

Nashville School District

Phone: (870)845-3261

Nashville High School Enrollment Form

Fax: (870)845-7344

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:

Birthdate: _____ Gender (Male or Female): _____ Grade: _____
 SSN (Optional): _____ Nickname: _____ Hispanic/Latino Ethnicity(Yes or 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

Student Mailing Address

Address: _____ City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address Address: _____ City: _____ State: _____ Zip Code: _____
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Student Home Phone: _____ Student Cell Phone: _____

Does this child have Internet Access at home? ____ Yes ____ No Does this child have a device (computer or tablet) at home? Yes No

PARENT/GUARDIAN CONTACT INFORMATION

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

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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?

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.

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?

Has this child been retained?

Has this child met the requirements of the Arkansas State Health laws necessary to enter school?

Please list the names of anyone who IS ALLOWED to check out/pick up this child from school: _____

Parent/Guardian Signature _____

Date _____

Nashville High School



To view the 2023-2024 Student Handbook,
you will need to go to
www.nashvillesd.com, click the High
School page, under the For Parents tab. If
you have any questions, please contact the
High School at 870-845-3261.

Nashville School District

Student Health History

Student's Name: _____ Date of Birth: _____ Grade: _____ Race: _____ School Year: _____

Student's Mailing Address: _____ Phone #: _____

Student's Physical Address: _____

Student's AR Kids/Medicaid # _____

Other Insurance: Yes ___ No ___

Student's Doctor: _____

Phone #: _____

Student's Dentist: _____

Phone #: _____

Student's Eye Doctor: _____

Phone #: _____

Student live with; both parents ___ Mother only ___ Father only ___ Other (please explain) _____

Father's Name: _____ Place of Employment _____ Work # _____ Cell # _____

Mother's Name: _____ Place of Employment _____ Work # _____ Cell # _____

Stepfather's Name: _____ Place of Employment _____ Work # _____ Cell # _____

Stepmother's Name: _____ Place of Employment _____ Work # _____ Cell # _____

Grandfather's Name: _____ Place of Employment _____ Work # _____ Cell # _____

Grandmother's Name: _____ Place of Employment _____ Work # _____ Cell # _____

Guardian's Name: _____ Place of Employment _____ Work # _____ Cell # _____

Please list 2 other people we can contact if those listed above cannot be reached during illness or emergency:

Name: _____ Relationship to student: _____ Phone #: _____

Name: _____ Relationship to student: _____ Phone #: _____

Please list other children in the household & their ages: _____

Has this student had any serious illnesses, accidents, or surgery? No ___ Yes ___ List medications and reason for it: _____

Is this student presently on any daily medications? No ___ Yes ___ List medications and reason for it: _____

*****Are any medications required to be given at school? No ___ Yes ___ ***IF "YES", CONTACT NURSE*****

Is this student under treatment for chronic conditions such as allergies, seizures, asthma, diabetes, heart condition, nervous disorder, ADD, ADHD, etc? No ___ Yes ___ Please explain condition and treatment _____

Has this student had these illnesses: *Chicken Pox*? No ___ Yes ___ *Infectious Hepatitis*? No ___ Yes ___ Date of illness or vaccine: _____

Does this student receive annual vaccinations? No ___ Yes ___ *****IF "NO", CONTACT NURSE*****

Food, drug or environmental allergy? No ___ Yes ___ Explain allergen, reaction, treatment, and if epinephrine necessary: _____

***** Are emergency medications such as epinephrine or glucagon prescribed to student? No ___ Yes ___ ***IF "YES", CONTACT NURSE*****

Vision problems? No ___ Yes ___ Please explain _____ Glasses and/or contacts? _____

Hearing problems? No ___ Yes ___ Please explain _____

Does the student require frequent trips to the bathroom? No ___ Yes ___ Please explain _____

Any reason why student's Physical Education activities should be limited? No ___ Yes ___ Please explain _____

*****I give permission for employees of the Nashville School District to know my child's health conditions such as allergies, seizure disorders, asthma, diabetes, or any other condition at which way require emergent intervention, as well as treatment for conditions as seen fit by the nurse to ensure the highest level of safety in all situations is in place to prevent harm to my child while also promoting the best learning environment. No ___ Yes ___**

Any special health related requests/instructions _____

Parent/Guardian Signature: _____

Date: _____

Employment Survey

District: _____

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 para la secundaria por correspondencia gratis, becas para la Universidad, un año de Universidad gratis en sitios seleccionados, servicios de salud limitados.

