**Phone: (870)398-4213**

**Fax: (870)398-4626**

**KIRBY SCHOOL DISTRICT Kirby Elementary School Enrollment Form**

***GENERAL STUDENT INFORMATION MIDDLE NAME:***

**FIRST NAME:**

**AST NAME:**

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)**

O 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

Black

\_Asian \_\_White

\_Native Havaian/Other Pacific Islander

Language Spoken At Home:\_

**Student Email Address: Student Physical/911 Address**

**Student Mailing Address Mailing Address is same as Physical/911 Address**

Address:

Address:

City: -

City: -

State:

Zip Code:

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

Work Phone:

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

Employer:

D Student Primarily Resides with this Guardian.

Employer:

Student Primarily Resides with this Guardian.

Meal ST:

ESL: \_

OFFICE USE ONLY Entry Date: Entry Code: Curriculum:

M/V Act:

SP:

IMMG: GT:\_\_ Homeroom:

Residency:

Choice LEA: P/T ADM %:

504:

MIG:

**Kirby Elementary School Enrollment Form**

***ADDITIONAL STUDENT INFORMATION***

Page 2

Birth Country:

City of Birth:

**State of Birth: TRAVEL INFORMATION**

Travel To School (Please check one) Bus (Bus Number Drives Self Parent/Guardian (includes walkers, child care vans, etc.) \_District Paid Transportation

Distance From Home to School (Miles) One Way:

Travel From School (Please check one) Bus (Bus Number\_ Drives Self Parent/Guardian (includes walkers, child care vans, etc.) \_District Paid Transportation

**Pre-School Participation: A - ARKANSAS BETTER CHANCE E - EVEN START EC - EARLY CHILDHOOD**

H - HEADSTART NA - NOT APPLICABLE C - 21st CENTURY COMMUNITY LEARNING CENTER

0 - OTHER P - PRIVATE PRE-SCHOOL 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.

Active Duty - US Army

Active Duty - US Air Force - \_Active Duty - US Navy

Active Duty - US Marines Active Duty - US Coast Guard

Reserves - US Army

Reserves - US Air Force

Reserves - US Navy Reserves - US Marines

National Guard - US Army

National Guard - US Air Force

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

**Phone Type (ex: Order**

**Name**

**Relationship to Child**

**Phone #**

**Home, Cell, Work**

Physician:

Physician:

Physician Phone:

Physician Phone:

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

Last School Attended:

Phone #:

Yes

No

Address: Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? 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

Kirby Elementary Consent Form 2018-2019

OBJECTION TO PUBLICATION We like to take pictures or videos of the students to put on the bulletin boards, place on school website, put in the yearbook, make cards, and sometimes publish them in the school or local newspapers. In order to do this, we need your permission to photograph or videotape your child. OThe Faculty and staff at Kirby School have my permission to OThe Faculty and staff at Kirby School DOES NOT have my photograph or videotape. post photos or videos, and/or publish permission to photograph or videotape, post photos or videos, photos or videos of my child.

and/or publish photos or videos of my child.

Field Trip Signed permission slips are required for all students taking educational field trips. The following form is for you to give Kirby School permission to take your child on field trips during the school year. It will remain on file in the principal's office and will suffice as permission should your child forget to bring his/her permission slip at the time of the field trip. OMy child has permission to attend a field trip with bis/her class OMy child DOES NOT have permission to attend a field trip during the school year if they or I forget to return the permission with his/her class during the school year without a signed slip.

permission slip.

RECORDS RELEASE Authorization is hereby granted to release records for Medicaid necessary for testing, IEP, therapy notes, etc. to Medicaid of Arkansas for the purpose of Medicaid billing for therapeutic services. I have read and understand this form. I understand the purpose for which my consent is being requested. I may release records for the above reasons.

MAY NOT release records for the above reasons.

**CORPORAL PUNISHMENT**

You MAY NOT administer corporal punishment.

You may administer corporal punishment.

Please call before administering corporal punishment. Name & Phone #

O You DO NOT have to call before administering corporal punishment.

KIRBY SCHOOL DISTRICT PARENT/STUDENT STATEMENT OF RESPONSIBILITY FOR THE STUDENT HANDBOOK The district is posting an electronic version of the student policies and handbook on the website, www.kirbytrojans.net. You can access it by clicking handbook on the homepage on the left side bar under Quick Links or under administration tab in the drop down menu dick forms & handbook. We will have printed copies in the office that you may pick up. My student and I agree to read and follow the handbook for the 2018 2019 school year.

Parent Signature

Date

Student Signature

Date

INTERNET USE AGREEMENT My student and I agree and understand that he/she will follow the internet use agreement located in the handbook on page 123 & 124. Please check yes if you agree or no if you do not agree.

Yes

O No (If you check no, your student will not be allowed to use the internet

Continue on Back

Kirby Elementary Consent Form 2018-2019

at school for any purpose including school assignments.)

