

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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Birthdate: _____ Gender: (Circle) Female Male Grade: _____

Nickname: _____ SSN: _____ Hispanic/Latino Ethnicity: (Circle) 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, & who maintains tribal affiliation or community attachment)
- ASIAN (A person having origins in any of the original peoples of Far East, South East Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & 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)

Language Spoken At Home: _____

Student Email Address: _____

Student Physical/ 911 Address

Student Mailing Address

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

Language Spoken At Home: _____

Student Email Address: _____

Parent/Guardian 1

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: _____

Student Primarily Resides with this Guardian

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: _____

Student Primarily Resides with this Guardian

SPECIAL SERVICE INFORMATION

IS THE CHILD IDENTIFIED OR RECEIVING SERVICES FOR:

Special Education: Yes ___ No ___ If YES, do you receive DIRECT: _____ or INDIRECT _____ Service's?

Section 504 Program: Yes ___ No ___ English as a Second Language Program: Yes ___ No ___ Gifted & Talented Prog: Yes / NO

ADDITIONAL STUDENT INFORMATION

CITY OF BIRTH: _____ STATE OF BIRTH: _____ BIRTH COUNTRY: _____

TRAVEL INFORMATION

Travel to School (Please Check One) <input type="checkbox"/> Bus (Bus # _____) <input type="checkbox"/> Drives Self <input type="checkbox"/> Parent/Guardian (includes walkers, childcare vans, etc.) <input type="checkbox"/> District Paid Transportation	Travel From School (Please Check One) <input type="checkbox"/> Bus (Bus # _____) <input type="checkbox"/> Drives Self <input type="checkbox"/> Parent/Guardian (includes walkers, childcare vans, etc.) <input type="checkbox"/> District Paid Transportation
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DISTANCE FROM HOME TO SCHOOL (MILES) ONE WAY: _____

PRE-SCHOOL PARTICIPATION: (CIRCLE ONE)

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

Birth Certificate #: _____ Resident County: _____

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 brance below:

<input type="checkbox"/> Active Duty :US Army	<input type="checkbox"/> Active Duty: US Air	<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	<input type="checkbox"/> Reserves: US Navy
<input type="checkbox"/> Reserves: US Marines	<input type="checkbox"/> National Guard-Army	<input type="checkbox"/> National Guard: Air	<input type="checkbox"/> Multiple Branches Served

Is this student a twin (or a triplet, quadruplet, etc.)? YES NO

ADDITIONAL CONTACT INFORMATION

ADDITIONAL GUARDIAN CONTACT

NAME: _____ EMAIL: _____

RELATIONSHIP TO STUDENTS: _____ HOME PHONE: _____ CELL PHONE: _____

LANGUAGE OF CORRESPONDENCE: _____ WORK PHONE: _____ ALERT PHONE: _____

MAILING ADDRESS: _____ *ALERT PHONE IS USED BY DISTRICT'S AUTOMATED PHONE SYSTEM.

CITY: _____ STATE: _____ ZIP CODE: _____ EMPLOYER: _____

STUDENT PRIMARILY RESIDES WITH THIS GUARDIAN

EMERGENCY CONTACT INFORMATION (CONTACTS OTHER THAN GUARDIANS TO BE CALLED IN CASE OF AN EMERGENCY)

CONTACT	NAME	RELATIONSHIP TO CHILD	PHONE #	TYPE
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 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