Parent Information		Información de los Padres	
Parent Name (Nombre de padres)			
Contact Number(Teléfono de contacto):			
Physical Address (Dirección física)		City/Ciudad:	

Relocation History		
Please Answer	Yes	No
In the last 3 years (including summer), did you or a family member move, travel, leave home, or go stay for more than a week to look for or work in agriculture or fishing work (See list below)		
Moved from: _____		
Check all that Apply	Date	
<input type="checkbox"/> Processing plants (meat, poultry, fruit, dairy products, vegetables)	_____	
<input type="checkbox"/> Chicken Houses (catching, caring for chickens, picking up eggs)	_____	
<input type="checkbox"/> Caring for Livestock	_____	
<input type="checkbox"/> Nurseries (plants or trees)	_____	
<input type="checkbox"/> Cotton Gin	_____	
<input type="checkbox"/> Farming (planting, fertilizing, harvesting crops, cutting and bailing hay, etc...)	_____	
<input type="checkbox"/> Fish Farms or Processing fish or seafood	_____	
<input type="checkbox"/> Fruit Harvesting (Watermelons, picking berries)	_____	
<input type="checkbox"/> Timber Work (clearing land, skidding logs, planting, thinning or harvesting trees)	_____	
<input type="checkbox"/> Wood Processing (sorting, trimming, splitting logs, cutting lumber ie: pallet,chip, or sawmills)	_____	
<input type="checkbox"/> Other _____	_____	

Historial de Reubicación		
Por Favor, responda	Sí	No
En los últimos 3 años (incluido el verano), ¿usted o un miembro de su familia se mudó, viajó, se fue de su casa o se fue a vivir durante más de una semana para buscar o trabajar en la agricultura o el pescado		
De donde se movió: _____		
Marque todo lo que aplique	Fecha:	
<input type="checkbox"/> Procesadoras (carne, frutas, verduras, aves de corral, productos lácteos, o el pescado)	_____	
<input type="checkbox"/> Granjas Avícolas (agarrando, criando pollos, o levantando huevo)	_____	
<input type="checkbox"/> Cuidando Ganado	_____	
<input type="checkbox"/> Agricultura (plantando, cosechando cultivos, cortando y empacando paja etc...)	_____	
<input type="checkbox"/> Viveros (plantas o arboles)	_____	
<input type="checkbox"/> Pisca de algodón	_____	
<input type="checkbox"/> Graneros o compañías de semilla	_____	
<input type="checkbox"/> Cosecha de fruta (sandia or recogiendo uvas)	_____	
<input type="checkbox"/> Industria de la Madera (limpiar la tierra, sembrar o cortar arboles, o rociar con herbicidas/pest.)	_____	
<input type="checkbox"/> Processamiento de madera (clasificando, división de troncos, corte de troncos en molinos de paletas, molinos de astillas, aserraderos)	_____	
<input type="checkbox"/> Otra agricultura: _____	_____	

List all Children in the household under 22		Escriba los nombres de todos los niños menores de 22 años.	
Name/Nombre	Age/Edad	Name Nombre	Age/Edad
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Career Coach Permission Slip

*ALL EVENTS SCHEDULED THROUGH THE CAREER COACH OFFICE

I give permission for my child, _____ to go with Mrs. Natalie Sherman, Career Coach, to visit various colleges/ events in order to determine which occupation and college fits my child.