PARENT/STUDENT COMPACT Definition: A compact is a written agreement or promise between two or more people to declare the intent of all involved to help in achieving mutual goals. Parent/Guardian: I want my child to achieve. Therefore, I will encourage him/her by doing the following: See that my child attends school regularly and arrives on time. Support the school in its efforts to maintain proper discipline. Establish a time and place for doing homework and review homework regularly. Encourage my child's efforts, be aware of his/her interest, and keep the lines of communication open. Student: It is important that I work to the best of my ability. Therefore, I will try to do the following: Attend school regularly. Come to school each day with books, pens, pencils, paper, and other necessary tools for learning. Complete and return homework assignments. Do my best on test. Behave myself in a manner that contributes to a classroom in which learning can occur. Teacher: It is important that students achieve. Therefore, I will try to do the following: Demonstrate professional behavior and a positive attitude. Maintain open lines of communication with students and his/her parents. Encourage students and parents by providing information about student progress. Treat each child in a fair and equitable manner. Help each child reach his/her maximum learning potential. Principal: I support this form of parent involvement. Therefore, I will try to do the following: Provide an environment that allows for positive communication between the school and the home.

Parent Signature

Student Signature

Continue on Back

Student

Foster

**2018-2019 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil) STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper) Child's First Name**

MI Child's Last Name

Name of School

Grade Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

HOTE$5. vprant

D O

apply

Children in Foster care and children who meet the defini tion of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price

] [] [] ] D

hikill

DD

**STEP 2**

**Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?**

If NO> Go to STEP 3. If YES > Write a case number or identifier here then go to STEP 4. (Do not complete STEP 3)

Write only one case number or identifier. Case Number or Identifier:

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) A. Child Income

How often? Sometimes children in the household earn or receive income. Please include the TOTAL income received by all

Child income

B-\*\*, 28 . Household Members listed in STEP 1 here, B. All Adult Household Members (including yourself)

Listil housenoid Members nos listed in STEP!ncluding yourse fj even if they do not receive income for each Househoa Memberlisted, they co receve income, report total gross inconte [before taxes) for edca source r oke Are you unsure what income to include here?

dollaisirc cents, only if they co not receive income from any source, write 'O' If you enter 'O' or leave any helds blark, you are certifying (promising that there is no income to report

Persions/Retirement, How often?

Public Assistance/

How often?

How often? Nama Afuhaxhackearifast and last! Flip the page and review

Farmngs from Worl

All Other Income u Be. 2

Chle Support/Alimony

. the charts titled "Sources of income" for more information

The "Sources of income for Children chart will help you with the Child Income section

0 0 0 0

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Pomary Wage Earner or Other Adult Household Member

Check if no SSN

Disclosure (Optional)

I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1").

STEP 4 Contact information and adult signature I certify promise that all information on this applicanon is true and that all income is reported I understand that this information is given in connection with the receipt of Federal funds, and that school oficials may venly (check the Intormation. I am aware that it I purposet, give false information my children may lose meal benefits and I may be prosecuted under applicablo State and Federal laws"

Street Address (if available)

Apt #

City

State

ZIP

Daytime Phone and Email (Optional)

Printed name of the adult signing the form

Signature of adult

Today's date

**INSTRUCTIONS**

**Sources of Income**

Sources of Income for Children

Source of Income for Adults

Source of Child Income

Example (s)

Earnings from Work

Public Assistance/Alimony/

Child Support

Pensions/Retirement/ All Other Income

Earnings from work

A child has a regular full or part-time job where they earn a regular salary or wages.

A child is blind or disabled and receives social security benefits.

Social Security

Disability Payments Survivor's Benefits

• Social Security (including railroad retirement and black lung benefits)

• Private pensions or disability benefits

• Regular income from trusts or estates

• Annuities

A parent is disabled, retied, or deceased, and their child receives Social Security benefits

•Salary, wages, cash bonuses Unemployment benefits .Net income from self

• Worker's compensation employment (farm or business) • Supplemental Security If you are in the U.S. Military: Income (SSI)

•Basic pay and cash bonuses (do

i Cash assistance from state not include combat pay, FSSA or

or local government privatized housing allowances)

• Alimony payments Allowances for off-base housing,

• Child support payments food and clothing

• Veteran's benefits . Strike benefits

• Investment income

Income from person outside the household

A friend or extended family member regularly give a child spending money.

Income from any other source

A child receives regular income form a private pension fund, annuity, or trust.

• Earned interest

• Rental income

• Regular cash payments form outside household

**OPTIONAL**

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) case number or other SNAP Identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and la' enforcement officials to help them look into violations of program rules

Persons with disabilities who recuire alternative means of communicaton for program informaton leg Braille. large pont, audiotape, American Sign Language, etc.) should contact the Agercy State or locall where they apated for benefits. Individuals who are ceai, hard of hearing or have speech disabilities may contact USDA 'Touch the Federal Relay Seruice at (800) 877-8339. Add Lonally program informabon may be made avalable in languages other trar English To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form. (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing cust.html, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture

fax (202) 690-7442 Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

email: program intake@usda.gov. Washington, D.C. 20250-9410

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior Civil rights activity in any program or activity conducted or funded by USDA.

