

Westside(Johnson County) School District

Phone: (479)497-1088

Westside Elementary School Enrollment Form

Fax: (479)497-1938

GENERAL STUDENT INFORMATION

| | | |
|-------------|--------------|------------|
| FIRST NAME: | MIDDLE NAME: | LAST NAME: |
|-------------|--------------|------------|

Birthdate: _____

Gender: Female Male

Grade: _____

SSN (Optional): _____

Nickname: _____

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

| | |
|----------------|-----------------|
| Address: _____ | |
| City: _____ | |
| State: _____ | Zip Code: _____ |

Student Mailing Address

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

Student Home Phone: _____

Student Cell Phone: _____

Student's Instructional Option (choose one):

On-Site Instruction _____ On-Line Instruction _____ Combination of On-Line and On-Site Instruction _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1

| | |
|--|---------------------|
| Name: _____ | |
| Relationship to Student: _____ | |
| Language of Correspondence: _____ | |
| Mailing Address: _____ | |
| City: _____ | |
| State: _____ | Zip Code: _____ |
| Email: _____ | |
| Home Phone: _____ | Cell Phone: _____ |
| Work Phone: _____ | *Alert Phone: _____ |
| *Alert Phone is used by the district's automated phone message system. | |
| Employer: _____ | |
| <input type="checkbox"/> Student Primarily Resides with this Guardian. | |

Parent/Guardian 2

| | |
|--|---------------------|
| Name: _____ | |
| Relationship to Student: _____ | |
| Language of Correspondence: _____ | |
| Mailing Address: _____ | |
| City: _____ | |
| State: _____ | Zip Code: _____ |
| Email: _____ | |
| Home Phone: _____ | Cell Phone: _____ |
| Work Phone: _____ | *Alert Phone: _____ |
| *Alert Phone is used by the district's automated phone message system. | |
| Employer: _____ | |
| <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 Elementary School Enrollment Form

Page 2

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: _____ | <input type="checkbox"/> Student Primarily Resides with this Guardian. |

Emergency Information

Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)

| 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 ALLOWED to check out/pick up this child from school: _____

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

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

_____ Not Available

_____ Not Affordable

_____ Other

_____ Not Applicable

3. What type of Internet Access does this child have? (Select one of the following)

_____ Residential Broadband

_____ Dial-up

_____ Cellular Network

_____ Other

_____ Hotspot

_____ None

_____ Community Provided Wi-Fi

_____ Unknown

_____ Satellite

4. Is the Internet Performance acceptable for learning activities? (Select one of the following)

_____ Yes - experiences very few or no interruptions in learning activities caused by poor internet performance in the primary place of residence

_____ Sometimes - regularly experiences interruptions in learning activities internet caused by poor internet performance in their primary place of residence

_____ No - unable to complete learning activities due to poor internet performance in their primary place of residence

5. What type of device does this child use most often to complete learning activities away from school? (Select one of the following)

_____ Desktop Computer

_____ Smartphone

_____ Laptop Computer

_____ None

_____ Tablet

_____ Other

_____ Chromebook

6. What is the source of this primary learning device?

_____ District Provided

_____ Personal

_____ Other

7. What is the child's access to this primary learning device? (Select one of the following)

_____ Shared

_____ Not Shared

**JOHNSON COUNTY WESTSIDE SCHOOL
STUDENT HANDBOOK
2022-2023**

westsiderebels.net

Dear Parent or Guardian,

The student handbook is available on the school website listed above or in print by request. The Student handbook is in effect for all students enrolled at Westside Schools. We ask that you read and go over the handbook with your student(s) so we may avoid problems or misunderstandings in the future. By law we are required to have documentation that both students and parents are aware of where to obtain and read a copy of this handbook. This form must be completed and signed by both yourself and your student. Forms must be returned to the respective building principal's office. Thank you for your help in this matter.

The principal reserves the right to follow the disciplinary procedures described in the Handbook in the event that this page is not signed and returned to the administration office.

I am aware that the Westside Schools Student Handbook is available on the school website (westsiderebels.net) or in print if I request one from the school principal's office. I and my student have read the Westside Schools Student Handbook.

Student Signature/Printed Name _____

Parent/Guardian Signature _____

Date _____

Grade of Student (circle one): K 1 2 3 4 5

***I give permission for my child's image, name and/or school work to be displayed for recognition in school publications, school websites, local newspapers, and other media for the purposes of promoting the positive image of the student and Westside School District.**

Parent Signature

Date

(Spanish version on back)

WESTSIDE SCHOOL
STUDENT HEALTH FORM
2022-2023

Grade _____

Teacher _____

Student _____ Date of Birth _____

Parent/Guardian _____ Phone# _____ Work# _____

Parent/Guardian _____ Phone# _____ Work# _____

Dear Parent:

Please take a few minutes to fill out the following information about your child. It is very important you let the school know immediately if you have any phone number changes. This form will aid us in providing the fastest and best possible care for your child. Thank you for your help.

