

Westside Consolidated School District

Enrollment Criteria and Checklist

Enrollment Criteria

Students may be enrolled in the Westside School District only if they meet **one** of the following criteria:

1. The student is a **legal resident** of the Westside School District. Proof of residency, such as a utility bill identifying the parent or guardian as a legal resident.
 - A. If you are living with another family in our district, we require a notarized letter verifying that, signed by both the resident of our district and the parent/guardian of the student. (Our district may verify this by means of a home visit.)
 - B. If you are in the process of purchasing or building a home in our district, a signed contract of the home needs to be submitted until the purchase is complete. Then you will need to present our district with proof of your residency or you will have **ten (10)** days to move your child to the district in which you actually reside.
2. A **legal transfer** from another school district into our district. The home district's board must first approve such a transfer. Once this paperwork is completed, the Westside School Board will determine whether to accept the student.
3. Parents may opt for **Freedom of Choice** if they meet state criteria. School choice students are only for one year at a time. You must meet the state established deadlines.

Checklist

For your convenience, you may print and complete the attached forms prior to bringing your student for registration. **Please bring the following documentation required by the State of Arkansas to enroll a student in a public school:**

- _____ 1. Birth Certificate
- _____ 2. Social Security Card
- _____ 3. Proof of Residency
- _____ 4. Immunization Record
- _____ 5. Transcript from previous school (**Previous school should provide.**)
- _____ 6. Drop Grades from previous school (**Previous school should provide.**)
- _____ 7. Attendance records from previous school (**Previous school should provide.**)
- _____ 8. IEP for Special Education records or copy of 504 (**If applicable**)

Westside Consolidated School District

Phone: (870)935-7501

Westside High School Enrollment Form

Fax: (870)268-9111

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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Birthdate: _____

Gender: Female Male

Nickname: _____

Grade: _____

SSN (Optional): _____

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 or 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

____ Native Hawaiian/Other Pacific Islander ____ White

Language Spoken At Home: _____

Student Email Address: _____

Student Physical/911 Address	Student Mailing Address
Address: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address
City: _____	Address: _____
State: _____ Zip Code: _____	City: _____
	State: _____ Zip Code: _____

Student Home Phone: _____

Student Cell Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Language of Correspondence: _____	Language of Correspondence: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Email: _____	Email: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Work Phone: _____ *Alert Phone: _____	Work Phone: _____ *Alert Phone: _____
*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.

OFFICE USE ONLY

Entry Date: _____	Meal ST: _____	ESL: _____	IMMG: _____	Residency: _____
Entry Code: _____	M/V Act: _____	SP: _____	GT: _____	Choice LEA: _____
Curriculum: _____	504: _____	MIG: _____	Homeroom: _____	P/T ADM %: _____

Westside High School Enrollment Form

ADDITIONAL STUDENT INFORMATION

City of Birth: _____ State of Birth: _____ Birth Country: _____

TRAVEL INFORMATION

Travel To School (Please check one)	Travel From School (Please check one)
<input type="checkbox"/> Bus (Bus Number _____)	<input type="checkbox"/> Bus (Bus Number _____)
<input type="checkbox"/> Drives Self	<input type="checkbox"/> Drives Self
<input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)	<input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)
<input type="checkbox"/> District Paid Transportation	<input type="checkbox"/> District Paid Transportation
Distance From Home to School (Miles) One Way: _____	

Pre-School Participation:

A - ARKANSAS BETTER CHANCE	H - HEADSTART	O - OTHER
E - EVEN START	NA - NOT APPLICABLE	P - PRIVATE PRE-SCHOOL
EC - EARLY CHILDHOOD	C - 21st CENTURY COMMUNITY LEARNING CENTER	PS - PUBLIC SCHOOL PRE-SCHOOL

Birth Certificate #: _____ Resident County: _____

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

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, please select the branch below.

<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 a triplet, quadruplet, etc.)? Yes No

ADDITIONAL CONTACT INFORMATION

Additional Guardian Contact

Name: _____ Email: _____

Relationship to Student: _____ Home Phone: _____ Cell Phone: _____

Language of Correspondence: _____ Work Phone: _____ *Alert Phone: _____

Mailing Address: _____ *Alert Phone is used by the district's automated phone message system.

City: _____ Employer: _____

State: _____ Zip Code: _____ Student Primarily Resides with this Guardian.

