

# 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.

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### For Office Use Only:

Enrollment:       Approved       Not Approved

Comments:

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Principal/Superintendent Signature

Date

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: **M** or **F** Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Ethnicity (check one):</b>	<b>Primary Race (check one):</b>	<b>Additional Race:</b>
<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
- 21<sup>st</sup> 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: \_\_\_\_\_



Arkansas Division of Elementary and Secondary Education (DESE)  
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>Student State ID #:</b>	<b>Gender:</b>	<b>Date of Birth:</b>
Parent/Guardian Name:		Parent/Guardian Signature:	
<p><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.</p>		<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. a) In what language do you prefer to receive written communication from the school? _____</p> <p>b) In what language would you prefer to communicate with school staff when speaking? _____</p>	
<p><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.</p>		<p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p>	
<p><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><i>This form is not used to identify students' legal immigration status.</i></b></p>		<p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (the 50 states, DC)? (Kindergarten – 12<sup>th</sup> grade) _____ Month                  Day                  Year</p> <p>9. Has your child attended a school in Puerto Rico? _____</p>	

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>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.