Primary Doctor _____ **Medicaid/ARKids Number** _____

MEDICATIONS

The following are some of the main medications that are used as part of our first aid. Please mark the ones that we may use for your child at school.

| | | | |
|---|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Antibiotic cream | <input type="checkbox"/> Burn Cream | <input type="checkbox"/> Chapstick | <input type="checkbox"/> Cough drops |
| <input type="checkbox"/> Eye Drops/wash | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Orajel | <input type="checkbox"/> Pepto Bismol |
| <input type="checkbox"/> Peroxide | <input type="checkbox"/> Sting relief Swab | <input type="checkbox"/> Tums | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Zyrtec | | | |

ALLERGIES

Please list any allergies, severity of allergy and the symptoms they cause.

1. Medications _____
2. Insect stings _____
3. Food _____
4. Other _____

DO ANY OF THESE REQUIRE THE USE OF AN EPI-PEN? ☐ Yes ☐ NO

MEDICAL CONDITIONS

Please fill in any of the following that apply to your child. List and describe any special treatments that your child requires. List dates of illnesses, injuries, and operations.

1. Epilepsy, Seizures, Fainting _____
2. Asthma/Lung/Heart Disease _____
3. Diabetes _____
4. Bladder/Bowel Problems _____
5. Ulcers/Eating Disorders _____
6. Cancer/Leukemia _____
7. Hearing/Vision Problems _____
8. Speech Problems _____

9. Physical Handicap_____
10. Emotional Problems_____
11. Major Illness or Injuries_____
12. Surgery_____
13. ADD/ADHD_____

14. Childhood Illness (PLEASE CHECK ANY THEY HAVE HAD)

| | | |
|-----------------------|---------------------|----------------------|
| _____ Measles | _____ Mumps | _____ Rubella |
| _____ Chicken pox | _____ Polio | _____ Whooping Cough |
| _____ Rheumatic fever | _____ Scarlet Fever | |

15. Does your child take daily medications?

| | | |
|------------|--------------|------------|
| Drug _____ | Amount _____ | Time _____ |
| Drug _____ | Amount _____ | Time _____ |

Please list additional contacts (other than parent/guardian listed on front page) who may be notified in the event of an emergency or illness to pick up your child.

| | | | |
|-----------|-------------------|-----------|-----------|
| Name_____ | Relationship_____ | Home_____ | Cell_____ |
| Name_____ | Relationship_____ | Home_____ | Cell_____ |
| Name_____ | Relationship_____ | Home_____ | Cell_____ |

In the event of a life threatening injury/illness your child will be transported via ambulance to the nearest hospital.

Parent or Guardian Signature_____ Date_____

Please remember for the safety of our students medications are to be brought in by the parents/guardians only. There will also be a required form to be filled out for any prescription medication(including inhalers) that need to be given at school whether it may be daily or just when needed. Please refer to your handbook for any questions or rules you may have including our fever and lice policy. Thank you for your assistance and remember it is VERY important that we have correct working numbers in the event of an emergency.

Brittany Ragsdale
Westside School Nurse

Parent, Family, and Community Engagement Plan Summary

The Johnson County Westside School District is committed to the education of all students. We know that this is a task that we can NOT do alone. We welcome the engagement of all the residents in the Johnson County Westside School District in assisting us in the development of our students. The school will provide the following services for parents:

1. Yearly Title I meeting in October to explain what Title I is and gain parent input as to the use of Title I funds.
2. Communicate with parents concerning school events, student progress, fundraisers, and meetings by postal mail, email/text, school website, Facebook, phone call, or notes home.
3. Update students grades regularly in the Home Access Center for parents to view.
4. Provide two Parent-Teacher Conferences per year and progress reports every 4 ½ weeks per 9 weeks.
5. Have an open door policy for some school meetings so that any parent can attend that would like to.
6. Provide strategies for math and literacy so that parents can help with educating their child at home.
7. Have a volunteer program on each campus with training held for those that are interested.
8. Conduct surveys of parents to provide information to help with school improvement.
9. Provide a library of parenting resources.

If you have any questions or comments concerning the Parent, Family, and Community Engagement Plan, please contact:

District Coordinator: Virga Hayes at (479)497-1991 or vhayes@westsiderebels.net

Elementary Facilitator: Meredith Young at (479)497-1088 or myoung@westsiderebels.net

High School Facilitator: Courtney Hurt at (479)497-1171 or churt@westsiderebels.net

Please detach and return the bottom portion to your student's school.

I have received a copy of the Parent, Family, and Community Engagement Plan.