I understand that transportation will be provided by the UA Cossatot van or Nashville District bus depending on the number of students participating.

I can be reached at _____.

In the event that you are unable to contact me, please contact:

Emergency Contact Name:

Emergency Contact Phone:

Parent/Guardian Signature

Date

*Dates and Times will vary depending on the day of the event, distance of the colleges, and times scheduled.



Nashville School District

Media Release Form

We need student and parent permission to use a person's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated. Thank you.

- ☐ **Yes- I consent.** I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice and name in media projects by the Nashville School District to print, broadcast or Internet media outlets, such as newspapers, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release the Nashville School District, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice or name, and the use, sale, editing and release to media outlets.
- ☐ **No- I do not consent.** I do not allow use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form at your school.

Student name: _____

Student signature: _____

Parent or legal guardian signature is required if the participant is under 18 years of age.

Parent or legal guardian name: _____

Parent or legal guardian signature: _____

Date: _____
(month, day, year)

AGREEMENT FOR DISCLOSURE

Nashville School District, Nashville Food Service Department and ACT Student Services, SAT Student Services, NCAA Student Services and College Admission Student Services, acknowledge and agree that children's free and reduced price meal and free milk eligibility information obtained under provisions of the Richard B. Russell National School Lunch Act (42 USC 1751 et seq.). (NSLA) or Child Nutrition Act of 1966 (42 USC 1771 et seq.) (CAN) and the regulations implementing these Acts is confidential information. This agreement is intended to ensure that any information disclosed by the Nashville School District and Food Service Department to ACT Student Services, SAT Student Services, NCAA Student Services and College Admission Student Service, about children eligible for free and reduced price meals or free milk will be used only for purposes specified in this agreement and that the Nashville School District, ACT Student Services, SAT Student Services, NCAA Student Services and College Admission Student Services, recognize that there are penalties for unauthorized disclosures of this eligibility information.

Paperwork a student's meal status are used for but not limited to will be:

1. College Admission waivers
2. Waivers for the SAT test
3. Waivers for the ACT test
4. NCAA waivers
5. Other: _____

By signing this form you agree to all the above information and understand what your student's meal status will be used for.

Parent/Guardian Signature: _____

Student Signature: _____

*This agreement shall be effective from _____.

Nashville School District Chromebook Home Use Agreement

I _____ (Parent/Guardian) agree to the following terms and conditions for home use of the Chromebook computer supplied by the Nashville School District. For the purposes of this agreement, "Home Use" is considered to be any time the Chromebook is removed from a Nashville School District campus.

1. I understand that this Chromebook computer is intended for school-related use only. I further understand that the Nashville School District is not responsible for any personal programs or files that may be on this computer.
2. I understand that, if my student transfers to a new school district or leave the district for any reason, I must IMMEDIATELY contact my school administrator and make arrangements to return the Chromebook.
3. I understand that I am fully responsible for replacing the Chromebook computer in the event of theft.
4. I understand that I am responsible for the cost of repair for any damage done to the Chromebook. This may be up to and including the full replacement cost of the Chromebook.
5. I understand that I am responsible for any and all program installed on the Chromebook while I have it at home. I may also be responsible for the costs related to cleaning off any malicious programs that may be installed.
6. I understand that I am responsible for any and all files downloaded to the Chromebook while I have it at home.

By signing this I affirm I do not have access to a tablet, Ipad, Kindle, Chromebook, Computer, or any device I could use to complete my assignments.

Student Name: _____

Chromebook Brand and Model: _____

Chromebook S/N: _____

Parent/Guardian Signature: _____

STUDENT ELECTRONIC DEVICE AND INTERNET USE AGREEMENT

Student's Name (Please Print) _____ Grade Level _____

School _____ Date _____

The Nashville School District agrees to allow the student identified above ("Student") to use the district's technology to access the Internet under the following terms and conditions which apply whether the access is through a District or student owned electronic device (as used in the Agreement, "electronic device" means anything that can be used to transmit or capture images, sound, or data):

1. Conditional Privilege: The Student's use of the district's access to the Internet is a privilege conditioned on the Student's abiding to this agreement. No student may use the District's access to the Internet whether through a District or student owned electronic device unless the Student and his/her parent or guardian have read and signed this agreement.

