears Glasses

- □ Wears Contacts

- □ Last Prescription Change at Age ____________

- □ Surgery at Age ____________

For __________________________________________________________________________________________

Other Eye Problems _____________________________________________________________________________

### Ears

- □ History of ear infections, age ____________

- □ Had Tubes

- □ Has Tubes In:
  - □ Right Ear
  - □ Left Ear
  - □ Both Ears

- □ Wears Hearing Aid:
  - □ Right Ear
  - □ Left Ear
  - □ Both Ears

Other Ear Problems ____________________________________________________________________________

### Headaches

- □ Migraines

- □ Caused by: _____________________________________________________________________________

- □ Has Medication at:
  - □ Home
  - □ School

### Bone Problems

- □ Scoliosis
  - □ % of Curve ____________

- □ Under Doctor’s Care
  - □ NO Restrictions

- □ Knees

- □ Bone Spurs

- □ Other _________________________________________________________________________________

- □ Other Conditions

### Other Conditions

- □ Birth Defects

- □ Cerebral Palsy

- □ Digestion/Intestinal

- □ Frequent & Severe Nose Bleeds

- □ Psychiatric

- □ Blood Disorder

- □ Cystic Fibrosis

- □ Eating Problems

- □ Hyperactivity

- □ Seizures

- □ Blood Pressure

- □ Diabetes

- □ Emotional

- □ Neurological

- □ Thyroid

Other Conditions ____________________________________________________________________________

Parent/Guardian Signature ____________________________ Phone # ____________________________ Date ____________

**Office Use Only**

- Student ID #
- Grade ____________
- School ___ Age ____________ Homeroom ______

**Rev. 2/2017**
Media, Publications, Video, Internet Consent and Release Agreement
for Parents/Guardians and Students

Parents, guardians and students who attend or participate in Bryant School District programs or events are occasionally asked to be part of county, statewide and/or national publicity, promotion, marketing and/or public relations activities or projects, and/or appear in educational and curriculum material developed by the District. In order to guarantee you and your child’s privacy and ensure your agreement to participate, the Bryant School District asks that you sign and return this form.

By your signature on this form, you approve the Bryant School District, should it choose, to use you and/or your child’s name, picture (still or video), art, written work, voice, or verbal statements in any educational and/or promotional printed or electronic piece that furthers the District’s educational and/or public relations efforts during this and subsequent years. This includes but is not limited to external news media outlets (printed and/or broadcast), District website, online social media accounts, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about District programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify you or your child.

AGREEMENT

The Bryant School District agrees that your or your child’s name, picture, art, written work, voice, verbal statements, or portraits (video or still) will only be used for the District’s public relations, public information, promotion, publicity and marketing efforts and/or to support its educational programs.

By signing below, the Parent/Guardian and Youth understand and agree that
• No monetary consideration shall be paid;
• Consent and release have been given without coercion or duress;
• This agreement is binding upon heirs and/or future legal representatives.

If the Parent/Guardian and/or Youth wish to rescind this agreement, they may do so at any time with written notice.

Youth’s Name (print)  Grade

Youth’s Signature (if at least 18 years old)  Date

Parent/Guardian Name (print)  Parent/Guardian Signature Date

Each student should have a copy of this form at the school the child will be attending.
COMPLETE THIS FORM ONLY IF YOU OBJECT TO THE PUBLICATION OF DIRECTORY INFORMATION

Family Educational Rights and Privacy Act (FERPA)

I, the undersigned, being a parent of a student, or a student eighteen (18) years of age or older, hereby note my objection to the disclosure of publication by the Bryant Public Schools of directory information, as defined in district policy, concerning the student named below.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the school year or the date the student is enrolled in school in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

I object and wish to deny the disclosure or publication of directory information as follows:

Please select one option by initialing

___ All public and school sources
Selecting this option will prohibit the release of directory information to the categories listed above along with all other public sources (such as newspapers), AND result in the student’s directory information NOT being included in the school’s yearbook and other school publications.

___ All public sources
Selecting this option will prohibit the release of directory information to the categories listed above along with all other public sources (such as newspapers), but permit the student’s directory information to be included in the school’s yearbook and other school publications.

_________________________________________  ______________________
Name of Student (print)       Grade

_________________________________________  ______________________
Signature of parent (or student, if 18 or older)       Date of Form Submission

Sign and return ONLY if objecting to the disclosure of student directory information including, yearbook, social media, newspaper, and other school publications.

