

**Beebe Middle School  
Enrollment Information**

Date Student Enrolled: \_\_\_\_/\_\_\_\_/\_\_\_\_ Homeroom Teacher \_\_\_\_\_

First Name: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

SSN: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Ethnicity (Check One)**

☐ Hispanic  
☐ Non-Hispanic

**Primary Race (Check One)**

☐ American Indian/Alaska Native  
☐ Asian  
☐ Black  
☐ Hispanic  
☐ Native Hawaiian/Other Pacific Islander  
☐ White

**Additional Race (Check all that apply)**

☐ American Indian/Alaska Native  
☐ Asian  
☐ Black  
☐ Hispanic  
☐ Native Hawaiian Pacific Islander  
☐ White

Language Spoken in Home: \_\_\_\_\_

**Method of Transportation (Check all that apply):**

☐ Bus ☐ Parent/Guardian (Includes walkers, child care vans, etc) ☐ Bus # to/from school

**Parent/Guardian Information**

**Living with:** ☐ Both Parents ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Mother Only ☐ Father Only  
☐ Grandparents ☐ Guardian ☐ Foster Parent ☐ Homeless ☐ Institution

**Contact Name #1** \_\_\_\_\_ **Contact Name #2** \_\_\_\_\_

**Parent/Guardian Email 1:** \_\_\_\_\_

**Parent/Guardian Email 2:** \_\_\_\_\_

**Residence:**

☐ Own ☐ Rent ☐ Hotel/Motel ☐ Live with family/friends ☐ Other \_\_\_\_\_

(AR Statute 6-18-202 Section 5f) ANY PERSON WHO KNOWINGLY GIVES A FALSE RESIDENTIAL ADDRESS FOR PURPOSE OF PUBLIC SCHOOL ENROLLMENT IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED FIVE HUNDRED DOLLARS (500.00)

**Mailing Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Parent /Guardian Workplace 1:**

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**911 Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Parent Guardian Workplace 2:**

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Emergency Contact Information (Must be completed)**

Contact Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

If I cannot be reached in an emergency, Beebe Public Schools has my permission to transport my child to the above named doctor, hospital or nearest medical facility. \_\_\_\_\_ YES \_\_\_\_\_ NO

(Please complete both sides of this form)

### Miscellaneous Information

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for changing school district: \_\_\_\_\_

Has student been enrolled previously in Beebe Public Schools? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, what was the last grade attended? \_\_\_\_\_

Was your child receiving Special Education services in his/her previous school? \_\_\_\_\_ No \_\_\_\_\_ Yes

Was your child receiving Section 504 services in his/her previous school? \_\_\_\_\_ No \_\_\_\_\_ Yes

Is your child under expulsion and/or pending expulsion from another district? \_\_\_\_\_ No \_\_\_\_\_ Yes

#### Information on brothers and sisters in household:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

We now have a School Messenger system that will help parents informed about school events, inclement weather and various events that will be happening at our school. Please list the number that you would like to receive these calls. Only one number can be used for this messenger system.

Primary number \_\_\_\_\_

Additional information that the school may need to be aware of:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date