

## SPRINGDALE SCHOOL DISTRICT ENROLLMENT CARD

Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Teacher: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_  
 Social Security # (optional) or assigned federal identification #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Medicaid #? Yes No \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sex: Male Female Native Language: \_\_\_\_\_ Ethnicity: Asian/Pacific Islander Black Hispanic Indian White  
 Grade: \_\_\_\_ How will child get to and from school? walk car bus (Bus #: \_\_\_\_ ) other: \_\_\_\_\_  
 911 Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: Washington Benton Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Child lives with (please circle one): both parents mother only father only mother/stepfather father/stepmother grandparents  
 legal guardian foster parents institution spouse homeless alone  
 Name of Parents/Guardians: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
 Cell Phone Numbers: \_\_\_\_\_ Pager Number: \_\_\_\_\_  
 Father works at: \_\_\_\_\_ Hours: \_\_\_\_ to \_\_\_\_ Work Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 Describe this work: \_\_\_\_\_ Is this work seasonal or temporary in this area? Yes No  
 Mother works at: \_\_\_\_\_ Hours: \_\_\_\_ to \_\_\_\_ Work Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 Describe this work: \_\_\_\_\_ Is this work seasonal or temporary in this area? Yes No  
 Step-Parent works at: \_\_\_\_\_ Hours: \_\_\_\_ to \_\_\_\_ Work Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 When did your family move into the Springdale School District? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Emergency information (other than the work numbers listed above):  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Others who may check this student out of school: \_\_\_\_\_  
 Is there legal documentation keeping someone from picking up this child? Yes No (If yes, please provide school with copy.)

**Please complete other side.****Please complete other side.**

Has this student ever attended any Springdale School before? Yes No If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_ Grade(s): \_\_\_\_\_  
 School last attended: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Special programs this student was involved in at that school: None Special Education Gifted/Talented Migrant ESL  
 Has your child been expelled or is he/she involved in expulsion proceedings at his/her previous school? Yes No

List below all persons who live in the home:

Name	Relationship	Date of Birth	School currently attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I UNDERSTAND THAT THE SCHOOL WILL ATTEMPT TO REACH ME IN AN EMERGENCY HEALTH SITUATION INVOLVING THIS STUDENT AND WILL TAKE WHATEVER EMERGENCY ACTION IS DEEMED NECESSARY. I ALSO UNDERSTAND THAT IT IS A MISDEMEANOR TO PROVIDE A FALSE ADDRESS FOR THE PURPOSE OF ENROLLING IN A SCHOOL (ARKANSAS CODE §6-18-202) AND IS PUNISHABLE BY A FINE OF UP TO \$500.**

Signature of Parent or Guardian

Date

It is very important that we have a correct telephone number for you in case of an emergency. Please inform the school of any changes to your home address or phone numbers.

\*\*\*\*\* Registrar: Please copy both sides of this card and send to the Migrant Office