This institution is an equal opportunity provider.

For School Use Only

Do not fill out School use only Total Income:

show calculations

Annual Income Conversion: Weekly

\_X 52=

Per. O Week

O Every 2 Weeks

Twice a Month

O

Month

Year

2x'month

\_\_X 24=

Household Size:

SNAP: \_

Categorically Eligible:

Date Withdrawn:

Every 2 wks

-

\_\_X 265

O Reduced

0 Denied

Monthly

X 12=

Eligibility: Free Reason for denial :

Annual

X 1=

Determining Official's Signature:

Determination Date:

2018 - 2019

**AGRICULTURE SURVEY / ENCUESTA DE AGRICULTURA**

**Title I, Part C**

Título I, Parte C

Your child may qualify to receive: free school supplies, free school meals, free books, free high school credits through correspondence, college scholarships, a free year of college at selected sites, limited health services

**Su hijo puede calificar para recibir: útiles escolares gratis, comida en la escuela gratis, libros gratis, créditos altos por correspondencia gratis, becas para la Universidad, un año de Universidad gratis en sitios seleccionados, servicios de salud limitados**

**Please answer.**

Yes No In the last 3 years(including summer), did you or a family member move to look for or get work in farming, livestock, grain elevators, cotton gins, chicken houses or meat/poultry plants, fish farms, seed companies or cutting wood? If you answered yes, please provide information below:

**Por favor, responda.**

Si No En los últimos 3 años(incluyendo el verano), usted o algún miembro de su familia se cambió para buscar u obtener trabajo en agricultura, ganado, silo de granos con elevador mecánico, pizca de algodón, gallineros o plantas de carne/pollo, granjas de peces, compañías de semillas o cortadoras de madera? Si usted contestó si, por favor provea la siguiente información:

Please mark any jobs you looked for or worked at:

Por favor marque cualquier trabajo(s) que usted buscó o que trabajo:

Chicken or Meat Processing (Land of Frost, ConAgra,Boar's Head, Pilgrim's Pride, Townsend's etc)

Farming (planting, harvesting crops, cutting and bailing hay, etc.) Cotton Gin Timber Work(clearing land, skidding logs, harvesting trees) Fruit Harvesting(watermelon work, picking berries) Fish Farms Chicken Houses Granary(Riceland, Rice Mill, etc) Seed companies Working on farm with fertilizer and chemicals Plant or Tree nurseries Caring for livestock Growing or picking vegetables Other

Procesamiento de pollo o carne (Land of Frost, ConAgra, Boar's Head, Pilgrim's Pride,

Townsend's etc) Agricultura (plantando, cosechando cultivos, cortando y acomodando paja, etc.) Pizca de algodón Trabajo de Madera (limpiar la tierra, arrastrar troncos, cosechar árboles) Cosechar fruta(trabajo de sandías, escoger bayas) Granjas de peces Gallineros Granero(Riceland, Rice Mill, etc) Compañías de Semillas \_Trabajo en granja con fertilizante y químicos

Viveros de plantas o árboles Cuidado de Ganado Cultivar o cscoger vegetales Otros

Student Name:

Grade:

Nombre del Estudiante:

Grado:

Parent Name:

Nombre de los Padres:

Day Phone:

Message Phone:

Teléfono de Día:

Teléfono para mensaje:

Address:

City:

Dirección:

Ciudad:

If you have more than one child, please list their names and grades on the back.

Si usted tiene más de un niño, por favor anote los nombres y el grado en la parte de atrás.

**Thank you.**

**Gracias.**

English/October 2017

**Arkansas Department of Education (ADE) 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:

All parents have the right to information about their child's education in a language they understand.

**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.**

1. a) In what language do you prefer to receive written communication

from the school?

b) In what language would you prefer to communicate with school staff when speaking?

2. What language(s) is (are) spoken in your home?

3. What language did your child learn first?

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.

4. What language does your child use most often at home?

5. What language does your family speak most often at home?

6. What language do adults speak most often with each other at home?

**Prior Education**

1 7. Where was your child born? Your responses about your child's birth country and previous education give us information 8. When did your child first attend a school in the United States (this about the knowledge and skills

**includes all US territories)? (Kindergarten - 12th grade) your child is bringing to school. This form is not used to**

***Month Day Year identify students' immigration status.***

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.

BY

*Note to district: This form is available in multiple languages on http://www.arkansased.gov/divisions/learning-services/englishlearners A response that includes a language other than English to questions #1-6 indicates English language proficiency*

*screening is needed. This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of 'OSPI Home Langumo Suvey" by OSPI, used under CC BY. "Arkansas Department of Education (ADE). Home Language Survey" is licensed under CC BY by the English Learners Unit of the Arkansas Department of Education.*