

Beebe Junior High School Enrollment Information

Enrollment Date: ____/____/____

I.D. No. _____
(For office use only)

Student Information

First Name: _____ M: _____ Last: _____

SSN: _____ DOB: ____/____/____ Age: _____ Gender: _____ Grade: _____

Ethnicity (Check One)

Hispanic
 Non-Hispanic

Primary Race (Check One)

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

Additional Race (Check all that apply)

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

Primary Language Spoken in Home: _____

Method of Transportation (Check all that apply): Bus - _____ # Parent/Guardian (car pickup, walkers, etc)

Parent/Guardian Information

Living with: Both Parents Mother/Stepfather Father/Stepmother Mother Only Father Only
 Grandparent(s) Guardian Foster Parent Homeless Institution

Name(s): Father _____ Mother _____

Step-Father _____ Step-Mother _____

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: _____

Home Phone: _____

Father's Employer: _____

Work Phone: _____

Cell Phone: _____

Parent/Guardian Email: _____

Physical Address

Address: _____

City: _____ Zip: _____

Mother's Employer: _____

Work Phone: _____

Cell 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 form)

Miscellaneous Information

Last school attended: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for changing school district: _____

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

If so, what was the last grade attended? _____

Has student ever been retained? _____ No _____ Yes

If yes, what grade was the student retained? _____

Is student currently served under an Individual Education Plan (IEP) through Special Education services? _____ No _____ Yes

If yes, describe services provided to student:

Has student been receiving 504 accommodations at previous school? _____ No _____ Yes

Has your student been receiving English Language Learner (ELL) services at previous school? _____ No _____ Yes

Is your child currently under a suspension? _____ No _____ Yes

If yes, what are the dates of the suspension? _____

Has your child been expelled from another school district at any time? _____ No _____ Yes

If yes, what were the dates of the expulsion? _____

Is your child currently expelled or involved in expulsion proceedings? _____ No _____ Yes

Information on brothers and sisters in household:

Name: _____ Age _____ Grade _____

Name: _____ Age _____ Grade _____

Name: _____ Age _____ Grade _____

Name: _____ Age _____ Grade _____

Please list those allowed to pick up your student from school:

Name: _____ Relation to student: _____

Name: _____ Relation to student: _____

Name: _____ Relation to student: _____

Name: _____ Relation to student: _____

Parent/Guardian Signature

Date