Student Name

Student Grade

Parent Signature

Date

Parental Consent to Access Public Insurance and to Release Personally Identifiable Information

Student Name: _____ Date of Birth: _____

Student Identification Number: _____ Medicaid/ARKidsNumber: _____

With parental consent, the school district can seek federal Medicaid reimbursement for the cost of the health services the school district provides to children who are eligible for Medicaid, and who receive those services that are identified in their individualized education program (IEP). In order to seek the federal Medicaid funds for reimbursement, the school district must disclose information from your child's education records to Medicaid and Medicaid billing agencies.

Under the Family Educational Rights and Privacy Act (FERPA), parental consent is required in order to release student personally identifiable information to agencies not identified in the Act. This consent grants the school district the ability to release student information for the purpose of billing Medicaid.

By signing below, you are indicating the following:

- I understand and agree that I am giving the school district permission to access my or my child's public benefits or insurance.
- I understand that my child's education records and information about the services my child receives through an IEP may be released to the Department of Human Services, Division of Medical Services, Arkansas Medicaid, and the school district's Medicaid billing agent for the purpose of billing Medicaid.
- I understand that this may include sharing information with DHS, contracted billing agents, and/or a physician to obtain necessary documentation to receive reimbursement for services provided through an IEP.
- I understand that information to be released may include: student's name, date of birth, social security number, Medicaid ID, disability, IEP and evaluations, type of service(s), times and dates services were delivered, and progress notes.
- I understand that this consent will remain in effect at all times the district is responsible for providing IEP services to my child, unless revoked by me.
- I understand that I may revoke consent at any time by notifying the school district in writing.
- I understand that revoking my consent does not change the school district's responsibility to provide all required IEP services to my child at no cost to me.
- Before giving my consent below, I was provided with a written notice further explaining my rights and protections under Part B of the Individuals with Disabilities Education Act (IDEA) regarding consent and the purpose of this form.

Is your child covered by private insurance? No Yes (If yes, please complete Third Party Liability Section)

Parent or Guardian Signature

Date

Parental Consent to Release Personally Identifiable Information Third Party Liability Section*

*This section should only be completed if the student is covered by private insurance.

Student Name: _____ Date of Birth: _____

Student Identification Number: _____ Medicaid/ARKidsNumber: _____

Information Related to Billing Third Party Insurance:

Title 42 Code of Federal Regulations (CFR), Part 433, Subpart D, Third Party Liability, requires that all third party sources must be utilized before reimbursement can be made by Medicaid. Part B of the Individuals with Disabilities Education Act (IDEA) prohibits a public agency from requiring parents, where they would incur a financial cost, to use insurance proceeds to pay for services that must be provided to a child with disabilities under the "free appropriate public education" requirements of these statutes. IDEA does not create exceptions to Title 42 CFR, Part 433, Subpart D. All Medicaid providers, including school districts, should attempt to exhaust third party liability prior to making claims to Medicaid.

Please check one of the following:

_____ I do NOT give permission to the school district to bill my private insurance for healthcare services delivered in the school.

_____ I give permission to the school to bill my private insurance for healthcare services delivered in the school.

Private Insurance Information:

Insurance company: _____

Address: _____

Phone: _____

Name of Policy Holder: _____

Policy Holder Date of Birth: _____ Social Security Number: _____

Policy Number: _____ Group Number: _____

Parent or Guardian Signature

Date

School-Parent-Student Compact

Student Name: _____ Grade: _____

Westside Schools, and the parents of the students participating in activities, services, and programs provided by Westside Schools, agree that this compact outlines how the parent, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State’s high standards.

This School-Parent-Student compact is in effect during the 2022-23 school year.

School Responsibilities:

1. Provide high –quality curriculum and instruction in a supportive and effective learning environment that will enable the participating children to meet the State’s student academic achievement standards. A licensed teacher will follow the state mandated standards and provide a supportive, safe environment.
2. Hold parent– teacher conferences once each semester.
3. Provide parents with updated information concerning their child’s progress. This information is available through the Home Access Center (HAC) and is updated by Monday each week. Progress reports are sent home for students whose progress is below a “C” average at the midpoint of each nine weeks.

4. Provide parents reasonable access to staff.
Communication is most effective by email as teachers have limited time to make phone calls.

5. Provide parents opportunities to volunteer and participate in their child’s class, and to observe classroom activities. Parent volunteer surveys will be provided at the beginning of the school year. Parent’s coming on to campus during the school day must be cleared with the office.

Principal’s Signature

Parent Responsibilities:

1. Monitor your child’s school attendance. (Missing school has a negative impact on school success.)
2. Make sure homework is complete. (You Tube and other websites can provide homework help.)
3. Participate, as appropriate, in decisions relating to your child’s education.
4. Stay informed about your child’s education.
5. Communicate with the school by promptly reading/responding to all notes from the school and contact the school if you have concerns.

Parent’s Signature

Student Responsibilities:

1. Do homework every day and ask for help when needed.
2. Give parents/guardians all notices and information received by me from the school.