Emergency Information

Contact Order	Name	Relationship to Child	Phone #	Phone Type (ex: Home, Cell, Work)
1				
2				
3				
4				
5				

Physician: _____ Physician: _____

Physician Phone: _____ Physician Phone: _____

Please list any medical concerns and/or medications for this child: _____

Last School Attended: _____ Phone #: _____

Address: _____

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? Yes No

Has this child been retained? Yes No

Has this child met the requirements of the Arkansas State Health laws necessary to enter school? Yes No

Please list the names of anyone who IS NOT ALLOWED to check out/pick up this child from school: _____

Parent/Guardian Signature _____

Date _____

Westside High School

1630 Highway 91 West

Jonesboro, AR 72404

(870)336-8019 - Registrar - twiseman@westsideschools.org

Fax # (870) 268-9111

REQUEST FOR RECORDS

Date: _____

Name of Student: _____

Grade: _____ Date of Birth: _____

Parent's/Guardian's Signature: _____

I authorize my student's records to be: Faxed _____ Mailed _____ Discussed by phone _____

Last School Attended: _____

Last School's Phone #: _____

Last School's Address: _____

Following questions on this form to be filled out by the last school your student attended.

FOR PREVIOUS SCHOOL: Please fill out the following questions on the above student.

If any of the following are true about the above student, please check below:

_____ This student is currently on **Suspension** : Dates of Suspension: _____

_____ This student is currently **Expelled** or in the process of being **Expelled**: Date of Expulsion: _____

_____ This student may be a **Resident** of your School District **without permission** to attend another school.

_____ This student is currently in your **Alternative School** or was in the process of being sent.

Date of **Entry** to your School: _____ Date of **Withdrawal** from your School: _____

PLEASE SEND THE FOLLOWING RECORDS ASAP:

- | | |
|--|---|
| 1. TRANSCRIPT - WITH CREDITS TO DATE. | 6. MOST RECENT STANDARDIZED TEST RESULTS |
| 2. WITHDRAWAL GRADES (Please include percentages.) | 7. ANY SPECIAL EDUCATION RECORDS (Front page IEP) |
| 3. IMMUNIZATION RECORDS | 8. ATTENDANCE RECORDS |
| 4. COPY OF SOCIAL SECURITY CARD | 9. DISCIPLINE RECORDS |
| 5. COPY OF BIRTH CERTIFICATE | |

It is not necessary for parents/guardians to sign a release when records are being transferred from one public school to another. Note: Federal Register, Thursday, June 17, 1976, Part II, H.E.W., "Final Rule on Education Records, : Vol. 41, #118-24673.

WESTSIDE HIGH SCHOOL

HOUSING INFORMATION 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.

Name of Child/Youth	School/Program	Age	Grade/ Early Childhood Level	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____ Phone Number: _____

Is this address temporary or permanent? (Circle one)

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

- 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.)
- House or apartment with parent
- House or apartment with legal or court-appointed guardian

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 extra-curricular 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: Tammy Romines 870-336-9246 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.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date



Westside Consolidated School District



Declaration of Residency

(Please Print)	Student Name	Grade

The above named student is seeking enrollment within the Westside School District based on one of the following:

_____ 1. The student resides within the Westside Consolidated School District.

Physical Address: _____

We rent, own, or reside with the property owners at the address above and as proof of residency, provide either a utility bill with parent/guardians name and physical address, or a notarized statement from the property owner.

_____ 2. The student has been granted a legal transfer.

School District in which you reside: _____

_____ 3. The student has been allowed to enroll based on the School Choice Act of 2015.

School District in which you reside: _____

I understand that I must live inside the Westside Consolidated School District boundaries in order for my child(ren) to attend a Westside School. I understand that it is a violation of State Law to misrepresent my residence for school purposes and acknowledge that I could be fined in a court of law for such misrepresentation. I agree that if it is discovered at any time that my home is not inside these boundaries, I will voluntarily remove my child(ren) from the Westside Consolidated School District they are attending. If I wish for my child(ren) to stay enrolled with said district, I will have the proper paperwork for one of the above options.

I, the undersigned parent/guardian of the above named student, do hereby certify, under penalty of perjury, that the foregoing information is true and correct.

Parent/Guardian Signature	Date

Westside Consolidated School District
Digital Equity Survey 2023 - 2024

(Print) Student Name _____ Grade _____

Parents/Guardians with returning student(s): If your Internet Services are the Same as last School year please check Same, and sign/date at the bottom of this form.