2. Acceptable Use: The Student agrees that he/she will use the District's Internet access for educational purposes only. In using the Internet, the Student agrees to obey all federal and state laws and regulations. The Student also agrees to abide by any Internet use rules instituted at the Student's school or class, whether those rules are written or oral.

It is all staff member's responsibility to educate students about appropriate online behavior, including interactions with other individuals on social networking sites/chat rooms, and cyber bullying awareness, and response.

3. Penalties for Improper Use: If the Student violates this agreement and misuses the Internet, the Student shall be subject to disciplinary action.

4. "Misuse of the District's access to the Internet" includes, but is not limited to, the following:

- a) Using the Internet for anything other than educational purposes;
- b) Gaining intentional access or maintaining access to materials which are "harmful to minors" as defined by Arkansas State Law;
- c) Using the Internet for any illegal activity, including computer hacking and copyright or intellectual property law violations;
- d) Making unauthorized copies of computer software;
- e) Accessing "chat lines" unless authorized by the instructor for a class activity directly supervised by a staff member;
- f) Using abusive or profane language in private messages on the system; or using the system to harass, insult, or verbally attack others;
- g) Posting anonymous messages on the system;
- h) Using encryption software
- i) Wasteful use of limited resources provided by the school including paper;
- j) Causing congestion of the network through lengthy downloads of files;
- k) Vandalizing data of another user;
- l) Obtaining or sending information which could be used to make destructive devices such as guns, weapons, bombs, explosives, or fireworks;
- m) Gaining or attempting to gain unauthorized access to resources or files;

- n) Identifying oneself with another person's name or password or using an account or password of another user without proper authorization; invading the privacy of others;
- o) Divulging personally identifying information about himself/herself or anyone else either on the Internet or in an email unless it is a necessary and integral part of the student's academic endeavor. Personally identifying information includes full names, addresses, and phone numbers, etc.
- p) Using the network for financial or commercial gain without District permission;
- q) Theft or vandalism of data, equipment, or intellectual property;
- r) Attempting to gain access or gaining access to student records, grades, or files;
- s) Introducing a virus to, or otherwise improperly tampering with the system;
- t) Degrading or disrupting equipment or system performance;
- u) Creating a web page or associating a web page with the school or Nashville School District without proper authorization;
- v) Providing access to the District's Internet Access to unauthorized individuals;
- w) Failing to obey school or classroom Internet use rules; or
- x) Taking part in any activity related to Internet use which creates a clear and present danger of the substantial disruption of the orderly operation of the district or any of its schools;
- y) Installing or downloading software on district computers without prior approval of the technology director or his/her designee.

5. Liability for debts: Students and their cosigners shall be liable for any and all costs (debts) incurred through the student's use of the computers or access to the Internet including penalties for copyright violations.

6. No Expectation of Privacy: The Student and parent/guardian signing below agree that if the Student uses the Internet through the District's access, that the Student waives any right to privacy that the Student may have for such Internet Access and may also examine all system activities the Student participates in, including but not limited to e-mail, voice, and video transmissions, to ensure proper use of the system. The District may share such transmissions with the Student's parents/guardians.

7. No Guarantees: The District will make good faith efforts to protect children from improper or harmful matter which may be on the Internet. At the same time, in signing this agreement, the parent/guardian and Student recognize that the District makes no guarantees about preventing improper access to such materials on the part of the Student.

8. Signatures: We, the persons who have signed below, have read this agreement and agree to be bound by the terms and conditions of this agreement.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**SAVE CHANGES and EMAIL as an
attachment to nhsregistration@nashvillesd.com**