The Family Educational Rights and Privacy Act (FERPA) generally requires the Bryant School District to obtain a parent or guardian’s written consent prior to disclosing personally identifiable information (PII) from a student’s education records. One of the exceptions to this general rule applies to “directory information.” Unless the parent or guardian of a student (or student, if above the age of 18) objects, directory information may be made available to the public, military recruiters, post-secondary educational institutions, prospective employers of those students, as well as annual yearbooks and graduation announcements. Directory information includes, but is not limited to, a student’s name, address, telephone number, electronic mail address, photograph, date and place of birth, dates of attendance, his/her placement on the honor role (or the receipt of other types of honors), as well as his/her participation in school clubs and extracurricular activities, among others. If the student participates in inherently public activities (for example, basketball, football, or other interscholastic activities), the publication of such information will be beyond the control of the District. Directory information also includes a student identification (ID) number, user ID, or other unique personal identifier used by a student for purposes of accessing or communicating in electronic systems and a student ID number or other unique personal identifier that is displayed on a student’s ID badge, provided the ID cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user’s identity, such as a personal identification number (PIN), password or other factor known or possessed only by the authorized user. A parent or guardian may opt out of the District’s disclosure of directory information by signing the form below. For additional information about FERPA, please review Bryant School District Board Policy #4.13.

Rev. 2/2019
Dear Registrar/Estimado Registrador:

My signature below grants permission for you to send all student records including but not limited to a transcript of all grades, achievement & psychological testing, immunization & health records, birth certificate, Social Security number, Title I, ESL, Gifted & Talented, Speech, Special Education, Due Process, and 504 records.

Mi firma abajo concede permiso para que usted envíe todos los expedientes del estudiante, e incluir pero no limitarse a una transcripción de todos los grados, los logros y las pruebas psicológicas, inmunizaciones y expedientes de salud, certificado de nacimiento, número de seguro social, Título I, Inglés segundo idioma (ESL), dotado/talentoso (GT), educación especial y 504.

Student Name
Nombre

Birth Date (M/D/Y)
Fecha de nacimiento

Grade
Grado

Name of School
Nombre de la escuela

Last Date Attended
Ultimo día asistió

School Address
Dirección de la escuela

Street/Calle

City/Ciudad

State/Estado

Zip/Código Postal

Phone Number/ Teléfono

Fax Number/ Número de Fax

The previous school will have the following records on file/ La escuela anterior tendrá los siguientes expedientes:

☐ IEP

☐ 504

☐ Speech/Habla

☐ G/T Dotado/talentoso

☐ ESL/Inglés segundo idioma

☐ Title I/Título I

☐ Due Process Records/Expedientes procesados vencidos

☐ Special Education/Educación especial

☐ Other/Otro

Parent Signature/Firma

Date/Fecha

Send All Records To:

☐ Bryant Elementary
200 NW 4th Street
Bryant, AR 72022
Office 501-847-5642
Fax 501-847-0674

☐ Hill Farm Elementary
500 Hill Farm Road
Bryant, AR 72022
Office 501-653-5950
Fax 501-653-5951

☐ Springhill Elementary
2716 Northlake Road
Alexander, AR 72002
Office 501-847-5675
Fax 501-847-5677

☐ Bryant High School
801 North Reynolds Road
Bryant, AR 72022
Office 501-847-5605
Fax 501-653-5440
Email cbranson@bryantschools.org

☐ Collegeville Elementary
4818 Highway 5 North
Bryant, AR 72022
Office 501-847-5670
Fax 501-847-0732

☐ Hurricane Creek Elementary
6091 Alcoa Road
Benton, AR 72015
Office 501-653-1012
Fax 501-778-5456

☐ Bethel Middle School
5415 Northlake Road
Alexander, AR 72002
Office 501-316-0937
Fax 501-653-5830

☐ Parkway Elementary
5200 Bryant Parkway
Alexander, AR 72002
Office 501-653-5128
Fax 501-653-5928

☐ Davis Elementary
12001 County Line Road
Alexander, AR 72002
Office 501-455-5672
Fax 501-455-2751

☐ Salem Elementary
2701 Salem Road
Benton, AR 72019
Office 501-316-0263
Fax 501-794-9043

☐ Bryant Middle School
1105 Woodland Drive
Bryant, AR 72022
Office 501-847-5651
Fax 501-847-5654

☐ Bryant Junior High School
301 Hill Farm Road
Bryant, AR 72022
Office 501-653-5136
Fax 501-653-5936

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Rev. 2/2019