Student’s Signature

Westside Elementary School Volunteer

2022-2023

Student Name _____

Homeroom Teacher _____

Safety and Liability issues:

- Only work with students in a public area
 - If you are in a classroom, leave the door open and work in easy view of passerby
 - Never give a student a ride in your car
 - Avoid giving student personal information such as addresses or phone numbers
 - Notify a counselor or the principal if a child confides in you about an abusive situation
 - Tobacco, drugs and alcohol are not allowed on school property at any time
 - Volunteers should not touch students in an aggressive, disciplinary, or sexual nature
 - I will not photograph any students while volunteering at school
-

Print First and Last Name: _____

Phone Number: _____

Please read carefully before signing:

I will not abuse any student by physical or emotional means and will not commit any criminal act involving a student. I will not use alcohol, tobacco, or illegal drugs or be under the influence of drugs or alcohol while volunteering at any school related activity. I agree to abide by all school rules, policies and procedures. I agree to use my expertise and work under the direction of the principal and staff to improve the learning and achievement of all students.

Signature

Date

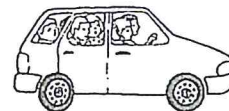
Address

Emergency Contact: _____ Phone: _____

(Spanish version on back)



Student Transportation (2022-2023)



Student Name: _____ Grade _____ Teacher _____

How your child will get home

FIRST DAY OF SCHOOL

My child will be a: Bus Rider _____ Car Rider _____ Walker _____

REMAINDER OF THE YEAR

My child will be a: Bus Rider _____ Car Rider _____ Walker _____

To be completed only if your child will be a bus rider:

Bus Animal: _____

Parent/Guardian Name: _____ Phone # _____

Parent/Guardian Name: _____ Phone # _____

Pick up address:

Drop off address: ☐ (Check if same as pick up)

Names of siblings/grades riding the bus:

Name

Grade

(Parent/Guardian Signature)

(Date)

Volunteer Interest Survey

2022-2023

Please Print First and Last Name: _____

Phone number: _____

Email address: _____

List of children in the school

Students First and Last Name: _____ Teacher/Grade _____

Students First and Last Name: _____ Teacher/Grade _____

Students First and Last Name: _____ Teacher/Grade _____

Students First and Last Name: _____ Teacher/Grade _____

I would like to volunteer by:

I am available the following days and times: _____

| I am interested in helping throughout the year by: | I am interested in helping with events: |
|--|---|
| <ul style="list-style-type: none"><input type="radio"/> Copying papers<input type="radio"/> Reading to a class<input type="radio"/> Helping in lunchroom with duties<input type="radio"/> Helping with playground duties<input type="radio"/> Cutting out lamination<input type="radio"/> Organizing paperwork<input type="radio"/> Helping with fundraises<input type="radio"/> Shelf books in the library<input type="radio"/> Helping with the backpack program | <ul style="list-style-type: none"><input type="radio"/> Fall Carnival<input type="radio"/> Battle of the Classes<input type="radio"/> Bouncy Palooza<input type="radio"/> Field Trips<input type="radio"/> Music Program<input type="radio"/> Literacy Nights/Math Night<input type="radio"/> Class Parties |

Thank you,

Meredith Young

Westside Elementary School Parent Coordinator

Email address: myoung@westsiderebels.net

Phone (479)479-1088

(Spanish version on back)

JOHNSON COUNTY WESTSIDE



RESIDENCY FORM

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

List all children in your family birth through age 21.

| Name of Child | School | Age | Grade | 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 student currently resides 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)

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 student under the age of 18 and living apart from your parents or guardians?

Yes No

JOHNSON COUNTY WESTSIDE

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 at 479-497-1991 or the State Coordinator at 501-683-5428.

In accordance with Arkansas Statute, any person who knowingly gives a false residential address for purposes of public school enrollment is guilty of a misdemeanor and subject to a fine not to exceed one thousand dollars \$1,000. (A.C.A. 6-18-202). The Johnson County Westside School District will consider the prosecution of those who present fraudulent addresses.

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

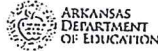
Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

JOHNSON COUNTY WESTSIDE



Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

☐ Free Lunch

☐ Transportation to the
school of origin

☐ Clothing/Uniform

☐ School supplies

☐ Counseling

☐ Medical/dental referral

☐ Vision referral

☐ Medicaid/DSHS services –
food stamps

☐ Preschool Enrollment
records

☐ Missing enrollment records

☐ Birth certificate

☐ Immunization/medical
records

☐ Tutoring

☐ After-school programs

☐ Teen Center

☐ Mentoring

☐ Special Education

☐ Gifted/talented

☐ Vocational/technical

☐ Community resource

☐ Prior academic records

☐ LEP/Bilingual program

☐ Guardianship issues

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date