_____ Same

New enrollments, please fill out the entire form.

State Required Home Digital Access Data Collection Form.

1. Does this student have Internet Access at home? Yes No

2. What type of Internet Access does your student have? **(Check one that is used most)**

Residential Broadband

Hotspot/Cell phone

Unknown

3. If there is no Internet Access, what is the reason this child does **NOT** have Internet Access?

Not Affordable

Not Applicable

Not Available

4. Is the Internet performance acceptable for learning activities? **(Check one that applies)**

No - Unable to access internet

Sometimes - Regularly experience internet interruptions

Yes - Few or not internet interruptions

Signature of Parent/Guardian _____ **Date** _____

Westside Consolidated School District greatly appreciates all of your time and attention to complete and return this form. This will allow us to have the opportunity to improve areas that impact our students' academic success.

2023-2024 Employment Survey

School District / Building - WESTSIDE HIGH SCHOOL		Date / Fecha _____	
<i>Your child may qualify to receive: free school supplies, school lunches, books, credit recovery, college scholarships and limited health services.</i>		<i>Su hijo puede calificar para recibir: útiles escolares gratuitos, almuerzos escolares, libros, recuperación de créditos, becas universitarias y servicios de salud limitados.</i>	
Student/Parent Information / Información del Estudiante / Padre			
Student Name / Nombre del Estudiante		Birthday / Cumpleaños	Grade/ Grado
Parent Name / Nombre del Padre			
Address / Dirección		City / Ciudad	
Phone / Teléfono		Email / Correo Electrónico	
Place of Employment / Lugar de Empleo			
Relocation History/Historial de Reubicación			
<i>In the past three (3) years, have you or a member of your family with whom you reside, moved to live or stay temporarily in order to do agriculture work? (summer moves count)</i>	<input type="checkbox"/> Yes Si	<input type="checkbox"/> No No	<i>En los últimos tres (3) años, ¿usted o un miembro de su familia con quien reside, se ha mudado a vivir o se ha quedado temporalmente para trabajar en la agricultura? (los movimientos de verano cuentan)</i>
If YES, what was the date of the move? / En caso afirmativo, ¿cuál fue la fecha de la mudanza? _____			
If YES, please check the following agriculture job(s) that was done when the move was made. En caso afirmativo, marque los siguientes trabajos agrícolas que se realizaron cuando se hizo la mudanza.			
<input type="checkbox"/>	Working at a nursery (planting, potting, pruning, transplanting) / Trabajar en un vivero (plantar, podar, trasplantar)		
<input type="checkbox"/>	Farming (soil preparation, planting, harverstin, baling hay) / Agricultura (preparación del suelo, siembra, cosecha, heno empacado)		
<input type="checkbox"/>	Processing Plants (meat, poultry, fruit, dairy, vegetables) / Plantas de procesamiento (carnes, aves, frutas, lácteos, verduras)		
<input type="checkbox"/>	Chicken Houses (catching, caring for chickens, gathering eggs) / Gallineros (captura, cuidado de pollos, recolección de huevos)		
<input type="checkbox"/>	Cotton Gin (building modules) / Desmotadora de algodón (módulos de construcción)		
<input type="checkbox"/>	Caring for livestock / Cuidando el ganado		
<input type="checkbox"/>	Commercial fishing or working on fish farm / Pesca comercial o trabajo en piscifactorías		
<input type="checkbox"/>	Chopping or pulling weeds / Cortar o arrancar las malas hierbas		
<input type="checkbox"/>	Growing or harvesting fruits,vegetables / Cultivar o cosechar frutas, verduras		
<input type="checkbox"/>	Working at a grainary, seed company (cleaning, bagging) / Trabajar en una empresa de semillas, cereales (limpieza, ensacado)		
<input type="checkbox"/>	Timber work (planting, harvesting, cutting trees, skidding logs) / Trabajos de madera (plantación, tala, tala de árboles, arrastre de troncos)		
List all children in the household under 22 / Enumere todos los niños del hogar menores de 22 años			
	NAME /NOMBRE	BIRTHDAY/CUMPLEAÑOS	GRADE/GRADO

For more information, contact Jamie Cunningham (870) 376-6100



**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.

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
<p>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.</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>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.</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>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. <i>This form is not used to identify students' legal immigration status.</i></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 – 12th 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.

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